-		σ_{Y}
BALTIMORE, MARYLAND 21215-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending physician	by filled in by the funeral director, page 5 should be detached for use as the burial-times
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-times.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 7st hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) Manganet Suct	Margaret	(NMN) Sut	t		2. DATE OF DEATH January I.	3,1995	YEAR 3	3. TIME OF DEATH	A	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (7. DATE OF BIRTH	DATE OF BIRTH 8. BIRTHPLACE (S							
	212-34-0337	2-34-0337 1 M 2 F 58 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Weir) (Morth, Day, Weir)									
œ	9e. FACILITY NAME (If not institution, give		i		R LOCATION OF DE	EATH	9c. COUNT	TY OF DEA			
DIRECTOR	Bay View Medical				re City			~	_ NA		
뿔	10e. STATE 10b. COUNT		10c. CITY, TO	OWN OR LOCAT	ION			1	IOd. INSIDE CITY		
	Maryland Anne	e Arundel	Glen	Burnie					YES 2 X NO	0	
FUNERAL				100	ZIP CODE		10g. CITIZI	EN OF WH	AT COUNTRY?		
밀	303 Wellham Ct.				21061		U. S	. A.			
교	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 1	- 14. RACE — American Indian, Black, White, etc.			
à l	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES T		2 NO Specify			Specify:			
	15. DECEDENT'S EDU	ICATION	16a, DECEDENT'S USU	IAL OCCUPATIO	M.				White		
COMPLETED	(Specify only highest grade	e completed)	(Give kind of work life. Do NOT use re	done during mo	st of working	16b. KIND OF BUS	INESS/INDU	STRY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)				1				- 1	
N N	17. FATHER'S NAME (First, Middle, Last)	None	Secretar	У	40 1407/17010 114	Home In		ment	S		
						ME (First, Middle, Meiden	Surname)				
B	Louis (Geiger			Madeli		Ern	-			
2						Route Number, City or Town		-			
	Frances Mary H	lartman				ve Dundalk					
	1 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE OF D	nlacal		1/16/	CATION — CI	•			
í	21. SIGNATURE OF FUNERAL SERVICE LI		en Naven M		1 Park		n Bur	nie,	Marylan	ıd	
- 1	1 2	101	110								
	Muchan	11 -700	(in)	l Secon	ton Fune id Ave. S	ral Home P W. Glen Bu	A rnie.	Md.	21061	_	
	23. PART I. Enter the diseases, or	List pair one course	the death. Do not :	antar the mo	de of dying, aucl	h aa cardiac or reapl	ratory arre	at,	Approximate		
- 1	ahock, or heart failure. List only one cause on each line.								Onset and D		
	disease or condition reaulting in death)	unknown-prob	oable resp	irator	y arrest				35 min		
	77 - 24-27	DUE TO (OR AS A	CONSEQUENCE OF):								
z I	Sequentially list conditions, probable malignancy										
RTIFICATION	If any, leading to immediate		CONSEQUENCE OF):								
ਨੂ	cause. Enter UNDERLYING CAUSE (Disease or injury	_liver failu							? 3 mo		
	that initiated eventa reaulting in death) LAST		CONSEQUENCE OF).								
		severe malnı	utrition						6 mo.		
AL.	PART II. Other algnificant condition	na contributing to death b	ut not rasuiting in ti	na underlying	causa givan in	Part I. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FIND	INGS	
						PERFOR			MAILABLE PRIOR TO		
MEDIC						1 YES 2	□ NO		F DEATH?	1	
	DID TOBACCO USE CONT	RIBLITE TO CALISE O	F DEATH YES		UNCERTAIN	L DR		'	□ YES 2 NO	- 1	
₹ I	25. WAS CASE REFERRED TO MEDICAL	7	26. PLACE OF DEATH (ONCERIAII	12				\dashv	
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	01	THER:	S Decidence	8 Other (Specify)					
È∥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJ	JRY AT	28d. DESCRIBE HOW IP	JURY OCCU	JRED			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 N	RK? ES 2 NO						
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, farm, stree	t, factory, office		28f. LOCATION (Street e	nd Number o	r Bural Bou	ite Number	\dashv	
COMPLETED	4 Homicide datermined	building, etc. (Spec	ify)			City or Town, State)				- 1	
۳ ا	29e. CERTIFIER 1 CERTIFYING PHYS	SCIAN. To the best of an incident				are the second		_		=	
Σ		ER: On the best of my knowledge.									
8			andor investigation, in	i my opinion, d	mith occurred at the	time, date end piece, en	I due to the	ceuse(e) e	end menner ee state	ed.	
崩	296. SIGNATURE AND TITLE OF CERTIFIE	m			29c. LICENSE NUM	7.00	29d. DATE	SIGNED (M	fonth, Day, Year)		
2	DUW,	11.0			1-4-26040	200-057	P /.	-/3-	-45		
	30. NAME AND ADDRESS OF PERSON WE	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	//							
	31. DATE FILED (Month, Day, Year)	12 8505 7710	JUKINS .	LHYL	jew_						
	JAN 1 8 199	32. REGISTRAR'S SIGNA	dear Rarball								
	Only = - 100										

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

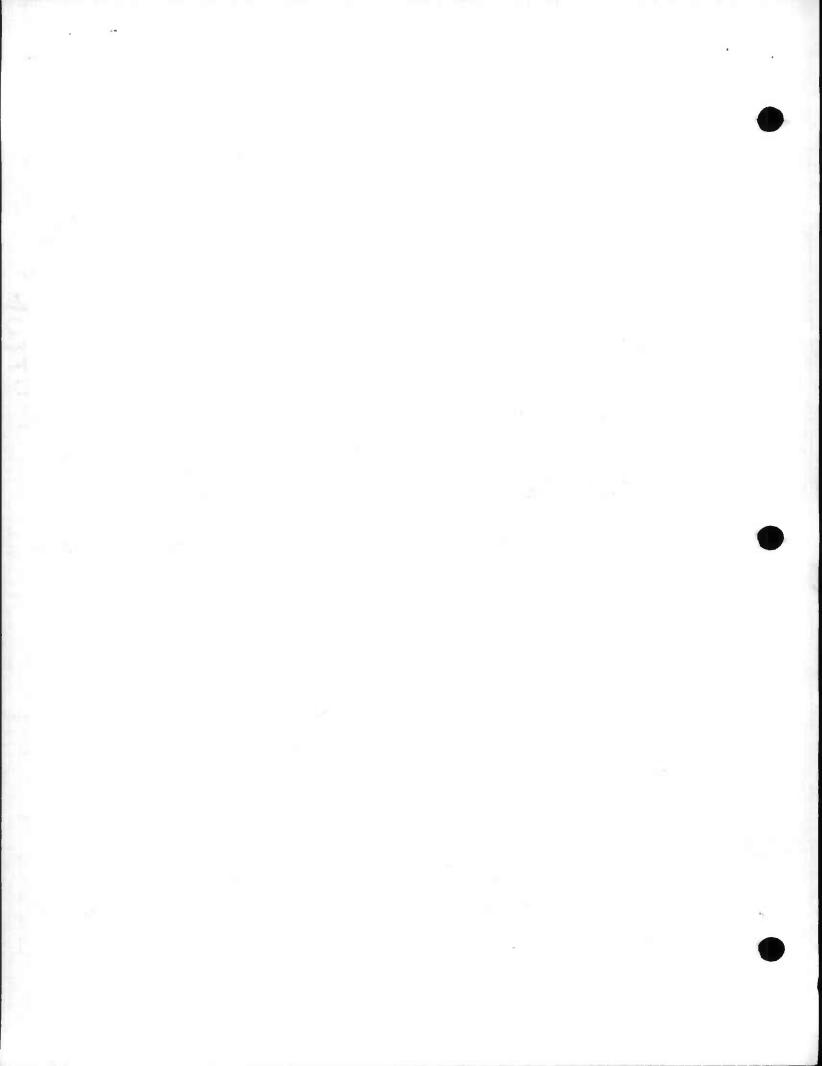
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

C	5	
		1
		MANUAL PLANTS CO. Committees the state of the sand
9	n	7
Č	5	4
	ς,	1
Ç	חברטחם,	4
ζ)	1
u	ш	
C	_	1
Ξ	N N N	i
=	1	
Ē		É
Ė	-	-
2	>	9
u		9
C)	3
2		÷
ĉ	200	1
=		4
<u>u</u>	2	j
S		٦
ú	-	¥
q	L	A Arres

		1. DECEDENT'S NAME (Firs	t, Middle, Last)									2. DATE OF			7774	3. TIME OF DEATH
Pi	1	GARY	WAYNE	SLAVIN								JANUARY 16, 1995				
		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (/	in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDEI	R 24 HRS.	7. DATE OF BIRTH S. BI (Month, Day, Year) Co			S. BIRTI	IPLACE (State or Foreign
		218-42-8886		1 X M 2 - F	51		YRS.	MONTHS	DATS	HOURS	merce.	JANUAR	Ý 1, 1	944		MORE CITY, M
3 should	œ	9a. FACILITY NAME (If not it	2	The state of the s			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					DEATH			
€,	СТО	1110 TIMBERLE				BEL	AIR					HARF	ORD			
Jes 1,	ш	10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCA	ATION						10d. INSIDE CITY
<u>~</u>	DIR	MARYLAND	HARFOR	D			В	EL AI	3							LIMITS?
permit. Pages	AL.	10e. STREET AND NUMBER		,					_	of. ZIP COO				10g. CIT	IZEN OF	WHAT COUNTRY?
ansit	JER.	1110 TIMBERLE					21014				l	ISA				
priysician. burial-transit	FUN	11. MARITAL STATUS										NC ORIGIN? (or No-		E — American Indian, k, White, atc.
the bur	ВХ	1 Never Married 2 S 3 Widowed 4 Div		IF YES, GIVE						s 2XX NO			mi, attaly		Spec	
Sa Sa	ED	15. DEC	CEDENT'S EDU	ICATION		16a, DEC	CEDENT'S	USUAL O	CCUPAT	ION		18h Ki	NO OF BUS	INECC/IN	OHETEV	MITTE
or use		(Specify on Elementary/Secondary (ly highest grade 0-12)	Coffege (1-4 or 5	+)	(Gh	ve kind of	work done se retired.)	during m	ost of world	ng	1000 10	110 01 000	MVC30/114	OOSTAT	
hed the	APL	12		6	"	TEAC	CHER					ED	UCATIO	N		
detach once.	COMP	17. FATHER'S NAME (First, A	fiddle, Last)							16. MOT	HER'S NA	ME (First, Mid		-		
अ क	BE (THEODORE WILL	IAM SL	AVIN						HELE	N S	HIPLEY				
5 should be detached for notified at once.	0	19a. INFORMANT'S NAME (- 1						Route Number,	City or Town	, State, Zi	p Code)	
be no		PRISCELLA S.								DRIV	E BE	L AIR,	MARYL	AND	21014	
by the funeral director, page smoval.		20a, METHOD OF DISPOSIT	TION on 3 □ Rem	noval from State				OF DISPOS			0 40	DATE			City or To	
direct m		4 Donation 5 Other		CENCEE	_ Intro	HVTD	N CEM		TERY JANUARY 19, 1995 BALTIMORE, MARYLAND 122. NAME AND ADDRESS OF FACILITY							
tuneral dir s. funeral dir s. examiner		ST W.							WF P	Δ						
the fu		C.F. (1696	an H		bmo		A.	1	750	BELA	IR ROA	D KIN	GŠVILL	E, MA	RYLAN	D 21087
d in by the or removal medical		23. PART I. Enter the d shock, or h	liseases, or leart feliure.	complications the	et caused use on es	the dea	nth. Do r	not enter	the me	ode of dy	ing, sucl	n se cardis	or respi	ratory sr	rest,	Approximate interval Between
filled in tion, or the me		IMMEDIATE CAUSE (Fins)														
npietely fille cremation,		disease or condition resulting in death) . Metastafic Gastric Carcinoma 340ax														
S S -: 9		DUE TO (OR AS A CONSEQUENCE OF):														
and and	CERTIFICATION	Sequentisity list conditions, OUE TO (OR AS A CONSEQUENCE OF):														
	AT	if any, leading to imme cause. Enter UNDERLY	ING					•								İ
5 9 0	Ĕ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
e H	EH	resulting in death) LAS	T	d												
he at Ment		PART II. Other significa	ent condition	ne contributina ta	death bu	ut not re	suiting	in the ur	derlyin	on course (ni nevin	Part i 2	le. WAS AN	ALIMOREV	1 045	. WERE AUTOPSY FINDING
and and	CA									ig couse i	given in		PERFOR	MED?	240	AWAILABLE PRIOR TO COMPLETION OF CAUSE
		1 □ YES 2 M NO OF DE										OF DEATH?				
sho s	-	DID TOBACCO U	ISE CONT	RIBLITE TO CA	ALISE OF	E DEAT	TH YE	:s 🖂 :	NO IS	7 LING	EDTAIN					1 YES 2 NO
has Dep	AN	25. WAS CASE REFERRED T		1007				TH (Check	_		LKIAII		_			
State State	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpr	atlent 3	□ DOA	OTHER	R: sing Hor	ne 5 DKB	esidence	6 Other (S	inacify)			
d, o	美	27. MANNER OF DEATH		28a. DATE Of (Month, D			28b. TIM		28c. IN.	JURY AT		28d. DESCR		JURY OC	CURED	
Dark # III		1 Natural 5 2 Accident	Pending Investigation	[,,,,,,,,	, ide.,			M		YES 2] NO					
MPLETED BY PHYSICIAN: MEDICAL Team 28 is marked, or item 23 shows any injudent with the second or item 23 shows a	a D Sutelite	Could not be	28e. PLACE (building.	OF INJURY	— At hon	ne, ferm, s	street, fact	ory, offic	Ca		28f. LOCATE	ON (Street a	nd Numbe	r or Rural F	Route Number,	
2 t E	ᆸ		determined													
	린			ICIAN: To the best of												
	ő	2 MED	ICAL EXAMINE	R: On the basis of e	xamination	and/or in	rvestigatio	n, in my o	pinion,	death occur	red at the	lime, data an	d place, and	f due to ti	he cause(a) and menner as stated.
THE FUNITHER PORTANT:	BE (296. SIGNATURE AND TITLE	OF CERTIFIE	R Oal	2 and		7			29c. LICI	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
288	0	Chilled	es (e. Kuck	SCU	CIL	w)_				123	346			1-16	-95
0		30. NAME AND ADDRESS O	PERSON WH	CONFLETED CAU	SE/OF DEA	TH (ITEM	27) (Type,	Prier)	200	ven	2	0	BW	. r.	ر مالم	w 2123°
1		31. DATE FILEO (Month, Day,	Mar)	22 DECIGE	אם פוחוים	-	100	LU (, Lu	ucy	pu	X,	Day	(lm	POLO I	my cies
		JAN 181		32. REGISTRA	who	delle										
	1	OUIT T	000	/												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



\sim
0
ВОХ
\sim
0
Ω.
-
S
0
0
_
\circ
()
ш
RECC
_
_
A
-
\vdash
_
>
ш
OF
_
~
_
0
\equiv
S
==
>
0

remation, or removal,	ent, the medical examiner must be notified at once.
Hygiene prior to bunal, co	r other traumatic eve
State Dept. of Health and Mental P	Item 23 shows any injury, or
wen the	rhend, or

TETTED LANY: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

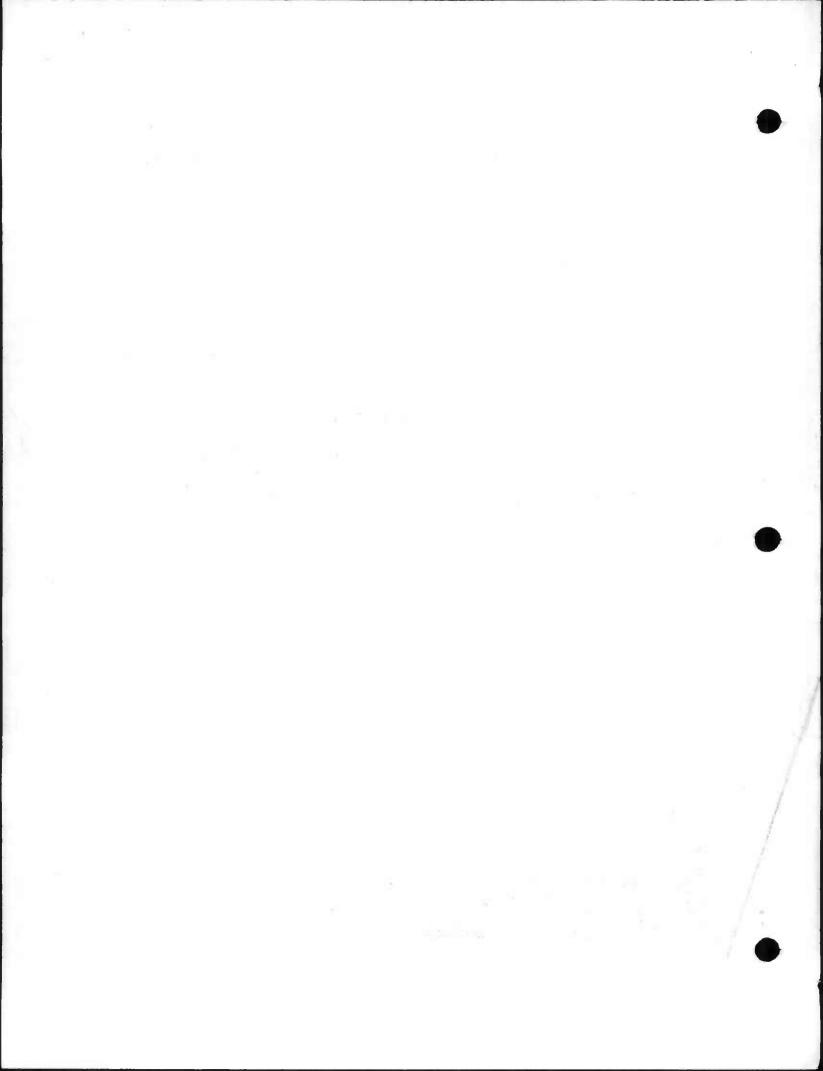
	92	40		2
•	200	30e		96
	may	r,		15
	9	acto		Ē
	Page	dir		9
	€.	eral		Ē
	dea	ţ,		exa
	fter	the	oval	70
	Sa	5	rem	P
	Pour	. pa	9	Ě
	77	ij.	ion,	the
	thin	stely	mat	H, 1
	W.	mple	Cre	Ver
	uted	00	nal,	2
	3000	and	P	nati
	pe	an	or 10	anu
	ate	ySic.	8	r tr
	Tiffe	0 0	lene	the
	99	ndin	¥	0 10
	eath	atte	ntal	×
	be d	the	Me	후
	at th	6	Due	y ir
	#	ped	th	9
	uire	Sig	Hea	¥
	reg	een	0	she
	SW.	as b	lept.	23
	The	le h	te D	E
	ż	fical	Sta	=
	ICI/	cert	#	0
	ž	2	鬟	ě
	9	E	Ġ.	ž
	ĕ,	7	8	.00
	H	뗦	끃	e
	£	뎚	Ą,	Æ
	0	٧	ğ	윤
	TO THE HOSPITAL OF MERCANING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	TO THE FUNESTAL CHECTOR And THE Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	1	IMPORTANT IN Item 21 to marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
	8	善	ŧ	AM
	4	3	ž	E
	E	1	ĕ	
	#2	H	B	=

											9:	5	01	003
	1 - FOR REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	TMEN	T OF H	EALTH DEAT	AND !	MENTA	L HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Marguerite		SMI	IEV					2. DATE	E OF DEATH	NY .	YEAR		ME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. las								3,199	95		:12 P M	
	214-05-7533	5. SEX	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	OF BIRTH th, Day, Year)	1016	Count	(rv)	(State or Foreign
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	Y, TOWN C	OR LOCATE	ON OF OE		EMBER 13		NTY OF D		1611VLA
FUNERAL DIRECTOR	FRANKLIN SQUARE HOSPIT	ſAL					E COUN					timo		
3EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION	_					10d.	INSIDE CITY
D D	MARYLAND HARFOR	4D		HAR	FORD (COUNT	Υ							YES 2 X NO
IAL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITI	ZEN OF	WHAT (COUNTRY?
MEH	2918 GOAT HILL ROAD					2	1015				USA			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED 10	13.	WAS OEC	ENDENT C	F HISPAN	IIC ORIGI	N? (Specify Yea	or No-	14. RAC	E — An	nerican Indian, a. etc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specify	y.	Rican, etc.)		Spec	city:	
	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BUS	JNESS/INC	USTRY	MHI	LIE
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 a	(Gi	Do NOT u	work done	during mo	st of working	g	"					
절	12			YS AD	JUSTE	R			I	NSURANCE	INDU	STRY		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Sumame)			
BE	HERMAN BERGMAN						GERTF							
2	19a. INFORMANT'S NAME (Type/Print)									hoer, City or Town				
.	DEBORAH A. BABIKOW				-			BAL1.		, MARYLA	_	_		
	20a. METHOD OF OISPOSITION 1 Burlal 2 X Cremation 3 Bame 4 Donation 5 Other (Specify)		206. PLACE A					/ 18,3		BALTI				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			LÃ.	SSAFN	FUNE	ALF HO	SWE.	INC.				
	Vassam Fino	rd ler	m In							MORE, MA	RYLAN	D 212	236	
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications the	t caused the de	ath. Do i	ot enter	tha mo	de of dyl	ng, auci	h as car	diec or respi	ratory arr	eet,		Approximete
	IMMEDIATE CAUSE (Final	Liet Olly Olle Cau	ise on auch line.											Interval Between Onset and Death
	disease or condition resulting in death)	. Disse				urys	m							Hours
			(OR AS A CONSEC	-	,-									
ON	Sequentially liet conditions,	Atheros	scleroti (OR AS A CONSEC	c Ca	rdio	vasc	ular	Dis	ease	2				ecades
ERTIFICATION	if any, lesding to immediate cause. Enter UNDERLYING	302 10	(OR AS A CORSEC	VOENCE O	r):									
FI	CAUSE (Diseese or Injury thet initieted evente	DUE TO	(OR AS A CONSEC	UENCE O	F):								-	
표	resulting in deeth) LAST	d,												
O	PART II. Other significent conditions	a contributing to	death but not re	equiting.	ln the re	n el a alvelin e		tive to	David I					
MEDICAL			decil but not to	ocuiting	iii tiie ui	indertying	g cause g	liveli iti	Part I.	24a. WAS AN		246	AVAIL/	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE
ED									_	1X YES 2	□ NO		OF DE	ATH?
	DID TOBACCO USE CONTR	PIRLITE TO CA	LISE OF DEAT	TLI VI	: C	NO E	LINIC	ERTAIN					1 🗆 '	YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL	IIDOIL TO CA		E OF DEAT			1 OIAC	EKIAII	<u>ч Ц</u>					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEI		e 5 🗆 Re	aldence	8 D Oth	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF (Month, De	INJURY By Year)	28b. TIM	-	28c. INJ				SCRIBE HOW IN	JURY OCC	CUREO		
ВУ	1 Natural 5 Pending 2 Accident Investigation		,	100	M		ES 2	NO						
6	3 Suicide 8 Could not be 4 Homicide delarmined	28e. PLACE Of building,	F INJURY — At hor atc. (Specify)	me, farm, s	streat, fact	tory, office			281. LOC	ATION (Street a or Town, State)	nd Number	or Rural I	Route N	umber,
1														
di l	29e. CERTIFIER (Check only one)													
COMP	MEDICAL EXAMINE	_	camination and/or in	nveatigatio	n, in my c	opinion, d	eath occur	ed at the	Ilme, dete	and place, and	d due to th	e cause(s	a) and n	nanner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Con	N	112			29c. LICE	NSE NUM	IBER		29d. DATE			, Day, Year)
0	30 NAME AND ACCRESS OF PROPERTY WAY	-KW		لر٧١								111	3/1	1995

Mark McGinley, MD "8°1995

o completed dause of Death (ITEM 27) (Typo, Print)

y, MD 9000 Franklin Square Drive Baltimore, MD 21237

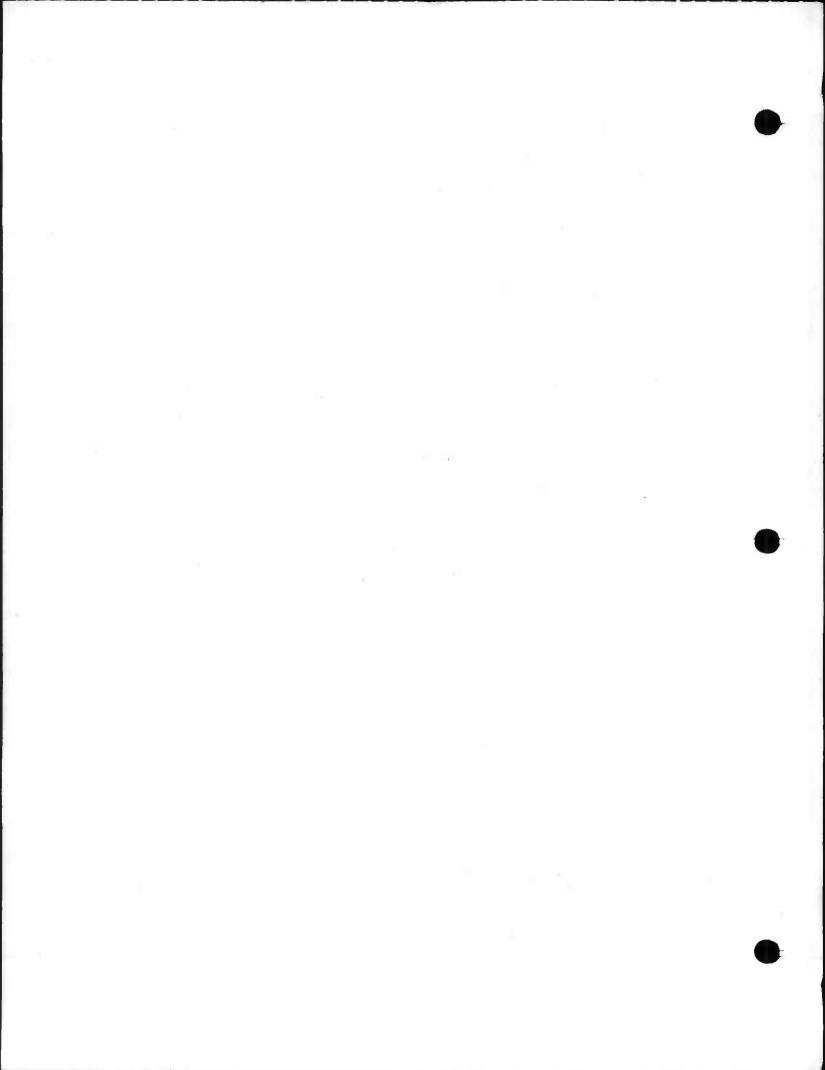


0	
S	
0	
ō	
7	
LO.	
900	
ò	
14	
-	
6.4	
0	
=	
Z	
Q,	
\succ	
Œ	
-	
Q,	
5	
ш	
OC.	
$\overline{}$	
O	
5	
=	
_	
17	
-	
P	
00	
_	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

fler death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE MISCHALL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the incomplete prior to burial, cremation, or removal.	MPORTAN: I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

						9	01004			
FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR				-				
1. DECEDENT'S NAME (First, Middle, U	-0	CERTIF	ICATE OF		REG. NO					
	,	MOLIT DO			2. DATE OF DEATH D	AY YE	3. TIME OF DEATH			
WILLIAM	Sanders	TOWLES		,	JANUARY 1	3 199	5 1:35 A M			
4. SOCIAL SECURITY NUMBER	5. SEX (3. AGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
216-05-9885 90. FACILITY NAME (If not institution, g	1 XM 2 🗆 F	77 YRS.	MONTHS DAYS		FEB. 16, 19	1 71	Maryland			
- The state of the	211. 12 14			PR LOCATION OF DEAT	ГН	9c. COUNTY	OF DEATN			
GREATER BALTIMO		CENTER	TO	VSON		BALT	TIMORE			
RESIDENCE OF DECEDENT		10.00	Y, TOWN OR LOCAL							
Md. B	altimore		ckeys				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER	0		101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
10e. STREET AND NUMBER 10327 Mal(11. MARITAL STATUS 1 Never Married 2 W Married	colm Circl	le		21030		US	A			
11. MARITAL STATUS	12. WAS DECEDENT	EYER IN U.S. ARMED	13. WAS DEC	ENOENT OF HISPANIC	ORIGIN? (Specify Yes	or No- 14.	RACE - American Indian,			
	IF YES, GIVE WAI	YES 2 NO		2 NO Specify:	Puerto Ricen, etc.)		Black, White, etc.			
3 Wildowed 4 Divorced	WW		1	2 MO Specify		1	Specify:			
15. DECEDENT'S	EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST				
(Specify only highest g		(Give kind of life. Do NOT u	work done during mo	st of working						
Elementary/Secondary (0-12)	College (1-4 or 5 +)		Suppl	У	Self	emplo	syed			
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last))		- (*	E (First, Middle, Maiden	Sumame)				
JOHN TO	swles			Julia	THOM	· C				
190 INFORMANT'S NAME (Time/Print)	7 - 1 - 1	10h MAII (NO	ADDRESS (Street of	nd Number or Rural Ro	THONY	Note 7 of Co.	4-1			
William R	.Towles	Box	1029	Solomo			889			
20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 F	Removal from State	20b. PLACE AND DATE		me of	DATE 20c. LO	CATION - City	or Town, State			
4 Donetion 5 Other (Specify)		PARKWOO	O COMET	ERY	416/94 PF	RKVI	ile, IVId.			
21. SIGNATURE OF FUNERAL SERVICE	E LICENSE!		22. NAME AI	D ADDRESS OF FACIL	LITY O CL.					
► (×2. + (000	()	2329	s Chape	104 CUI	11163	, Md 21093			
23. PART I. Enter the diseases, shock, pr heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	PA A CONSEQUENCE O	.1-	da of dying, such	as cardiac or resp	retory arrest	Approximata interval Between Onset and Death			
Sequantially liat conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
DID TOBACCO USE CO	tions contributing to d	eath but not resulting	In the undarlying	causa given in Pa	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
					1	~	1 TYES 2 NO			
DID TOBACCO USE COI	NTRIBUTE TO CAU	SE OF DEATH Y	ES [] NO [UNCERTAIN						
25. WAS CASE REFERRED TO MEDICA			TN (Check only one)	ONCERNANT	<u> </u>					
EXAMINER?	HOSPITAL:		OTHER:							
1 YES 2 NO		R/Outpetient 3 DOA		s 5 🗆 Residence 6	Other (Specify)					
27. MANNER OF DEATN	28e. DATE OF IN (Month, Day,	JURY 28b. TIN		JRY AT 2	ed. OESCRIBE NOW I	NJURY OCCUR	ED			
Netural 5 Pending Investigation	on		M 1 🗆 1	ES 2 NO						
	building, et	NJURY — Af home, ferm, c. (Specify)	etreet, factory, offic	2	6f. LOCATION (Street of City or Town, State)	and Number or F	tural Floute Number,			
00.0000000										
	NYSICIAN: To the best of m						ruse(s) end menner es stated.			
296. SIGNATURE AND TITLE OF CENTS										
(A)	Da MI)		29c. LICENSE NUMBI	ER Co	29d. DATE SI	GNED (Month, Day, Year)			
104 111	100 110			U5042	-7	P ///	3/70			
AWL COAND	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type		T, BALT	21205	- Marie				
31. DATE FILED (Month, Day Year)	32 BEGIS WAR	S ASSULTE	117/025	1 DAG	2100	140				
JAN 1 0 1333	0									



BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within flours after death. Page 6 may be retained by the brospital or attending physician. To the funeral director, page 5 should be detached for use as the burial-transit permit. Professional and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Professional and the professional and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Professional and the prof	be the writin /z nous are dean with the taste belt; or realing and went a hydere prior to burds, crematon, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

DAVI 2

1995

95 01005 Item1, Film719, 1/20/95, lt STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JOHNNY A. TOBIN ONNIE TOBIN 5:05 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 232-08-1478 (Month, Day, Year) 9 - 4 -3 1 M 2 - 1 YRS. la 9e. FACILITY NAME (If not institution, give atreet and n 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Center Hedica DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO MA 40 FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Ane 100 21201 vania 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black BY 1 TYES 2 NO Specify 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Щ intary/Secondary (0-12) College (1-4 or 5 +) 100 COMPL unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surni 0610 Patricia tevensun BE FORMANT'S NAME (Type/Print) 2 0610 METHOD OF DISPOSITION

Burtal 2 X Cremation 3

Opening or 5
Other (Specify) 206. PLACE AND DATE OF DISPO 115/95 20c. LOCATION - City or Town, State RE OF FUNERAL SERVICE LICENSEE 2/2/5 complications that caused the death. Do not enter the mode of dying, such as cerdlec or respiretory arreet, 23. PART I. Enter the diseases, or Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition ahemia 1 month resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 3 months wasting CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate HIP human immodeticency years cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST 1 year PART II. Other aignificent conditions

J	Cryptosporidiosis		
	contributing to deeth but not reculting in the underlying ceuse given in	Part i.	

24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED' 1 YES 2 NO OF DEATH?

> 29d. DATE SIGNED (Month, Day, Year) 1/16/95

1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL Inpatient 2 - ER/Outpatient 3 -DOA 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

7 w Refland Ave

29a, CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 396. SIGNATURE AND TITLE OF CERTIFIER

SIGNATURE AND TITLE OF CENTIFIER M M M M M M M M M M M M M	M 20 85%
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	

Bldg THOMAS 1155 Closs

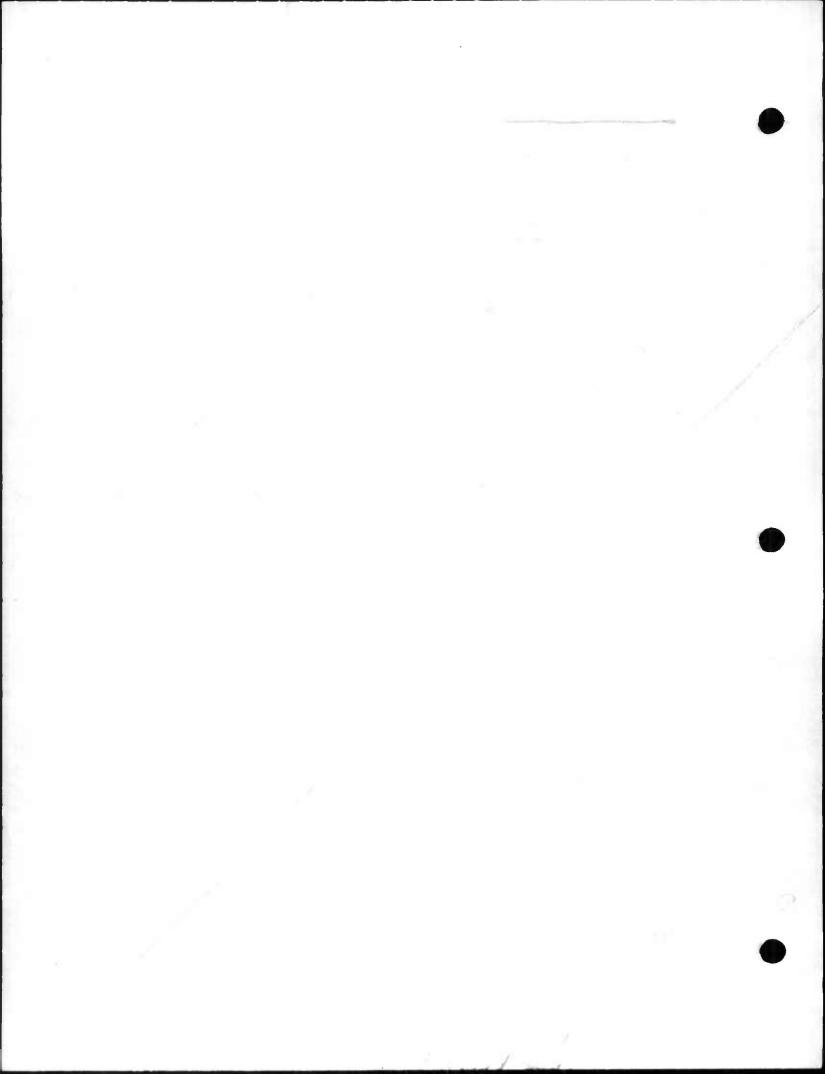
22. REGISTRAR'S SIGNATURE his Danden-Randall

DHMH-16 Rev 1/89

JAN 19 1995

32. REGISTRAR'S SIGNATURE

		E OF MARYLAND / DEPAR	RTMENT OF HEALTH AND	MENTAL HYGIENE	01000
	1. DECEDENT'S NAME (First, Middle, Last)	certification Ce	ner JR.	REG. NO. 2. DATE OF OEATH DAY	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 217-12-3926 1 1 1 1 1 1 1 1	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		8. BIRTHPLACE (State or Foreign Country) VIRGINA
TOR	96. FACILITY NAME (If not institution, give street and not CHURCH HOME AM RESIDENCE OF DECEDENT	> 1/	86. CITY, TOWN OR LOCATION OF DE BALTIMORE	ATH 9c. COUN	TY OF DEATH
L DIRECTOR	10a. STATE 10b. COUNTY MALYLAND 10a. STREET AND NUMBER	10c. CIT	ALTIMORES CI	74	10d. INSIDE CITY LIMITS? 1 Pres 2 No
FUNERAL	320 SOUTH CLII	VTON STREET DECEDENT EVERTIN U.S. ARMED	13. WAS DECENDENT OF HISPAN	NC ORIGIN? (Specify Yee or No.	EN OF WHAT COUNTRY? S - A- 14. RACE — American Indian;
ED BY F	15. DECEDENT'S EDUCATION	S, GIVE WAR OR DATES ARMY	If yes, specify Cuben, Mexica 1 YES 2 W NO Specify USUAL OCCUPATION		Specify: VH17E
COMPLETE	5 -		work done during most of working	100. KIND OF BUSINESS/INDU	SINY
8	17. FATHER'S NAME (First, Middle, Lest) JAMES ALONZA 190. INFORMANT'S NAME (Type/Print)	TURNER, SI	NANC.	ME (First, Middle, Melden Sumame)	BURTON
5	CRESCENTIA BERTHA	- (HOBHN) 320	SOUTH CLINTO. OF DISPOSITION (Name of		MD, 21224
	1 Burlet 2 Cremetion 3 Removel from 4 Donation 5 Other (Specify)	State cometery, crematory or or SACRED HE	ACT OF JESUS COM 22. NAME AND ADDRESS OF FA	1.1-13 BALTIM	DORE, MD.
	23. PAGE I/Enter the dispases, or complicat	The moob 77	8800 HA	eford for	ARKVINE, M
	IMMEDIATE CAUSE (Final	One cause on each line. DID - PULMO NARY DUE TO (OR AS A CONSEQUENCE O		n as cardiac or respiratory sire	Approximate interval Between Onset and Death
CERTIFICATION	La contraction of the contractio	DUE TO (OR AS A CONSEQUENCE O	1 DISEASE		
CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	F):		
I	PART II. Other significent conditions contrib	uting to deeth but not resulting	In the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? t □ YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPI	26. PLACE OF DEA	TH (Check only one)	10	1 TES 2 NO
HYSI	1 YES 2 NO 1 Inper	ident 2 ER/Outpetient 3 DOA OATE OF INJURY 28b. TIM	OTHER: 4 Nursing Home 5 Residence E OF 28c. INJURY AT		
B	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJ PLACE OF INJURY — At home, form,	M 1 YES 2 NO	281. LOCATION (Street and Number of	
三	4 Homicide determined	building, etc. (Specify)		City or Town, State)	Trong tronger,
ių					
COMPLETED	2 MEDICAL EXAMINER: On the b	e best of my knowledge, death occurre	ed at the time, data and place, and due on, in my opinion, death occured at the	to the cause(a) and menner as stated time, data end piece, and due to the	s. ceuse(s) end manner ee stated.
TO BE COMPLE	(Check only CEHTIFYING PHYSICIAN: To the	eele of examination end/or investigetion	n, in my opinion, death occured at the 29c. LICENSE NUM D 455	time, deta end plece, and due to the	s. couse(s) and manner se stated. SIGNED (Month, Day, Year)



(T	$\overline{7}$
6	permit. Pa

BALTIMORE, MARYLAND 21215-0020

F

notified

be

must

examiner

medicai

the

event,

traumatic

other

10

AUR

23

item

6

marked.

69

28

use as the burial-transit Page 6 may be retained by the hospital or attending physician. director, page 5 should be detached for ours after death. nding physician and completely filled in by the Hygiene prior to burial, cremation, or removal. attending | n signed by the attend Health and Mental H has be Dept. certificate h HOSPITAL DR ATTENDING PHYSICIAN: this c death v L DIRECTOR: A 2 hours after c TO THE HOSPITAL OF TO THE FUNERAL OF THE MINING TO THE MINING THE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REG NO 1. DECEOENT'S NAME (First, Middle, Last 2. DATE OF CEATH 3. TIME OF DEATH Clayton ourel Thompson 2 -00 a. m 0 95 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign DAYS (Month, Day, Year) 05-30-1948 216-52-9446 MARYLAND 46 9e. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3118 FERNDALE AVENUE BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3018 FERNDALE AVN 21207 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Notif yea, specify Cuban, Maxican, Puarto Rican, etc.)
 I YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1XX Never Married 2 Married Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest College (1-4 or 5+) Elementary/Secondary (0-12) HOUSEKEEPER/PORTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIE POWELL THOMPSON BEULAH WALLACE BE 19a. INFORMANT'S NAME (Type/Print) 2 BEULAH WALLACE 20b. PLACE AND DA' EUF LISPOSITION (Name of 21. SIGNATURE OF FUNERAL BESSINGS AS 22. NAME AND ADDRESS OF FACILITY
William C. Brown Community F/H Mour 1206 W. North Avenue 23. PART I. Bater the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each lina. intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) COTONOYU AY Artery CON Q ESTIVE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING HYPERTENSION
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 - YES 2 NO 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER 1 TES 2 NO 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA me 5 Realdence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 ND BY Investigation Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicida 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED S Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE ANO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D38993 OKMY Attending 12/17/95 2 OF REASON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 2000 liberty Bultimore MV 132. REGISTRAR'S SIGNATURE



200 B EVEL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
MARY GRACE TURNER	Mary Crace Typer	MONTH DAY

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
- Ø	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
- 2	MARY GRACE TURNER	Mary	Crace Tune	r.	January 1	4, 1995	M.
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BURTH	a Big	THPLACE (State or Foreign
	219-10-5503		1 YRS.	ONTHS DAYS HOURS MIN.	11/21/192	23 Ma	
~	9a. FACILITY NAME (If not institution, give s		1	b. CITY, TOWN OR LOCATION OF D	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	Johns Hopkins Ba	yview Medic	al Ctr.	Baltimore C	ity		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT						
E			10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
		Baltimore		Dun	da1k		1 - YES 2 X NO
M	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
	637 South 47th S	treet			21224	United	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian, ck, White, atc.
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR		If yes, specify Cuban, Maxic 1 ☐ YES 2 ☑ NO Spec			ck, White, atc.
	3 💢 maamad 4 🗌 bivarcea	<u> </u>					White
ш	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION k done during most of working	166. KIND OF BUS	SINESS/INDUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 6 +)	Me. Do NOT use	retired.)			
AP	12 Years		Housewi	fe	Own	Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
ш		Michael Ta	na	Louise	e Bruno		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rural		n, State, Zip Code)	
٩	Gina M. Ruse			outh 47th Stree			1224
	20a. METHOD OF DISPOSITION	NTOMBMENT 2	0b. PLACE AND DATE OF			CATION - City or	
	1 ☐ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation \$ ☐ Other (Specify)-	oval from State	ametery, cramatory or otha		. 1		
	21. SIGNATURE OF FUNERAL SERVICE LIC		OCIN TRAVILLE	22. NAME AND ADDRESS OF F		ltimore	, MD
		0		Duda-Ruck Fu	neral Home	of Dunda	alk. Inc.
	DOBOY L	Cons	-	7922 Wise Ave	e. Dundalk	. MD 2	1222
	23. PART i. Enter the diseases, or cahock, or heart failure.	complications that caus	sed the deeth. Do not	anter the mode of dying, au-	ch as cardiec or respi	ratory arrest,	Approximate
- 1	IMMEDIATE CAUSE (Fine)	cial only one cause on	ooch iiia.				Interval Between Onset and Death
	disease or condition resulting in death)	-17	2/11/1				15-6
	rounting in death)	DUE TO (OR AS	A CONSEQUENCE OF):				13/
z		h					
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
8	cause. Enter UNDERLYING CAUSE (Disease or injury	C.					
	that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):				
	resulting in death) LAST	d					
_	BART II Other cignificant and district						
CAL	PART II. Other aignificant condition	e contributing to deeth	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN. PERFOR		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDIC					1 _ YES 2	□ но	COMPLETION OF CAUSE OF DEATH?
¥ I							1 TYES 2 NO
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH YES	☐ NO ☐ UNCERTAI	IN DX		
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH	(Check only one)			
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/O		THER: Nursing Home 5 Residence	6 Other (Specify)		
<u> </u>	27. MANNER OF DEATH	26a. DATE OF INJUR	Y 28b. TIME (OF 28c. INJURY AT	26d. DESCRIBE HOW IN	IJURY OCCURED	
	1 Netural 5 Pending	(Month, Day, Year	INJUR	WORK? M 1 YES 2 NO			
8	2 Accident Investigation 3 Suicide 6 Could and be	28e. PLACE OF INJU	RY — At home, farm, stre		261. LOCATION (Street a	nd Number or Burel	Route Mumber
	4 Homicide 6 Could not be detarmined	building, atc. (Sp	pecify)	,	City or Town, State)	no remove or rioral	none romon,
COMPLET	29e. CERTIFIER						
N N	(Check only			at the time, date and place, and due			
5	2 HUBBICAL EXAMINE	R: On the beels of examinat	ion and/or investigation,	In my opinion, death occured at the	s time, date end place, and	dua to the cause	a) and manner as stated,
	796. SIGNATURE AND DELE OF CERRIFIES		7	29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)
						. /	
BE O	MA	1/1/1	7)		1	-///	6/6/
IO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF E	MATH (115 M 27) (5/90, 7)	int)		1//	6/45
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF S	PEATH STEM 27, (Spo. 7)	(int)		1//	6/45

JAN 1 8 1995 Thi Shudsar Revell

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

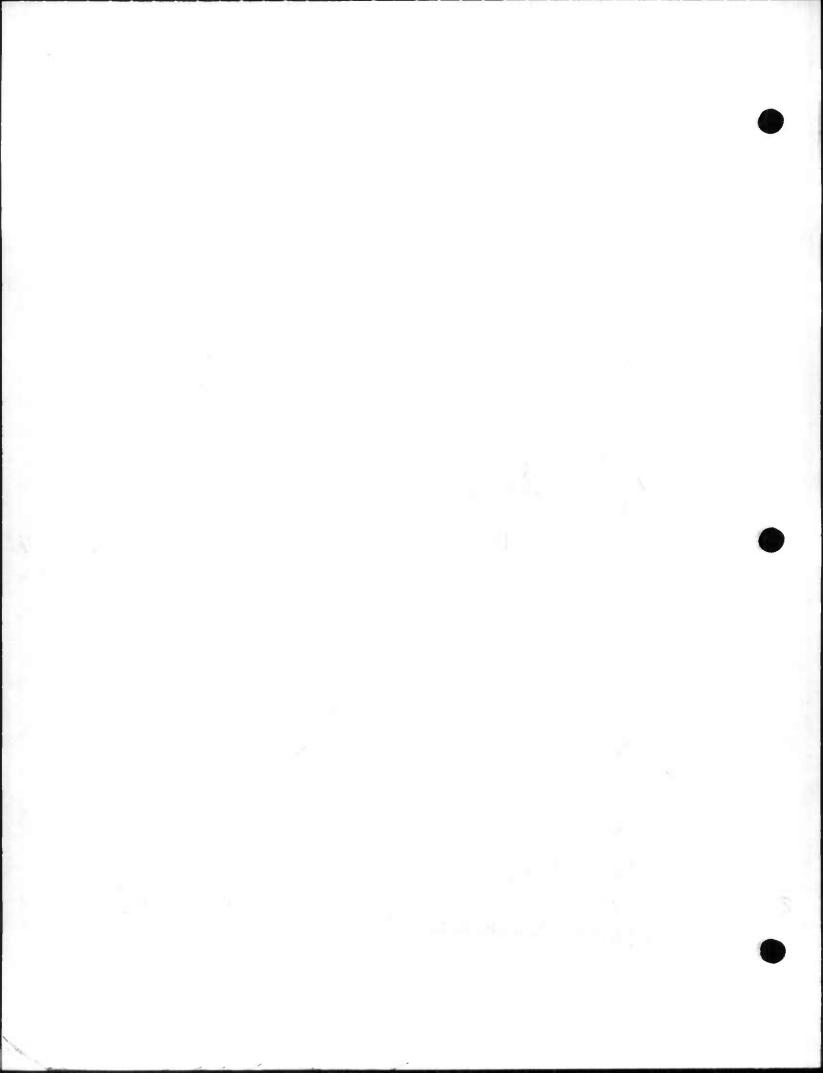
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directio, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTHAN			EHIIF	ICALE	: OF	DEAL	Н	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, L Zelinda N	MN Ubalo	lini						2. DATE OF C MONTH Januar	PEATN DA	, 199	5 YEAR	3. TIME OF DEATN 4:20 P. M
	4. SOCIAL SECURITY NUMBER 175-01-8371 D	5. SEX	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B (Month, Day Octobe	IRTN		A BISTH	IPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, g	ve street end number)		541	9h CITY	TOWN	OR LOCATIO			:L),		INTY OF D	-
Œ	3900 Mayberr						imore						EAIN
DIRECTOR	RESIDENCE OF DECEDENT	y Avenue			Б	alt.	LIIIOTE	Ci	Ly		N/	A	
H	10e. STATE 10b. COL	NTY		10c. CIT	Y, TOWN C								10d. INSIDE CITY
	Maryland N/A				Ba1	timo	ore C	ity					1 YES 2 NO
₹ I	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
剪	3900 Mayberry	Avenue					21	206			U	J.S.A	١.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDER FORCES?	T EVER IN U.S. A	RMED					C ORIGIN? (Sp., Puerto Rican,		or No-	14. RACE	— American Indian, c, White, etc.
B	3 🔀 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES				2 X NO			, 5101,		Whi.	
	15. DECEDENT'S	DUCATION	18e. D	ECEDENT'S	USUAL OC	CCUPATIO	NA .		165 KIM	OF BUILD	INESS/INC		
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)	ade completed) College (1-4 or 5	(0	Give kind of v e. Do NOT us	work done r	during mo	st of working	9	IOD, KING	or Bos	MESS/INL	JUSTAY	
교	10th Grade	Conege (I-C or S		eamst	ress				Cl	othi	ng C	'ompa	nv
O	17. FATHER'S NAME (First, Middle, Last)						18. MOTN	ER'S NAM	IE (First, Middle				-
BEC	John Unknown	Brunori						Rose	Unkn	own	Seb	asti	onelli
10	19e. INFORMANT'S NAME (Type/Print)			9b. MAILINO	ADDRESS	(Street e	nd Number	or Rural Ro	oute Number, Ci	ty or Town	, State, Zip	Code)	
۴	Filomena	Matl	lick	6301	Bro	ok A	Avenu	e, B	altimo	re,M	1ary1	Land	21206
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 F	emoval from State		AND DATE O		ITION /Na	meof		DATE	20c. LOC	CATION —	City or To	wn, State
	4 Donation 5 T Other (Specify)	ntombment	Garde	ns of	Fai				1-17				Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSE					ID ADDRES						r Road
- 9	Battle	wh, I	Neuro	hu	Jo	hn (C. Mi	ller	, Inc.	Ва	altin	nore,	Md21206
	23. PART I. Enter the diseases, shock, or heart fallu	or complications the	t couned the d	eath Do n	ot enter	the mo	de of dylr	ng, auch	aa cardiac	or reapir	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Final	a. coat only one can	we on sech an										Onset and Death
	disease or condition	. PM	eum	mer									1- Quenta
		DUE TO	(OR AS A CONSE	QUENCE OF	F): 1	1	100		emi				
N	Sequentially list conditions,	- b	cute	MIL	Ku	ra		W	emu	L			year
Ā	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF	, ju								
CERTIFICATION	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	QUENCE OF	D:								
E	resulting in death) LAST	12			,								i
		_ 0.											
EDICAL	PART it. Other aignificant condit	iona contributing to	death but not	reaulting I	n the un	derlying	cause g	lven in P	art i. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						_			_ 10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ	DID TODA COO LICE CO.						7						1 YES 2 NO
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	INBUIE TO CA		CE OF DEAT			UNC	ERTAIN					
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER	t:							
¥.	27. MANNER OF DEATN	1 Inpatient 2		28b. TIM		ang Nome	Δ		Other (Spe				
	Natural 5 Pending	(Month, E		LNI		WO	RK?		28d. DESCRIB	E NOW IN	JURY OCC	CURED	
B	2 Accident Investigation	20 DI ACE O	F INJURY — At he	ome, ferm, a	treet, fecto			-	28f. LOCATION	/Stmat or	ad Mumbar	as Dumi D	hada Marahas
	4 Homicide 8 Could not determined	ouliging.	etc. (Specify)			,,	•	- 1	City or Tow	n, State)	io riumoer	or norm n	odie Number,
COMPLETED	290. CERTIFIER DESTRICTING PA	VSICIAN: To the heat of	mu kasuladas at							Les es		_	
Ž	(Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of	xamination end/or	investigation	n. In my or	me, date	end place,	and due to	o the cause(s)	and menr	her as atat	ed.	and menner se stated.
	286. SIGNATURE AND TITLE OF CERTI				., ,	, un				JIBCE, SING			The state of the s
H	Marley	Achil	1 10	2		i	29c. LICEN	1988			29d. DAT	E SIGNED	(Mgnth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	OF DEATH (ITE	M 27) (Type	Print)		0					1/16	145
	1) 1 / / /	27	1. 1	40	0	X	K	150	thu	in	e 1	2	
	JAN 1 8 1995	J. 1. 32 4 FIG. 19	or Revolute		~			. 200					
	JAN 1 8 1995	Jan a											



	ta ta	ì
	Sin	
	8	3
		18
9	養	dah
20	X	olun
-	3	000
õ	noa	2
<	8	0
0	2	Sinis
n	cate	4
	Tiff	0
7	8	din
1	the	Har
ñ	9	0
	the state	4
7	hat	7
Ś	55	000
2	- S	010
ř	5	000
3	34	6
₹	e	P.
=	F	ander
>	A	Piff.
L	Sic	000
	¥	hie
Z	9	00
)	N	A 60
2	EN	ġ
5	F	E
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	ITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TITLE FILE After this continues has been elected by the offending charles and completely filled in his
J	7	-
	E	1

Fernando 31. DATE FILED (MONTH), Day, War) JAN 1 8 1995

	1 - FOR STATE REGISTRAR		STATE OF	MARYLAN	D / DEPAR					MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE (OF DEATH			3. TIME OF DEATH
	WILLI	AM G.	VERNON							нтиом	1. 6,	1991	YEAR	7:550 M
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yr	rs. last birthday)	IF UNDER 1			24 HRS.	7 DATE C	E BIRTH		6, BIRT	HPLACE (State or Foreign
- 3	202-18-29	50	1 🔯 M 2 🗌 F	68	YRS.	MONTHS	DAY8	HOURS	MIN.	Aug.	14,19	926	Penr	isylvania
~	90. FACILITY NAME (If not i					9b. CITY, 1			ON OF D	EATH		110	UNTY OF	
DIRECTOR	Howard Co		eneral H	ospita	.1	Со	lun	bia				He	oward	d County
EC	10e. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN OR	LOCA	TION						10d. INSIDE CITY
DIA	Maryland	Howai	rd Count	У		C	olu	mbia						LIMITS?
RAL	100. STREET AND NUMBER 7070 Cradle		N S T S I				101	210					TIZEN OF	WHAT COUNTRY?
NE		STOCK I	-											
BY FUNERAL	11. MARITAL STATUS 1 New Married 2 2 3 Widowed 4 Div		IF YES, GIVE	NT EVER IN U.S I YES 2 WAR OR DATES OF COMO	□ NO	11	yes, sp	ecity Cube	ın, Mexica	in, Puerto Ri	(Specify Yes	s or No—	14. RAC Blac Spec	
	15. DE	CEDENT'S EDU	CATION		a. DECEDENT'S	USUAL OCC	CUPATIO	ON	-	16b.	KIND OF BU	SINESS/IN	DUSTRY	white
COMPLETED	(Specify on Elementary/Secondary (College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done du se retired.)	ring mo	st of worki						
MP		unkhor	wn		arking	& Se	cur				Racet			
	17. FATHER'S NAME (First, A Guy		t Vernon							MCCa	iddie, Maiden Luley	Surname)		
) BE	19a. INFORMANT'S NAME ((Type/Print)			19b. MAILING	ADDRESS (Street e	nd Numbe	r or Rural	Route Numbe	r, City or Tow	n, Stata, 2	(ip Code)	
5	Ms. Jeanet	te Dela	ano		Rt.1	; Box	11	0, W	arsa	w, V	2257	72		
	20e. METHOD OF DISPOSIT 1 ☐ Burlel 2 ☐XCremeti 4 ☐ Donation 5 ☐ Othe	lon 3 🗆 Rem	oval from State	20b. PL	ACE AND DATE y, cremetory or of the comments	OF DISPOSIT	ION (Na	ame of	tora	DATE	20c. LC		- City or T	
	21. SIGNATURE OF FUNER		CENSEE	- <u>1.0art</u>	IIIDL CON	22. N	AME AI	ND ADDRE	SS OF FA	CIUTY T+TT-3	5	Lat	urel,	· UMD
	Columbia	Mes	Sleet	-	M00535						ne, P.		1043	
	23. PART I. Enter the c	diseeses, or o	complications the	nt caused th	e deeth, Do	not enter t	he mo	de of dy	ing, suc	h aa cardi	ac or reap	Iratory a	rreat,	Approximata
	IMMEDIATE CAUSE (FI		List only one cer	use on each	line.									interval Between Onset and Death
	disease or condition resulting in death)	\rightarrow	a. Respis	don	F	ailu	110							5 hours
			b. Inter	(OR AS A DO	NSEQUENCE O	F):	7							5 hours
ON	Sequentially list condi		b. Links	JOB AS A CO	RECUIENCE O	49	01:	sees	-					Years
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY	ediate (ING	Chro	(On AS A CO	() b-t	· · · · · · · ·	1.	P	In	011	17		50	10.00
F	CAUSE (Disease or Injustrational Injustration Injustratio	ury	DUE TO	(OR AS A CO	NSEQUENCE O	F):		5 0		7160	7 2	1360	isc	1200
F	resulting in death) LAS	ST	d											
	PART II. Other algnific	ant condition	a contributing to	death but r	not moulting	In the und	a what a		obios la	Deat I	24- 1400 41			
SAL			Anton	C Dut	SRAS ~	in the und	oriyin	L D	given in		PERFO	RMED?	241	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC	Corone	279	11110	7 912	eas.	1	14 1		PLA	cu	1 TYES	NO		OF DEATH?
							_		_					1 TYES 2 NO
AN	25. WAS CASE REFERRED 1	TO MEDICAL					00 00	ACE OF E	FATAL OOL	eck only one				
PHYSICIAN:	EXAMINER?		HOSPITAL:	EB/Outpatle	- 2 T DOA	OTHER:						-		
H	27. MANNER OF DEATH		28e. DATE OI	FINJURY	28b. TIN	E OF 2	Bc. INJ	URY AT	esidence	6 Other	(Specify)	NJURY O	CCURED	
		Pending Investigation	(Month, I	Day, Year)	IN.	M		YES 2	NO					
D BY	2 Accident 3 Suicide a	Could not be	28e. PLACE (OF INJURY — I	At home, farm,	street, factor	y, offic	•			TION (Street Town, State)		er or Rurel	Route Number,
E.	4 Homicide	determined		(0,000,000,000,000,000,000,000,000,000,						Only or	nown, otalie)			
ם			CIAN: To the best o											
COMPLETED	one) 2 MED	DICAL EXAMINE	R: On the besis of e	examination en	d/or investigation	on, in my opi	inion, d	leath occu	red at the	time, date a	and place, er	nd due to	the couse(e) end manner se stated.
BE C	296. SIGNATURE AND TITL	E OF CERTIFIER	R ()	/	_) _	2	29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
TO B		No	nte 1	Caro	n.	no		D.	- 46	120			1 - 0	0.95
-	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	SE OF DEATH	(ITEM 27) (Type	, Print)								

2123/

Bulhoure

mi

Bradway

0:01 English of Lag. Doncer

0	With
BOX 68760,	executed
õ	8
.O. B(certificate
ώ.	death
ä	the
OR	that the
VITAL RECORDS, P.O.	requires
_	AW.
Z	The
ION OF VI	PHYSICIAN:
SION	ENDING
7	SA A
/	SPIT
	北田
	Ĕ
	0

	4 DECEMBER NAME OF A ASSESSMENT		LAND / DEPAR CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, LI	Jebb Sr.				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 225-14-1154 90. FACILITY NAME (If not institution, g.	1 X M 2 🗆 F	(In yrs. last birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept 1,		. BIRTHP	PLACE (State or Foreign
TOR	Trinity Geriati	ric Center			OR LOCATION OF DE	ATH	9c. COUNT		imore
DIRECTOR	Md. 106. COU		10c. CIT	y, town on local Balti					10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	3308 Kerry Ro	oad		10	f. ZIP CODE 2120	7	10g. CITIZE	N OF WI	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	if yes, sp	CENDENT OF HISPANI Hecify Cuben, Mexican 5 2 X NO Specify.		99 or No.— 14	Black,	American Indian, White, etc.
PLETED	15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12) 12th	EDUCATION rade completed) College (1-4 or 5+)	(Give kind of a		ON ost of working	16b. KIND OF BU		STRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last))	L	aborer		NE (First, Middle, Meide	ber Inc	dust	ry
O BE	Mack Bouldin 190. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street e	Lillie	Webb oute Number, City or To	wn, State. Zip Co	ode)	
5	Willie E. Webb		3308	Kerry R	load Balt	imore, Mai	ryland	212	
	1 Burlel 2 Cremetion 3 R	Removal from State	DSSTAGTO	rd Bapt	Ch Cem 1,	21/95 20c L	axe, V	irgi	n, syme nia
	21. SHOMATHME OF FUNERAL SERVICE	B. C	al		Winner A		Funera	a1 S	ervice
	IMMEDIATE CAUSE (Finel disease or condition	re. Light only one cause on the	haceal	Con			matory office	•	Approximats Interval Batw Onset and D
CERTIFICATION	Sequantisily list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF	F):	Cez				lyn
: MEDICAL CERTIFICATION	Sequantisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF	r): r):		PERFO	RMED?	O C	WAILABLE PRIOR TO
MEDICAL	Sequantisliy list conditions, if sny, laading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ti. Other eignificant condit	DUE TO (OR AS C. DUE TO (OR AS d. clions contributing to death	A CONSEQUENCE OF	F): in the undarlying		PERFO	RMED?	O C	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
MEDICAL	Sequantisliy list conditions, if sny, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART ti. Other significant condit	DUE TO (OR AS C. DUE TO (OR AS d. Clons contributing to death in the contribution of the contribution	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting I	P: F): in the underlying 26. PL OTHER: 4 □ Nursing Horn.	g cause given in P ACE OF DEATH (Chec	PERFO	PMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PHYSICIAN: MEDICAL	Sequantisliy list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ti. Other eignificant condit	DUE TO (OR AS C. DUE TO (OR AS d. Clons contributing to death CON + () HOSPITAL: Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting i	28. PL OTHER: 4 Nursing Home URY M 1 Y	g cause given in P ACE OF DEATH (Chec	PERFO	PMED?	1	COMPLETION OF CAUS OF DEATH?
TED BY PHYSICIAN: MEDICAL	Sequantisliy list conditions, if sny, laading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ti. Other eignificant condit TO Sacco 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH. 1 Netural 5 Pending	DUE TO (OR AS C. DUE TO (OR AS d. Clons contributing to death I HOSPITAL: Inpetient 2 ER/Out Month, Day, Vear) 26e, PLACE OF INJURY 26e, PLACE OF INJURY be	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting i	28. PL OTHER: 4 Nursing Home URY M 1 Y	ACE OF DEATH (Chec	PERFO	INJURY OCCUR	A C C C C C C C C C C C C C C C C C C C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
TED BY PHYSICIAN: MEDICAL	Sequantisliy list conditions, if sny, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART ti, Other eignificant conditions and the condition of the conditio	DUE TO (OR AS c. DUE TO (OR AS d. CONTRIBUTION TO (OR AS d. HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting i	28. PL OTHER: 4 Nursing Home E OF 28c. INJI URY M 1 Y Arrest, factory, office	g cause given in F ACE OF DEATH (Chec 5 Residence 6 Uffy AT FES 2 NO end place, end due to	PERFOIL 1 YES: Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) the cause(e) and me	INJURY OCCUR	RED Rural Rou	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequantisliy list conditions, if sny, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART ti, Other eignificant conditions and the condition of the conditio	DUE TO (OR AS C. DUE TO (OR AS d. HOSPITAL:	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting i	28. PL OTHER: 4 Nursing Home E OF 28c. INJI URY M 1 Y Arrest, factory, office	g cause given in F ACE OF DEATH (Chec 5 Residence 6 Uffy AT FES 2 NO end place, end due to	PERFOI 1 YES: Charles (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State, the cause(e) and merme, date end place, er	INJURY OCCUR	RED Rural Rou	WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? YES 2 NO VES 2 NO ute Number, and menner ee statec donth, Dey, Year)
E COMPLETED BY PHYSICIAN: MEDICAL	Sequantislly list conditions, if sny, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART ti. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH. 1 Netural 5 Pending Investigation investigation in the condition of the condi	DUE TO (OR AS C. DUE TO (OR AS d. CONTROL HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Vear) 28e. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is but not resulting is consequence of the consequen	26. PL OTHER: 4 Nursing Horne E OF URY WO 1 Yearest, factory, office on, in my opinion, de	ACE OF DEATH (Chece 5 Residence 6 UKY AT RK? (ES 2 NO end place, end due to eath occured at the 1	PERFOI 1 YES: Charles (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State, the cause(e) and merme, date end place, er	INJURY OCCUR	RED Rural Rou	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! UVES 2 NO Ute Number, and menner se state. Month, Day, Year)

...2

A American State of State

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

ON OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF I	MARYL					HEALTH AND	MENT	TAL HYGIEN	E		
1. DECEDENT'S NAME (First		HEODORE				VIEW			2. DA	TE OF DEATH	1 996	YEAR	3. TIME OF DEATH 12:47 am M
4. SOCIAL SECURITY NUMBER 216-16-3193		5. SEX 1 X M 2 F		in yrs. lest bl		IF UNDER 1	YEAR DAYB	IF UNDER 24 HRS. HOURS MIN.	7. DA NO	TE OF BIRTH	1920	Count	HPLACE (State or Foreign ry) RYLAND
Saint Joseph Hospital								vaon, Mar		4	9c. COUNTY OF DEATH Baltimore		
RESIDENCE OF DEC	10b. COUNT	Y		1.	IO. CITY	TOWN OF	1004	TION					
MARYLAND	BAL'	TIMORE				LDWI	N						10d. INSIDE CITY LIMITS? 1 YES 2 NO
5601 PATTER								1. ZIP CODE 21013-93	56		10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 7 3 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	X YES	2 NO	D	If	yes, sp	CENDENT OF HISPA Hectin Cuben, Mexico 3 2 1 NO Specif	an, Puar	GIN? (Specify Yea to Rican, etc.)	or No-	Blac	E — American Indian, k, White, etc.
(Specify onl	EDENT'S EDU y highest grade 0-12)	completed) College (1-4 or 5 -	+)	16a. DECEI (Give I life. Do	kind of wo NOT use	retired.)	ring mo	ost of working		16b. KIND OF BUS			
12		5+			DEN	TIST	Uri	thodontist			TISTE		
17. FATHER'S NAME (First, M. JOHN WISNIE	EWSKI							FRANCE	S (Firs	st, Middle, Maiden	Surname) BROS	8ors	zukiewicz FEWICZ
190. INFORMANT'S NAME (1		I						on ROAD					
20g, METHOD OF DISPOSIT 1 🔀 Burlel 2 □ Crematic 4 □ Donation 5 □ Other	ION on 3 Rem	oval from State		PLACE AND						ATE 20c. LOC /95 BAL	CATION —		
21. SIGNATURE OF FUNERA		JOHN	E.	DOLAN	N N	RU	JK A	TOWSON F	ONE.	RAL HOM	E INC	7.	
Jain	16 V	alon						YORK ROA					4
23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallure. nai	a. MYELOF	IBRO	ach line.	VITH	MYE					ratory arr	reat,	Approximata Interval Batween Onset and Death
Sequantially list condit if any, laading to imme- cause. Enter UNDERLY	ions, diate	bDUE TO	(OR AS A	CONSEQUE	NCE OF):	:							
CAUSE (Disease or Injuthat Initiated eventa reaulting in death) LAS	''y	DUE TO	(OR AS A	CONSEQUE	NCE OF):	•							
PART ii. Other algorifica	nt condition	a contributing to	death h	ut not ree	ultina in	the and	- what -		Deat I	T			
CHRONIC (or tymi	g ceuse given in		24a. WAS AN PERFOR	MED?	240	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2NO NO
DID TOBACCO U	SE CONT	RIBUTE TO CA	USE O	F DEATH	YES	□ N	0 [UNCERTAIL	N \square				
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	,	26. PLACE 0	- 1	OTHER:		ne 5 🗆 Residence	8 🗆 01	ther (Specify)			
	Pending Investigation	28a. DATE OF (Month, D		21	Bb. TIME INJUI	OF 2	Bc. INJ WO	URY AT DRK? YES 2 NO		DESCRIBE HOW IN	JURY OCC	CUREO	-
	Could not be determined	28e. PLACE O building,	F INJURY atc. (Speci	— At home,	form, str	eet, factor	y, offic		281. LC	OCATION (Street a ity or Town, State)	nd Number	or Rural F	loute Number,
		CIAN: To the best of R: On the basis of as) and manner as stated.
29b. SIGNATURE AND TITLE		2		-				29c. LICENSE NUM	MBER			-	(Month, Pay, Year)
30. NAME AND ADDRESS OF									10 9	1	17.5	41	1/71
ARTHUR A:	SERPIC	K, M.D., 5	T. JC	DS. MI	ED, (CTR.,	76	20 YORK	RD.	TOWSO	N, MD	, 212	04

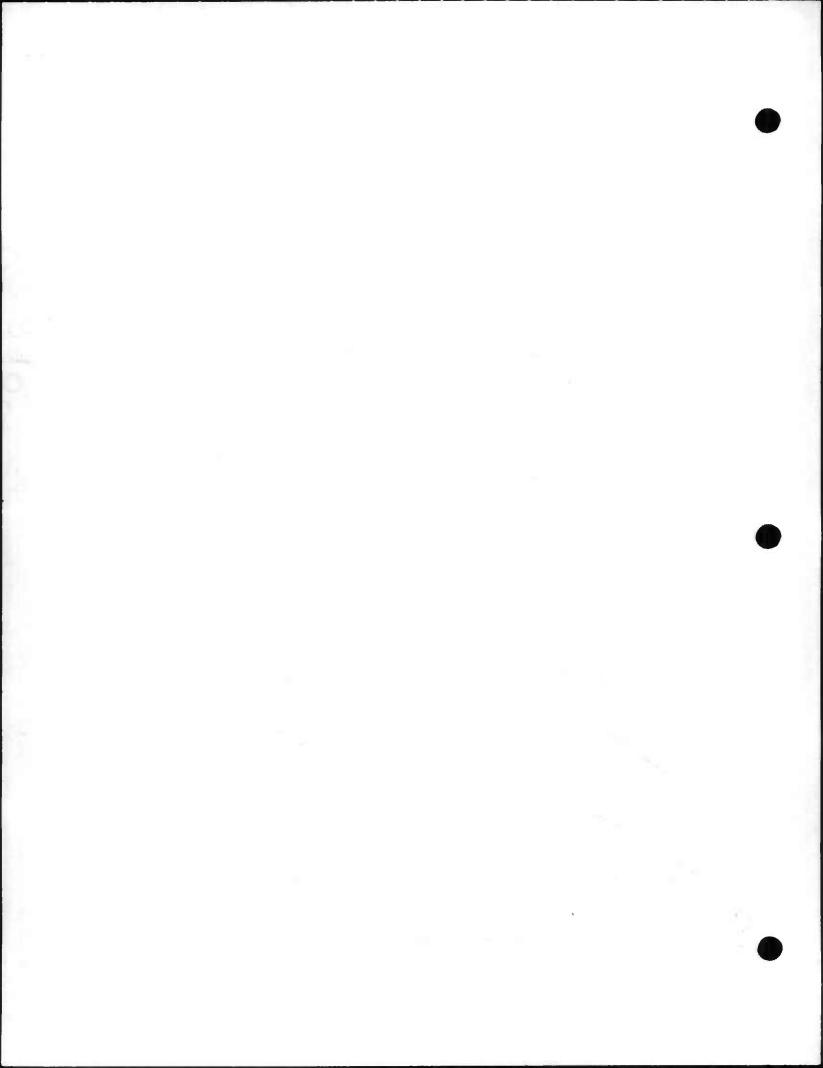
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



0	
S	
0	i
0	
. 1	1
47	
	1
6.4	
~	
64	4
\cap	
=	
4	4
⋖)
_	1
>	
m	•
2	ı
4	ď
⋝	ľ
_	ť
ωï	
~	١
щ.	J
0	9
5	1
	1
	ì
BALTIMORE, MARYLAND 21215-0020	
=	1
4	7
\mathbf{m}	1
	4
	1
	Acres - Character Acres
_	1

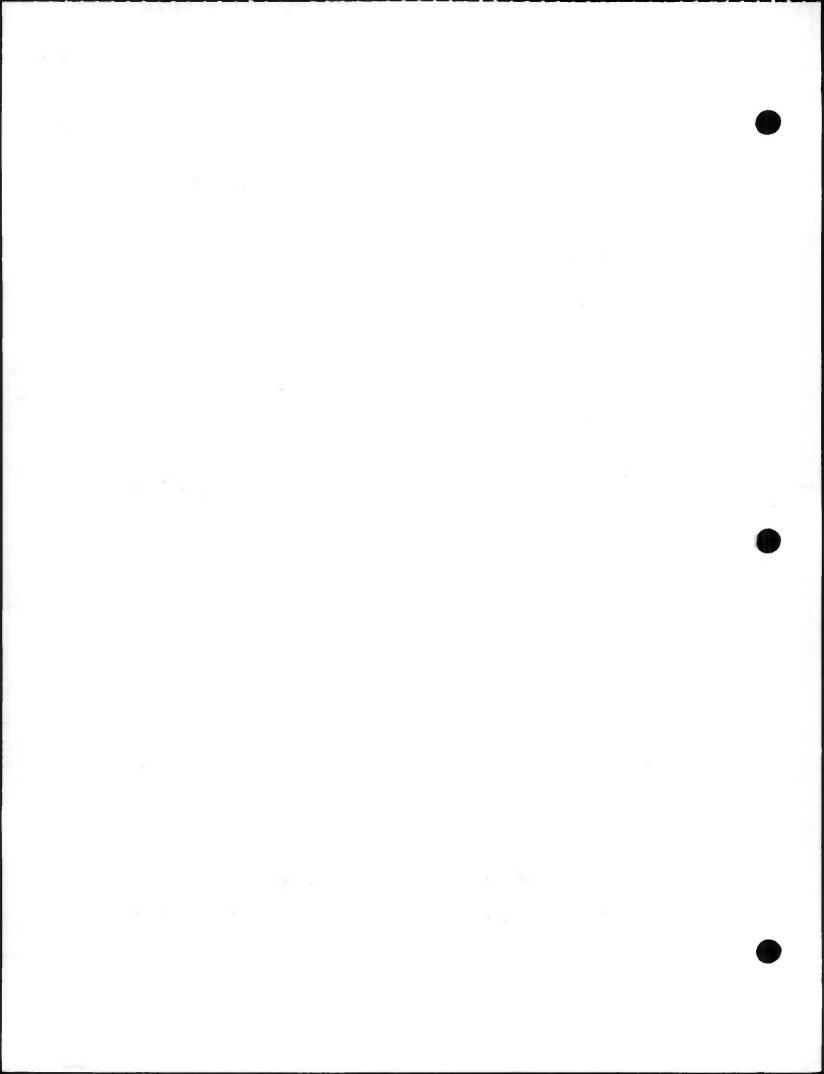
		1 - STATE REGISTRAR	STATE OF MARY	AND /	DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN				
		DECEDENT'S NAME (First, Middle, Last)	Harry Le	e W	ineb	renner		2. DATE OF DEATH MONTH Jan. 10,	1995	YEAR	3. TIME OF DEATH	
P		4. SOCIAL SECURITY NUMBER 216-32-7340	1 M 2 🗆 F	(In yrs. las 59	YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Moriti, Dey, Year) July 30		8. BIRTH Countr	PLACE (State or Foreign ryland	
1, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give state of the					City,		9c. COU!	TY OF D	EATH	
nit. Pages	DIRECTO	Maryland 10b. COUNT	Y 			Balto.	City, M	d.			10d. INSIDE CITY LIMITS? (XXYES 2 NO	
an. transit perr	FUNERAL	10a. STREET AND NUMBER	1616 Belt			177	21230		Uni		States	
215-0020 attending physician. se as the burial-transit permit. Pages 1,	₽	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. AR	MED IO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No	Black	- American Indian, K, Whita, atc.	
212	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6th.Grade	Cation completed) College (1-4 or 5+)	18a. DE (G life.	ve kind of wo Do NOT use	SUAL OCCUPATION Red doring management.)	ON st of working	166. KIND OF BU			ircoil C	
RYLAND of by the hospit iid be detached	ed at ence. BE COMPL	17. FATHER'S NAME (First, Middle, Last) Geol	rge T. I	Wine	bren		18. MOTHER'S NA Roma:	ME (First, Middle, Maider	_			
RE, MAR ay be retained page 5 should	TO TO	19a. INFORMANT'S NAME (Type/Print) Kellie Maeni 20a. METHOD DF DISPOSITION			450	E.Fort	Ave.B	alto.Md.	212	30		
ALTIMORE, leath. Page 6 may be funeral director, page	iner must	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, crematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of cameling, camel										
after after moved	ical examiner	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate										
ely filled i	event, the medical	anock, or neart tellure.	a. Due to (or as	each line				i all certified or reap	mratory arr	pat,	Approximate interval Batwa-Onast and Des	
P.O. BOX 687 h certificate be execute anding physician and co Hygiene prior to buria	or other traumatic	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEC	UENCE OF):	Disea	se				10 years	
ECORD quires that the n signed by the Health and M	snows any injury, MEDICAL CE		tructure Ku	100	Long	DIS	ease	Part i. 24a. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
at at at	PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUSE O		E OF DEATH	(Check only one)	UNCERTAIN	10				
PHYSICIA this certif	pis	1 VES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Out	patient 3		OF 28c, INJI	JRY AT RK?	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCC	URED		
TTENDI STOR: A after d	TED	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE DF INJURY building, atc. (Spec	f — At hor	na, form, etro			281. LOCATION (Street City or Town, State)	and Number	or Rural R	oute Number,	
THE HOSPITAL OR A THE FUNERAL DIREC			CIAN: To the best of my know R: On the basis of examination								and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	TO BE	HUNDER AND TITLE OF CERTIFIER	D				29c. LICENSE NUM 10 38 6 3	BER }	29d. DATE	SIGNED	(Month, Day, Year)	
0		30. NAME AND ADDRESS OF PERSON WH JOEL MESHULAM	O COMPLETED CAUSE OF DE				BALTIM	lore	MO	212	30	



DIVISION OF VITAL RECORDS, P.O. BOX 68760

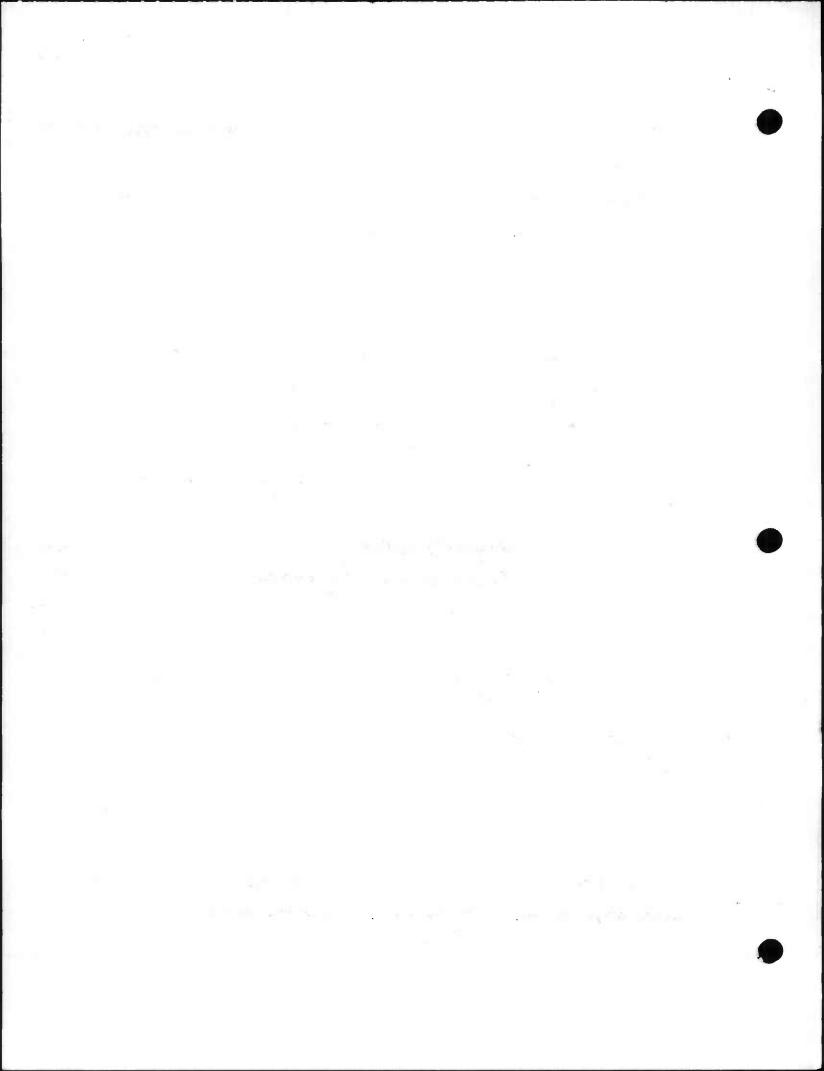
	ELLEN	ELI	ZABETH	1
	4. SOCIAL SECURITY NUM	BER		AGE (In yr
2	214-30-2		1 □ M 2 🂢 F	8
3 should	9a. FACILITY NAME (# not is			
it. Pages 1. 2. 3 s	Hopkins E		w Medica	1 C
020 physician. burial-transit permit. Pages 1. 2. FUNERAL DIRECTO	10a. STATE	10b. COUNTY	,	
Pa Pa	Md.	Ba1	timore	
AL AL	10e. STREET AND NUMBER			
20 nysician. urial-transit permi	1619 Four	Geor	ges Cour	t
20 ysicia rrial-tr	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT E FORCES? 1	
BY	3 Widowed 4 X Divo		IF YES, GIVE WAR	
	15. DEC	EDENT'S EDUC	CATION	164
LAND 21215 the hospital or attence detached for use as once. COMPLETED	(Specify on Elementary/Secondary (I	y highest grade 0-12)	College (1-4 or 5+)	
AND 2. The hospital of detached for once.	8			
the hose detach	17. FATHER'S NAME (First, A			
1 6 6 6 A			Sr.	
MAR retained 5 should notified	19s. INFORMANT'S NAME (h Cw	
RE, No lay be re page 5	Robert H		t Sr.	
6 maj ctor, p	1 \(Description Burlet 2 Crematic 4 Donation 5 Other	on 3 🗆 Ramo	oval from State	cemeter
recond by F.O. BOX 68 60 Be required that the death certificate be executed within 24 hours after death. Page 6 may be even signed by the attending physician and completely filled in by the funeral director, page to 4 heath and Mental Hyglene prior to burial, cremation, or removal. **MEDICAL CERTIFICATION**	21. SIGNATURE OF FUNERA		ENSEE	
BALTIMORE, st death. Page 6 may be the funeral director, page val. I examiner must be	DO 1.4	Rose	CP+1	-
ither differ dif	22 PART I Fator the	rong	- Cac	10
nours after d in by th or remova		aart fallows. I	List only ona cause	on aach
y filled trion, of	IMMEDIATE CAUSE (Fit disease or condition	nal		ASC
ompletely or cernarial, cremari, event,	resulting in death)		DUE TO (OR	
sured to com unial,				
record by F.C. BOX 68160 requires that the death certificate be executed within a requires that the death certificate be executed within a confident by the attending physician and completely filling of Health and Mental Hyghene prior to bunal, cremation, shows any injury, or other traumatic event, the MEDICAL CERTIFICATION	Sequantially list condit if any, leading to imme		DUE TO (OR	AS A CO
in tra	cause. Entar UNDERLY CAUSE (Disease or Inju		D	
certificat ling phy ygiene p other	that initiated events resulting in death) LAS		DUE TO (OR	AS A CO
attend Hy			1	-
the death of the death of Mental injury.	PART II. Other significa	nt condition	s contributing to da	ath but r
any any C				
requires that requires that seen signed by of Health an shows any shows any MEDIC/				
taw re as bee open o	DID TOBACCO U		RIBUTE TO CAUS	E OF D
N: The law ficate has the State Dept item 23 State SICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	26.
SICIAN: The far certificate has the State Der f, or Item 2: HYSICIAN	1 TYES 2 NO		1 Inpatient 2 ER	
고 등 등 등 등 G	27. MANNER OF DEATH	Pending	28s. DATE OF INJ (Month, Day,)	URY (bar)
After this death with marked BY PP	2 Accident	Investigation	28e. PLACE OF IN	HIDV
ATTEND ELTOR: A after d 28 is		Could not be determined	building, atc.	(Specify)
OR AT	29a. CERTIFIER	TIEVING SINCE	200 200 200	
THE STATE OF	(Check only		CIAN: To the best of my R: On the besis of exemi	
THE HOSPITAL THE PHOSPITAL THE WIRTHIN 72 FORTING IT BE COME	29b. SIGNATURE AND TITLE			e.ron en
	TO STORY OF AND THE	OF GENTIFIEN	Skun	
2 2 3 M				

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEA	LTH AND MI	ENTAL HYGIEN	E			
	t. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TI	ME OF OEATH	н
	ELLEN ELI	IZABETH	WEST		J	anuary			8:48	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE			UNDER 24 HRS.	. DATE OF BIRTH	8. E	BIRTHPLAC	E (State or For	
	214-30-2561	1 ☐ M 2 💢 F	80 YRS.	THS DAYS HO	URS MIN.	(Month, Day, Year) 5-8-191		aryl	and	
	9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OR L	OCATION OF DEAT		9c. COUNTY		una	
8	Hopkins Bayvi	ew Medical	Center	Baltime	ore Cit	ty				
ដ្ឋ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ry	100 CITY TO	OWN OR LOCATION				Las	INSIDE CITY	
DIRECTOR		ltimore	100. 0171, 10	WIT ON ECCATION				1 1 1 1	LIMITS?	
	10e. STREET AND NUMBER			10f, ZIP	CODE		10g. CITIZEN		YES 2 X I	NO
FUNERAL	1619 Four Geor	ges Court			21222			SA		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II			ENT OF HISPANIC	ORIGIN? (Specify Yea	or No.— 14	RACE — Ar	mericen India	n,
BY F	1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 YES		If yes, specify 1 ☐ YES 2 X	Cuban, Maxican, 1 NO Specify:	Puerto Rican, atc.)		Black, White Specify:		
	-								White	5
	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	(Give kind of work	done during most of	working	16b. KIND OF BUS	SINESS/INDUST	AY.		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	House							
١١	17. FATHER'S NAME (First, Middle, Last)		nouse		MOTHERIC MALE	(First, Middle, Maiden				
	Harry Carnes	Sr.				L. Neur				
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD			ite Number, City or Town		e)		
임	Robert H. Wes	t Sr.		Sperl C		ltimore			34	
- 1	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Ren	20t	PLACE AND DATE OF DI	SPOSITION (Name o		DATE 20c. LOC	CATION — City	or Town, St	lete	
	4 Donation 5 Other (Specify)	Toval from State Cen	etery, crematory or other P Louden P	ark		1/20 Bal	Ltimor	e, 1	мd	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	00		DDRESS OF FACIL			. D		
	1 Chithmu	1. (St. C	nnelly	7110	Soller	neral Ho s Pt. Ro	ome or	22	паатк	
	23. PART I. Enter the diseases of	complications that cause	the death. De not a					T	Approxima	
	IMMEDIATE CAUSE (Final	List only one cause on a						i	Interval Ba Onset and	
	disease or condition resulting in death)	N.	SCVO							
Í		DUE TO (OR AS A	CONSEQUENCE OF):							
N N	Sequentially list conditions,	b								
RTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							- 1
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):							
	resulting in death) LAST	d								
5	PART II Other significant condition	no contribution to death b								
8	PART II. Other significant condition	is contributing to death b	ut not resulting in th	a undarlying ca	usa given in Pa	PERFOR	MED?	AVAIL	AUTOPSY FIN ABLE PRIOR T	ro
MEDIC						1 TYES 2	NO		PLETION OF CA EATH?	USE
	DID TOBACCO USE CONT	DIBLITE TO CALISE C	E DEATH VEC I		INICEDTAIN	-		1 🗆	YES 2 N	°
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C		JNCERTAIN					_
S	EXAMINER?	HOSPITAL: 1 Input lent 2 ER/Outp	ОТ	HER: Nursing Home 5	□ Basidance & [Other (Specific)				
Ĭ .	27. MANNER OF DEATH	28s. DATE OF INJURY	28h. TIME OF	28c. INJURY		Bd. DESCRIBE HOW IN	JURY OCCURE	D		-
84 P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES	2 🗌 NO					- 1
- 13	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, streat	, factory, office	21	Bt. LOCATION (Street as City or Town, State)	nd Number or Ru	iral Route N	lumber,	\neg
ACE I ED	4 Homicide determined					ony or rown, state)				
3	29a, CERTIFIER (Check only	ICIAN: To the best of my know	edgs, dasth occurred at	the time, data and	place, and due to	the cause(a) and man	ner as stated.			\neg
3		ER: On the beels of exemination						ise(s) end i	menner aa sti	sted.
1	29b. SIGNATURE AND TITLE OF CERTIFIE	R C.A.A.		290	. LICENSE NUMBE	R	29d. DATE/9IG	NED (Monti	h, Day, Year)	
2		J Wun			1185 5	5	· 1//	3/9/	P	
-	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	DI	1	711	1771	U		
	31. DATE FILED (Month, Day, Year)	ASIERU C	IVOI.	DAL	10. 1	Va. 0	1001			
	JAN 1 8 1995	32. REGISTRAR'S SIGN.	dall.	•						
	Unit 1 0 1000 1									- 1



9
×
0
m
ш
o.
\simeq
<u>п</u>
ŝ
Ö
7
\mathcal{L}
0
ш
œ
_
⋖
5
9
\simeq
Z
0
2
Ë
2
_

e "		1 - STATE REGISTRAR		STATE OF I	MARYL					DEAT		MENTAL	HYGIEI REG. NO			
		1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE O	OF OEATH	DAY	VEAC	3. TIME OF OEATH
		John G. Well										JAM			YEAR 95	7:25 PM H
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. last		IF UNDER	DAYE	IF UNDER	24 HRS.	7. DATE O (Month,	F BIRTN Day, Year)		6. BIRTHP Country	PLACE (State or Foreign
Pin		201-03-5887	- Alb Alb	1 🕅 M 2 🗆 F	<u> </u>	80	YRS.					11/6/	1914			sylvania
3 should	œ	9a. FACILITY NAME (If not in:						9b. CITY		OR LOCATIO		EATH			ITY OF DE	
1. 2.	ECTOR	Washington (Ounty	<u>lopsital</u>				L	Hagei	rstown				Was	hingt	on
	Œ	10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
permit. Pages	۵	Maryland	Wasl	nington				Avalo	T V			g Home	Hage	rstown		1 TES 2 1 NO
	RAI	10e. STREET AND NUMBER							101	. ZIP CODE				1		HAT COUNTRY?
trans-	FUNERAL	14014 Mar	sh Pike		IT EVEN I	NIIC ADM	IED.	- 40		217						States
-0020 ling physician. the burial-transit	BY FL	1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 12 YES 2 NO IF YES, GIVE WAR OR DATES)		If yes, sp	ecity Cuba 2 NO	n, Mexica	an, Puerto Rican, etc.)			14. RACE Black, Specify	
215-0 attending se as the			EOENT'S EDU			16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON		16b. I	KIND OF BU	JSINESS/IND	USTRY	Black
20 00 10	PLETED	Elementary/Secondary (8		completed) (i			(Give kind of work done during most of life. Do NOT use retired.) Musician							rming Arts		
The hospital detached to once.	COMPL	17. FATHER'S NAME (First, Mi	ddle, Last)		-		-			16. MOTE	VER'S NA	ME (First, Mi				
Y L	w	Arthur C. We	11s							Do	llie	Ann Cl	ay			
MAR retained to 5 should notified	TO B	19a. INFORMANT'S NAME (7)	rpe/Print)			19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Numbe	r, City or Tox	wn, State, Zip	Code)	
	-	Mr. Larry Ta					1641	Clint	on A	/enue	Chan	nbersbu	ırg, P	A 1720	1	
e 6 m ector.		20a. METNOD OF DISPOSITE 1 X Burial 2 Crematio 4 Donalion 5 Other	n 3 🗌 Rem	oval from State	20t	PLACE AL	S PRODUCE	of dispos	tery	me of		1/16 95		ocation — (
ALTIM death. Page e funeral direct. I.		21. SIGNATURE OF FUNERAL	SERVICE LI	ENSEE	1			22.	NAME AN	O ADDRES		CILITY				
AL deart deart tune i.		1 Chad	$\epsilon \geq$	take)									ral Hom		c. rg, PA 17201
E 36 at		23. PART i. Enter the di	seasea, or	complications the	t ceuse	d the dee	th. Do r	not enter	the mo	de of dyl	ng, suci	h aa cardii	ac or reap	iratory arm	ent,	Approximate
T of it		immediate cause (Fin		List only one cau	iae on e	ach iine.		,1								Interval Between Onset and Death
The matter		disease or condition resulting in death)	→	Res	pila	m	Fail	use								2 DAYS
N 5 - 6	}	,		b. Chicale Obstactive / 9 Oue to (OR AS A CONSEQUENCE OF):					,							- 0.73
at at a	NO	Sequentially list conditi		b. Chil	DIC	OS	SUCT	hve !	yng	4180	ase					10 YRS.
So tall of So	RTIFICATION	if any, leading to immed cause. Enter UNDERLYII	NG	302.10				1.)							On a taxal
D 2 2 2	IFIG.	CAUSE (Disease or injust that initiated events	ry \	c. DUE TO	(OR AS	CONSECU	JENCE OF	F):							_	one week
O T DE D	EH	reaulting in death) LAST		d	rets	dya	un									one week
the death y the attended Mental Highry, or	L CE	PART ii. Other algolficar	nt condition	s contributing to	death b	out not re	aulting i	n the un	derivino	Cause o	iven in	Part I	24a. WAS AF	AllTODEV	245.3	WERE AUTOPSY FINDINGS
ORD that the the by the	CAL			(1) A d	arlan					, oudoo g	11011 111		PERFO	RMED?	1	AVAILABLE PRIOR TO
RECO requires the peen signed of Health shows an	MED			Dement								-	1 TYES	2 410		OF DEATH?
× 0 ~		DID TOBACCO US	SE CONTI			F DEAT	H YE	s 🗆 ı	ио Г	UNC	ERTAIN	v n				T YES 2 NO
AL has De	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?				26. PLACE		N (Check	only one)							
VIT.	YSI	1 TYES 2 NO		HOS ITAL: 1 ☑ Inpatient 2 □	ER/Outp	patient 3	DOA	OTHER 4 Nun		• 5 □ Re	aldenca	6 C Other	(Specify)			
N OF	ВУ РН		ending	26s. OATE OF (Month, D			26b. TIMI INJ	E OF URY M	26c. INJI WO 1 Y	URY AT RK? 'ES 2	NO	26d. OEŞC	RIBE NOW	INJURY OCC	UREO	
DIVISIO DIFFERM: Aff	TED	3 Suicide 6 C	Could not be etarmined	26e. PLACE O building,	F INJURY atc. (Spec	— At hom	e, farm, s	treet, fact	ory, office				ION (Street Town, State	and Number	or Rural Ro	ute Number,
				CIAN: To the best of												
	8	29b. SIGNATURE AND TITLE				T and of the	varigatio	ii, iii iiiy o	pinion, di				nd placa, a			and manner as stated.
THE THE FINE FINE FINE FINE FINE FINE FINE FIN	TO BE	San 1	/							29c. LICE	U 99				13-9	Month, Day, Year)
	F	30. NAME AND ADDRESS OF		O COMPLETED CAUS	SE OF DE	ATH (ITEM	27) (Type,		اء ا				_			
0		31. DATE FILED (Month, Day, Y		32. REGISTRA	R'S SIGN	ATURE	Ld	1200	अध्याद्रकत	10 F	10	2171	2			
		JAN 1 8 19		alfa Develo	or Re	rdall										



SE.	Muria
D.	he h
ğ	as th
affe	Se
ō	3 6
pital	P D
hos	ach
the	det
5	9
Deu	oul
reta	S
g	906
тау	g ,
9	8
age	OF.
di.	era
deal	fu
fter	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial
55	9
Pour	Pa
57	1
thin	eteh
M P	d U
onte	8
exe	an
2	cian
cate	Pys
Jil.	Di.
9	endi
dea	at at
the	E S
hat	9
es t	gne
que	IIS II
V Te	pee
10	has
Ē	ate
IAN	tific
SIC	Cer
Æ	this
NG	fter
2	R. A
E	6,
DR /	PACCOON: After thi
AL (Į.
SPIT	a,
Š.	The RUND - THE CIVIL After this certificate has been signed by the attending physician and completely filled
THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	۲,

	1. DECEDENT'S NAME (First, Middle, Last)			RTIFIC	1	1	2.	REG. NO			TIME OF DEATH	
		KATHRYN		WEST	M	JEST		HTMONTH D		S S	0615 M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest	844	F UNDER 1 YEAR	IF UNDER 24		Month, Day, Year)	8	. BIRTHPL Country)	ACE (State or Foreign	
	222-16-3812 9e. FACILITY NAME (If not institution, give st	1 M 2 F	66	YRS.	b. CITY, TOWN		J	UL 13, 1			ware	
OR	PENINSULA REGIONA		CENTER			ISBURY			9c. COUNT	COMIC		
ECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		400 CTTV 3	TOWN OR LOCA	71011						
DIR	Delaware Suss				.1sboro	TION					DI. INSIDE CITY LIMITS? YES 2/1/2 NO	
AL	10a. STREET AND NUMBER	7 4 2 2		HILI		1. ZIP CODE			10g. CITIZE		AT COUNTRY?	
FUNERAL	Rt. 3 Box 366 A					19966			U	S.A		
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EV FORCES? 1	YES 2 NO	MED O	If yes, sp	ecify Cuban, A	Aexican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No-	Black, V	American Indian, Vhite, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 [] YES	3 3√√XNO	Specify:			Specify:	White	
ETED	15. DECEDENT'S EDUC (Specify only highest grade		(Gh	re kind of worl	SUAL OCCUPATION OF THE PROPERTY OF THE PROPERT	ON ost of working		16b. KIND OF BU	SINESS/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use n				7.7				
COMPL	17. FATHER'S NAME (First, Middle, Last)		П	omema	ker	18. MOTHER	'S NAME (F	HO1 First, Middle, Malden	nemake Sumama)	<u>r</u>		
BE C	Charles O. Mum	ford				Mar	ie E	Ellingswo	orth			
10	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD		and Number or	Rural Route	Number, City or Tow	n, State, Zip Co			
	L. Susan Passwate			t. 9				ro, Dela				
	20s. METHOD OF DISPOSITION 14 Murisi 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commetcy or other place) MILLSDOTO Cemetery 20b. PLACE AND DATE OF DISPOSITION (Name of commetcy or other place) MILLSDOTO Cemetery 1/14 Millsboro, Delaware											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Alekay - Walson 211 Washington St., Millsboro, DE 19966											
	23. PART i. Enter the diseases, pr c shock, pr heart fellure. I	omplications that ca	used the dea	ith. Do not	enter the mo	de of dying	such as	cardiac or respi	ratory arrea	t,	Approximata	
	IMMEDIATE CAUSE (Finel											
	disease or condition reauting in death) a. Polymorough Mult System Organ Factor? Due to (or as a consequence of):									24-		
z	Cylmosocy Embelia									lwk.		
0 1	Sequentially list conditions, If any, leading to immediate b. 1/4/molacly turbs(15%) DUE TO (OR AS A CONSEQUENCE OF):											
Ē												
FICATIO	cause. Enter UNDERLYING CAUSE (Diseese or injury	DUE TO (OR	AS A CONSEOL	UENCE OF);								
	cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEOL	UENCE OF):								
CERTIFI	cause. Enter UNDERLYING CAUSE (Diseases or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions	1e contributing to dee			the underlying	g cause give	en in Part	J. 24e. WAS AN	ALITOPSY	24h WF	ERF AITTYPRY FINNINGS	
AL CERTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Auth Renal Fauls	e contributing to dee	th but not rea		the underlying	g cause give	en in Part	PERFOR	MED?	AM CC	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO XMPLETION OF CAUSE	
EDICAL CERTIFI	cause, Enter UNDERLYING CAUSE (Diseases or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions Auth Renal Faul Pare Raymal ATT	e contributing to dee	th but not rea	aulting in t			_	PERFOR	MED?	AM CO OF	AILABLE PRIOR TO	
: MEDICAL CERTIFI	PART II. Other significant conditions Authorized Report For Report DID TOBACCO USE CONTR	e contributing to dee	th but not red	aulting in t			_	PERFOR	MED?	AM CO OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?	
AN: MEDICAL CERTIFI	PART II. Other significant conditions PART II. Other sig	e contributing to dee	th but not rec	H YES	NO Check only one)] UNCER	TAIN [PERFOR	MED?	AM CO OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?	
HYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions PART II. Other sig	e contributing to dee CAUSI CAUSI CONTRIBUTE TO	E OF DEAT	H YES OF DEATH (NO Check only one) THER: Nursing Hom	UNCER	TAIN [PERFOR	MED?	AM CO OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions for the conditions of the co	e contributing to dee	E OF DEAT	H YES	Check only one) THER: Nursing Hom F Y 28c. INJ WO	UNCER	TAIN _	PERFOR	MED?	AM CO OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions PART III. Other significant co	e contributing to dee CAUSI CAUSI CONTRIBUTE TO	E OF DEAT 26. PLACE Outpetlent 3 [JRY BURY — At horn	H YES OF DEATH (DOA 4 28b. TIME 0 INJURY	NO Check only one) THER: Nursing Hom WO 1 1	UNCER 10 5 Reside	TAIN C	PERFOR	MED?	AM CO OF 1 [MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions	e contributing to dee CIBUTE TO CAUSI HOSPITAL: 1 Pinpetient 2 = ER 28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF INJ building, etc.)	E OF DEAT 26. PLACE Outpetlent 3 [JRY BURY — At horn	H YES OF DEATH (DOA 4 28b. TIME 0 INJURY	Check only one) THER: Nursing Hom Nursing Hom 1 1 1	UNCER O 5 Reside	TAIN [28d. 0 28f.	Other (Specify) DESCRIBE HOW II LOCATION (Street is City or Yours, Stete)	MED? NO NO NUMBER OCCUP	AM CO OF 1 [MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions	e contributing to dee CIBUTE TO CAUSI HOSPITAL: 1 Pinpetient 2 = ER 28e. DATE OF INJU Month, Day, Ye 28e. PLACE OF INJ building, etc. (E OF DEAT 26. PLACE Outpetlent 3 E SIRY BURY — At horn (Specify)	aulting in the YES OF DEATH (DOA 4 26b. TIME 0 INJURY	Check only one) THER: Nursing Hom F Y M 1 1 1 Nursing Hom Nursing	UNCER THE S PRESIDENT AT THE STATE OF THE S	TAIN C	Other (Specify) DESCRIBE HOW II LOCATION (Street a City or Town, Stete)	MED? NO NO NUMBER OF THE PROPERTY OF THE PR	AM CC OF	MALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions PART III. Other significant co	e contributing to dee CIBUTE TO CAUSI HOSPITAL: 1 Pinpetient 2 = ER 28e. DATE OF INJU Month, Day, Ye 28e. PLACE OF INJ building, etc. (E OF DEAT 26. PLACE Outpetlent 3 E SIRY BURY — At horn (Specify)	aulting in the YES OF DEATH (DOA 4 26b. TIME 0 INJURY	Check only one) THER: Nursing Hom F Y M 1 1 1 Nursing Hom Nursing	UNCER 10 5 Reside URRY AT YES 2 No a end place, end eath occurred a	TAIN	Other (Specify) DESCRIBE HOW II LOCATION (Street a City or Town, Stete)	MED? NO AJURY OCCUP and Number or mer es stated.	AMCOO OF 1 1 (MALABLE PRIOR TO MPNLETION OF CAUSE DEATH? YES 2 NO NO Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions	e contributing to dee CIBUTE TO CAUSI HOSPITAL: 1 Pinpetient 2 = ER 28e. DATE OF INJU Month, Day, Ye 28e. PLACE OF INJ building, etc. (E OF DEAT 26. PLACE Outpetlent 3 E SIRY BURY — At horn (Specify)	aulting in the YES OF DEATH (DOA 4 26b. TIME 0 INJURY	Check only one) THER: Nursing Hom F Y M 1 1 1 Nursing Hom Nursing	UNCER De 5 Reside URY AT PES 2 No a end place, end eath occured a	TAIN 28d. 0 28f. d due to the if the time,	Other (Specify) DESCRIBE HOW II LOCATION (Street a City or Town, Stete) cuse(e) end mendate end place, en	MED? NO AJURY OCCUF and Number or ner es stated. If due to the c 29d. DATE S	AMCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO	MALABLE PRIOR TO MPNLETION OF CAUSE DEATH? YES 2 NO NO NUMBER N	
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions	ECAN: To the best of my k	E OF DEAT 26. PLACE Coutpetlent 3 DRY Specify At home Specify and a series of the series of th	H YES OF DEATH (DOA 4 28b. TIME 0 INJURY	Check only one) THER: Nursing Hom Wo M 1 1 1	UNCER De 5 Reside URY AT PES 2 No a end place, end eath occured a	TAIN	Other (Specify) DESCRIBE HOW II LOCATION (Street a City or Town, Stete) cuse(e) end mendate end place, en	MED? NO AJURY OCCUF and Number or ner es stated. If due to the c 29d. DATE S	AMCOO OF 1 1 (MALABLE PRIOR TO MPNLETION OF CAUSE DEATH? YES 2 NO NO NUMBER N	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions	ECAN: To the best of my k	E OF DEATI 26. PLACE Coutpetlent 3 [JRY At home specify] Specify) Enowledge, deat nation end/or im	aulting in the YES OF DEATH (DOA 4 26b. TIME O INJURY No, term, street th occurred a weetigetion, in	Check only one) THER: Nursing Hom Wo M 1 1 1	UNCER De 5 Reside URY AT PES 2 No a end place, end eath occured a	TAIN 28d. 0 28f. d due to the if the time,	Other (Specify) DESCRIBE HOW II LOCATION (Street a City or Town, Stete) cuse(e) end mendate end place, en	MED? NO AJURY OCCUF and Number or ner es stated. If due to the c 29d. DATE S	AMCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO	MALABLE PRIOR TO MPNLETION OF CAUSE DEATH? YES 2 NO NO NUMBER N	

	,
16	
w	
N-	
œ	
10	
w	
×	
-	
\sim	
\smile	
200	
ш.	
	- 3
\sim	
$\mathbf{\circ}$	
Λ.	
	- 3
-	
40	
ഗ	
-	
$^{\circ}$	
_	
α	
$\overline{}$	- 1
\smile	
18	
U	
ш	
-	
_	
=	
er.	
-	
	- 1
_	
_	- 2
>	
	- 2
	- 5
_	0
SION OF VITAL RECORDS, P.O. BOX 68760	
\smile	-
	6
-	- 16
_	- (
-	- 2
	3
_	- 5
_	. 1
n	1
	-8
	-1
•	
_	4
-	-2
-14	ø
~	
-	1
•	- 2
7	1

	ECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin Panes 1 2 3 x	ì	
	Jes 1		
	if Pa		
	Derm		
ian.	transi		
physic	burial		
Duip	s the		
r atte	use a		
pital o	of for		
e hos	etache		000
th A	be d		8
tained	should		Milland
be re	Ge 5		00 00
6 шау	tor, pa		t tall
Page	J direc		10r m
leath.	funera		yami
after d	by the	moval.	eal e
Hours	ni be	Of ref	mad
17 Kg	ely fille	lation,	the
d with	mplet	. crem	even!
ecute	oo put	burial	affe
De ea	cian a	ior to	ratim
ificate	phys	ene pr	har 1
th cert	ending	Hygi	or of
e deal	he att	Мелtа	Mil
that th	d by	and a	nv in
nires	signe	Healt	NW.S. 2
aw red	s been	DT. 00	3 sh
The	ate ha	late De	lem 2
CIAN	ertific	the Si	or i
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this c	With	rked
MOING	After	death	s ma
ATTE	ECTOR	ě	1 28
THENDING	5	Don	If them 28 is marked, or flem 23 shows any injury or other traumatic event the medical evancines must be pushfled at page
r	臣	19	۳

pino

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JANUARY 14, DAY 1995 YEAR ALICE DRAKE WILLEY 11:20 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS DECEMBER 22, 1903 WEST VIRGINIA 1 🗌 M 2 💢 F 212-26-9329 91 9s. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BEL FOREST NURSING & REHAB. CENTER FOREST HILL HARFORD RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HARFORD JOPPA 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 548 OLD JOPPA ROAD 21085 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSBVIFE HOUSEKEEPING 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Sumame) ELY DRAKE ICEY ARTHUR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT WILLEY 548 OLD JOPPA ROAD JOPPA, MARYLAND 21085 20e. METHOD OF DISPOSITION
1 Burist 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stats DATE METRO CREMATORY, INC. JANUARY 18, 1995 BALTIMORE, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE E.F. LASSAHN FUNERAL HOME, P.A. EF. Yossah Funoral thro PA 11750 BELAIR ROAD KINGSVILLE, MARYLAND 21087 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Carolina DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) NO Sequentially list conditions. if any, leeding to immediate CERTIFICAT valvalar mouff cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO T THE E NO ICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: PHYSI 1 TYES 2 TH-NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA roing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 39c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1.5 Natural 5 Pending . 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, form, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 28f. LOCATION (Street and Number or Rural Route Humber City or Town, State) COMPLETED 4 | Homicide 29s. CERTIFIER

#Thank ank

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the besis of axamination end/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Davids. D. D32755 3/12/55 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July 32 Million Routet

1131 Below R-

DAVID 5 DUNN

JAN 1 8 1995

BALTIMORE, MARYLAND 21215-0020

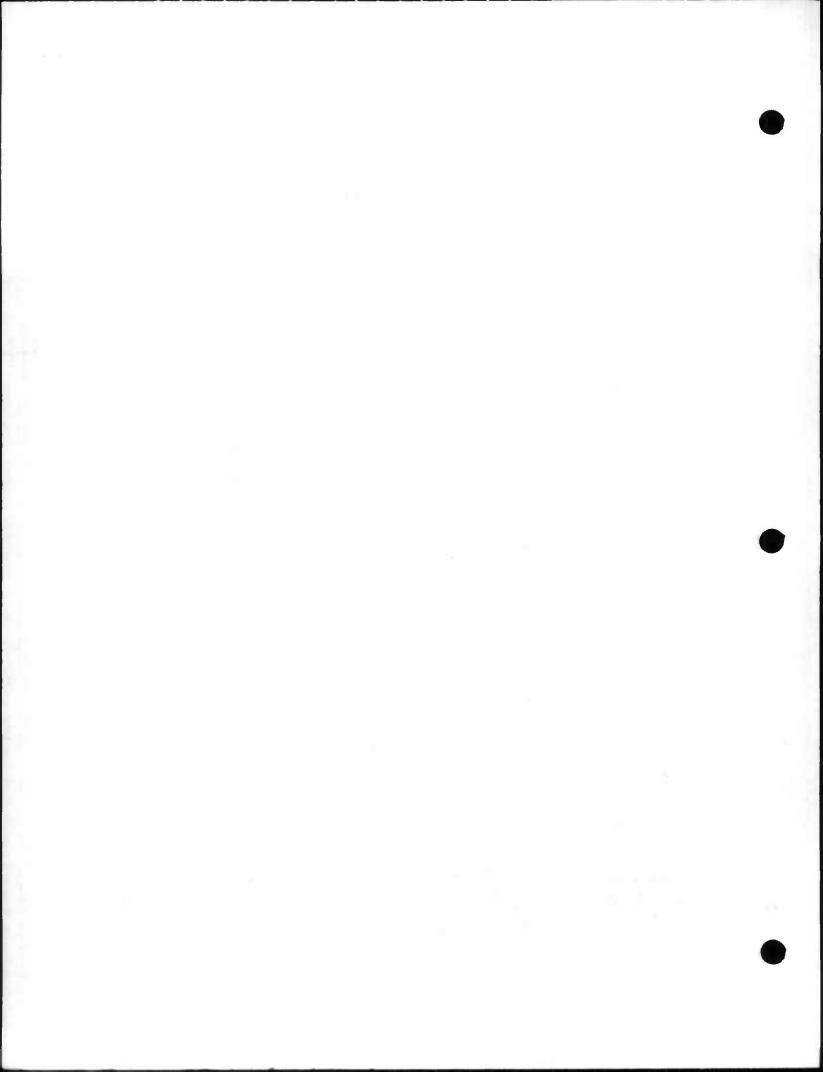
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND	MENTA	L HYGIEN	E				
- 13	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATH			3. TIME OF DEATH		
- 8	Raymond Jacob W	<i>l</i> agner				Janu	ary 1	ã, 199	5	10:30 P. w		
7	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Foreign		
	215-07-3200	¹x ^{M 2 □ F} 82	YRS.	NIHS DAYS	HOURS MIN.		26,	1912		vland		
~	9a. FACILITY NAME (If not institution, give str				R LOCATION OF D	EATH		9c. COUNT	TY OF OE	ATH		
DIRECTOR	Ivy Hall Geriatri	c Center	1	Middle	River			Balti	imore	e County		
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION					10d. INSIDE CITY		
E I	Maryland Balti	more County	Midd	le Rive	r				- 1	LIMITS?		
	10e. STREET AND NUMBER				ZIP CODE	_		10g. CITIZ		HAT COUNTRY?		
FUNERAL	1300 Windlass Dri	.ve		2	1220			U.S.				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	l? (Specify Yes		14. RACE	- American Indian,		
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spi	city Cuban, Mexica 2 NO Specif		Rican, atc.)		Black, Specify	White, etc.		
									Whit	te		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo-	N It of working	16b.	KIND OF BU	SINESS/INDU	ISTRY	7.7		
7	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	Manager	urea.)			Oil Co	mnany	7	3.3		
NO	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA							
	Conrad Unknown Wa	mer			Eleano					5.34		
BE	19e. INFORMANT'S NAME (Type/Print)	911CI	19b. MAILING AD	DRESS (Street a	nd Number or Rural							
٤	Arlene Louise Ton	ti			d, Balt:					36		
	20e. METHOD OF DISPOSITION	20b	PLACEANDDATEOFD	ISPOSITION /No.	ne of			CATION — CI	_			
- 1	1X Burlet 2 Cremation 3 Remo	Ga Ga	rdens of I	aith C	emetery	9/95"				Maryland		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	D ADDRESS OF FA					1 1 1		
	Kalthen	, m. Mu	inhi	John C	. Miller	r, In	C.			7 . 7 01006		
	23. PART I. Enter the diseases, or co	omplications that coused	the death Do not	enter the mo	erarr K	ch as card	Doll LIII	ratory arms	Mary	land 21206		
	Interval Between IMMEDIATE CAUSE (Final											
	IMMEDIATE CARSE (Final disease or condition ACULTE MYOCARA) AL INFARCTION											
	resulting in death) a. HOWE MY CHRONAL IN FARCITOR DUE TO (OR AS A CONSEQUENCE OF):											
Z	disease or condition resulting in death) a. ACUTE MYDICARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE											
CERTIFICATION	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
2	cause. Enter UNDERLYING CAUSE (Disease or Injury											
Ë I	that Initiated evente DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST											
빙	d											
AL.	PART II. Other significant conditions	contributing to death b	ut not resulting in th	ne underlying	ceuse given in	Part I.	24a. WAS AN		246. 1	WERE AUTOPSY FINDINGS		
S	MULTIPLE 1	MINI-STRO	KES				PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	DIABETES	MELLITU	5			_				OF DEATH?		
	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES		UNCERTAIL	N 🗆						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C									
is		HOSPITAL: 1 Inpatient 2 ER/Oulp	atlent 3 DOA	HER: Nursing Home	5 Residence	6 🗆 Other	(Specify)					
표	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		RY AT	28d. OE\$	CRIBE HOW I	NJURY OCCU	REO			
ል	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	 At home, farm, streetily) 	t, lactory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
E	8.1											
COMPLETED		CIAN: To the best of my knowl										
2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as at								and menner se stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	lon	1)		290 LICENSE NUI	MBER	/	29d, DATE 1	SIGNED,	Myrim, Day, Warri		
2	marin,		/		BITO	レレ		> /	116	190		
	8552 PHI LADE	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Topo, Prin	TIM	DRE,	M	0 2	123	7			
	31. DATE FILED (MONT) CO STORY	Museles Card	RE									
	THIN I O 1999 Om											



REG. NO

REGISTRAR

BOX 68760 P.O. OF VITAL RECORDS, NO

1. DECEDENT'S NAME (First, Middle, Last) Catherine Wagner Gertrude 2. DATE OF DEATH 3. TIME OF DEATH YEAR CERTRUDE Month 17 1995 KATHERINE -WAGNER 1:30 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 219-16-4222 MONTHS 1 M 2 X F March 16,1926 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore County Saint Joseph Hospital Towson, Maryland RESIDENCE OF DECEDENT 10a BTATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City permit. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 6234 Northwood Drive 21212 U.S.A. the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Narried 1 TYES 2 X NO BY Specify 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Pharmacists Technician Pharmacy 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 6 75 John Edward Bell BE Margaret Catherine Schneider retained notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George William Wagner 6234 Northwood Drive, Baltimore, Maryland 21212 Page 6 may be pe 1/20/95 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, Dulaney Valley Cemetery 1/19/99 Timonium, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY after death. John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 음 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by I Approximate hours shock, or heart failure. List pnly one cause on each line. Interval Between ъ IMMEDIATE CAUSE (Final Onset and Death n and completely filled to burial, cremation, o disease or condition the a TERMINAL OVARIAN CANCER
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) event. 1 YEAR executed traumatic CERTIFICATION Sequentially list conditiona, 00 DUE TO (OR AS A CONSEQUENCE OF): e attending physician a ental Hygiene prior to If any, leading to immediata death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 10 the atten PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. requires that the MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? WAIL ARLE PRIOR TO any COMPLETION DF CAUSE OF DEATH? RENAL FAILURE 1 TES NO shows 1 TYES NO t. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: has be Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one The tem certificate h the State HOSPITAL: OTHER 1 TYES A NO ING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the p 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28s. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED this c marked. Netural
Accident 5 Pending 1 YES 2 NO BY death Investigation fler 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 3 Sulcide 堑 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER No CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER TO THE De filed BE ext ginder M-L la 0 41410 DDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOGINDER P. MEHTA, MD ST. JOSEPH MEDICAL CENTER TOWSON,MD 21204 31. DATE FILED (Month, Day, 32 REGISTRAR'S SIGNATURE Devideor Reveal JAN 1 8 1995 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FUNERAL DRECTOR. After this certificate has been signed by the attending physician and completiny filled in by the humani director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. or Health and Mental Hygient prior to burlat. cremation, or removal. hours after death. Page 5 may be retained by the hospital or attending physician. TWO TIANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HE HOSPITAL OR ATTENDING PHYSICIAN. The law movins that the death certificate be executed with

JAN 1 8 1995

	95	01020
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY Y	SA TIME OF DEATH 30
	FREI) EINEST LIEGEN NOWN JAN 12 19	95 604
1	MONTHS DAYS MOUTHS AND (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	062 07 9200 12 12 14 10	IEW YORK
oc	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY	
힏	HARFORD (IEMORIAL HOSPITAL HAVRE DEGRACE HA	RFORD
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
	MARYLAND HARFORD FOREST HILL	1 VES 2 NO
AL		N OF WHAT COUNTRY?
FUNERAL	1241 SHARON ACRES KOAD 21050	A.2.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No — 14	. RACE — American Indian, Black, White, etc.
ВУ	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 10 NO Specify:	Specify:
	15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUS	MALLE
ETE	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Elementary/Secondary (0-12) College (1-4 or 5+)	THY
PL		+ STATE OF MO.
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	. I GIAIZ (II I D.
BE C	FRIO E. DISGENHORN, SR. AMILIA CEDAR	
TO B	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co	21050
-	CHRISTINA W. LIEUZOHORA 1241 SHARON ACRES ROAD FOREST H	MARYAM. LL
	20b. PLACE AND DATE OF DISPOSITION (Name of pametary, cremetary, c	or Town, State
		TOWN MARKAM
	22. NAME AND ADDRESS OF FACILITY AP21 - D21 RiR	P.A. SIRST
_	1 Took to Many 3 New PORT DRIVE FOREST HILL.	MARYLAND
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory stress shock, or heart failure. List only one cause on each line.	Approximate
	IMMEDIATE CALISE (Fine)	Onset and Dasth
	reaulting in death)	
_	Ceve pravascular disease	
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF).	
CAT	CRUSE Enter UNDERLYING DE COLOR OLD PLANE	
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
EH	resulting in death) LAST	
_	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
8	1 □ YES 2 № NO	OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN	1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
Sic	HOSPITAL: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER:	
PHYSICIAN:	28. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUR	IED
ВУ	1 Natural 5 Pending M 1 YES 2 NO	
	3 _ sucide a _ Could not be determined _ 28e. PLACE OF INJURY — At home, larm, street, factory, office _ City or lown, State)	Rural Route Number,
E	Constitution of Sellingues	
COMPLETED	(Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(a) and manner as stated.	
00	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the co	ause(a) and menner as stated.
·w	296 LICENSE NUMBER 29d. DATE SI	IGNED (Month, Day, Year)

OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia 22. REGISTRAR'S SIGNATURE

290 LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

1 - 13-95

BALTIMORE, MARYLAND 21215-0029	hours after death. Page 6 may be retained by the hospital or attending physical	led in by the funeral director, page 5 should be detached for use as the burial, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										95	010	21
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DI	EPARTMEN ITIFICAT	IT OF H	EALTH AND I	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		OLI I	THI TOAT		DEAIII	2. DATE O	F DEATH DAY		YEAR 3.	TIME OF DEATI	Н
	Triangle and triangle and the second		(In yrs. last bir	thday) IF UND	ER t YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE Of (Month,	Day, Year)		Country)	ACE (State or For	reign
E	9e. FACILITY NAME (If not institution, give stre	9e. FACILITY NAME (If not institution, give street end number) 9								NTY OF DEAT	Ή	
DIRECTOR	807 Bradford Average Bradford Average Bradford B	Oc. CITY, TOWN	Arn				Anne Arun					
	MD Ann	e Arundel		Ar	rnold					LIMITS? 1 YES 2 X		
FUNERAL	807 Bradford A	V e . 12. WAS DECEOENT EVER II				21012			USA			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 NO	13	13. WAS DECENCENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify:					14. RACE — American Indian, Black, White, etc. Specify: White		
ETED.	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	DENT'S USUAL kind of work done NOT use retired.	OCCUPATIO during mos	N It of working	16b. K	INO OF BUSI	INESS/IND		WIIILE			
COMPLET	Photographer 17. FATHER'S NAME (First, Middle, Last)								rcia	a 1		
BE C												
5	19a. INFORMANT'S NAME (Турь/Print) Gloria Andersor	n				rd Ave					2	
	20e. METHOD OF DISPOSITION 1 Buriel 2 CCremetion 3 Remov	200	PLACEAND	DATE OF DISPO	SITION (Nar		DATE	7		City or Town,		
	4 Donation 5-6 Other (Specify)	M		Crem	ator	V D ADDRESS OF FA	1/6	Ca	tons	svill	e, MD	
	· Sollie		В	arra	nc'o F.	H. Se				Hwy. D 211	46	
	23. PAIN Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):								etory sm	reat,	Approxims interval Bs Onset and	stween
z	DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A	CONSEQUE	NCE OF):								
CERTIFI	that initiated events resulting in death) LAST d.	DUE TO (OR AS A	CONSEQUE	NCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significant conditions Pariphenal V	contributing to death b	aut not resu	lease	Indarlying	cause given in		PERFORM	MED?	CO OF	THE AUTOPSY FIN MULABLE PRIOR T MPLETION OF CA DEATH?	то
AN: A	DID TOBACCO USE CONTRI					UNCERTAIN	NO				NA	
/SICI/		HOSPITAL:		F DEATH (Check		5 Residence	6 Other (Specify)				
BY PH	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident investigation	26e. DATE OF INJURY (Month, Day, Year)	28	Bb. TIME OF INJURY M	28c. INJU WOF 1 Y	IK?	28d, DESCI	NIBE HOW IN	JURY OCC	CUREO		
8	3 Suicide 8 Could not be determined	farm, street, fe	ctory, offica		28f. LOCAT City or	ON (Street er. Town, Stete)	nd Number	or Rural Route	Number,			
COMPLET		AN: To the best of my know									d menner ea st	ated.
띪	29b. SIGNATURE AND TITLE OF GERTIFIER	Gmb				29c. LICENSE NUN					onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLET OF SE	ATIL #7 FAR A.									

ARNOW MD

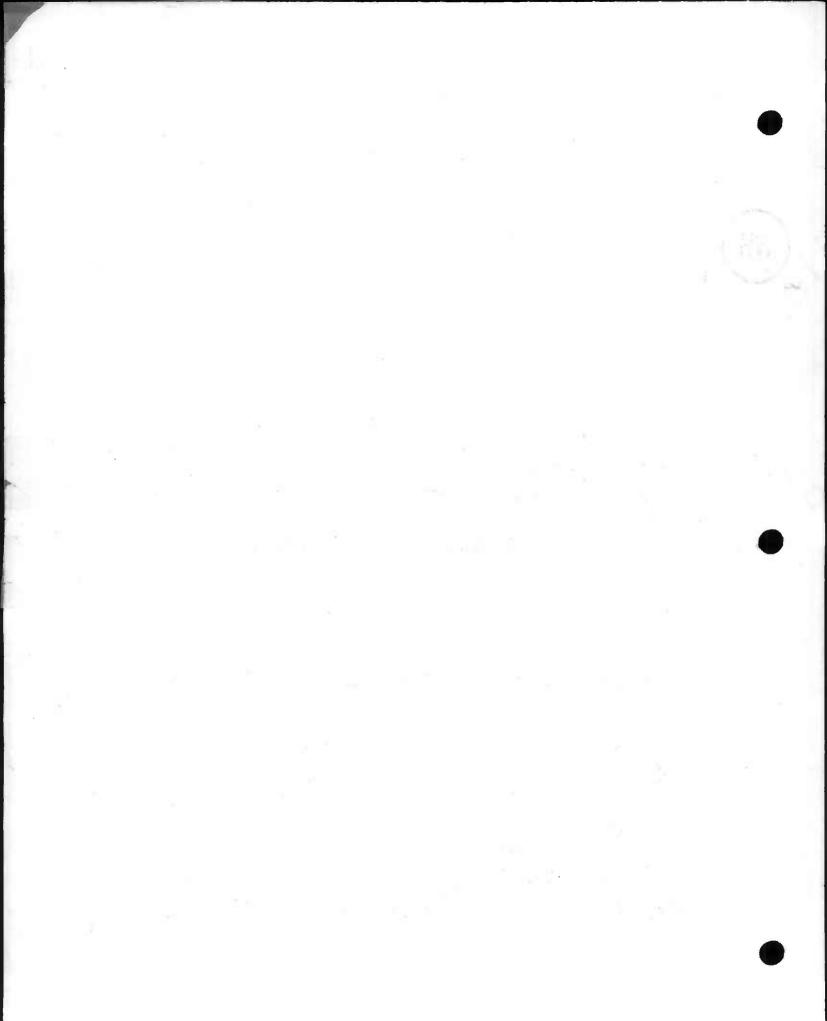
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

1995 Juli Sheeden Revold

31. DATE FILED (Month, Day, Year)

JAN 10

OHMH-16 Rev 1/89



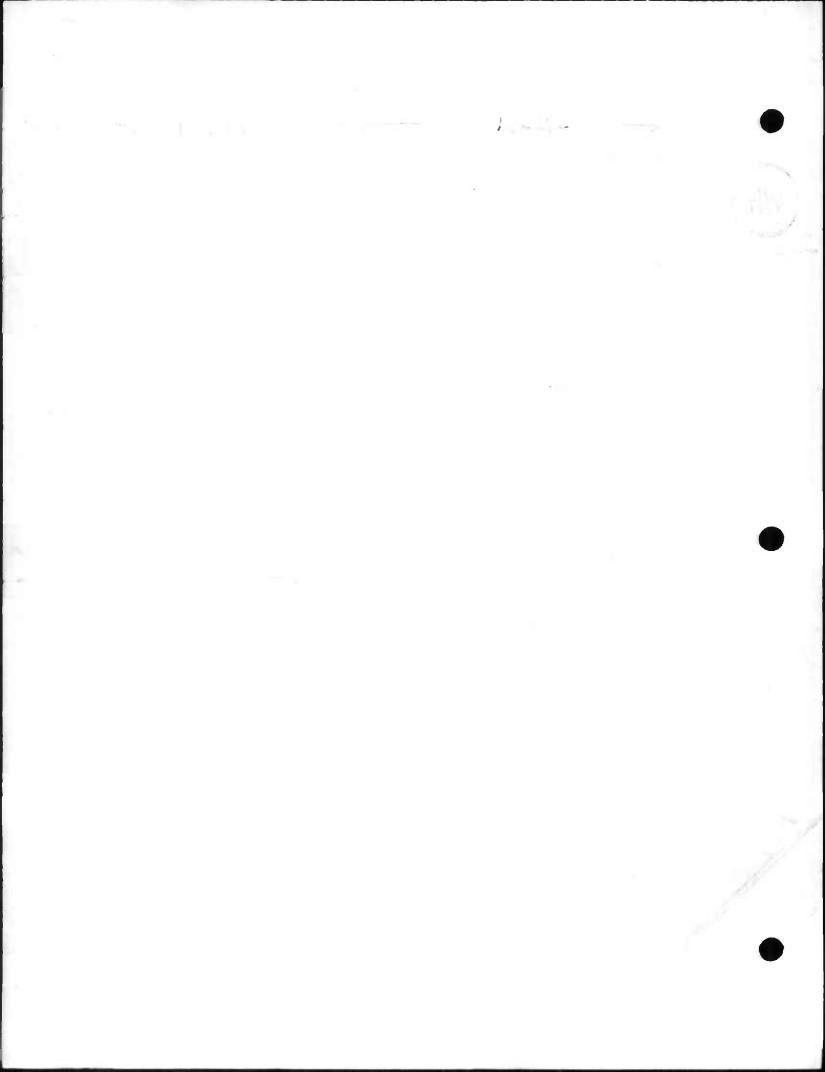
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

(MITIS)	-
(NALL ")	
	1
	:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENC

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1 -	1. DECEDENT'S NAME (First, Middle, Last)	JANICE LYNN ALL	RED			2. DATE OF DEA	ТН	3. TIME	E OF DEATH				
	Van LAI	tred -	Jan Lynn	Alle	2d -	SAN	I S	EAR	1855				
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRT	H B.	BIRTHPLACE (State or Foreign				
	415-72-0112		50 YRS.	MONTHS D	AYS HOURS MIN.	Dec. 2	T', 1944	Jorth (Carolina				
œ	9a. FACILITY NAME (If not institution, give st			9b. CITY, TO	OWN OR LOCATION OF D		9c. COUNTY		4				
DIRECTOR	Washington Count	y Hospital			Hagerston	on	W	ashing:	ton				
EC	10a. STATE 10b. COUNTY		, TOWN OR				10d. IN	SIDE CITY					
	Md. W	ashington		Smith	rsburg		LIMITS?						
MAL	100. STREET AND NUMBER				101. ZIP CODE	6.2	10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	12272 Itnyre Rd.				217		U.S.A						
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES	2 NO		DECENDENT OF HISPA			RACE - Ame Black, White,	rican indian, atc.				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	NTES `	1 🗆	YES 2 X NO Specif	fy.		specificiti	e				
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DECEDENT'S	USUAL OCCL	IPATION	16b. KIND O	F BUSINESS/INDUS						
ET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	ng most of working	1/	#l. D						
COMPLETED			Dire	CLOR		you	th Progra	zm					
	17. FATHER'S NAME (First, Middle, Last) JOHN H. ALLY	24 64			A D Company of the Co	AME (First, Middle, M							
BE	19a. INFORMANT'S NAME (Type/Print)	eu 3/1.	_			rginia T							
2	John II. Allred Sr	-	4844 P.	leasas leasas	treet and Number or Rural	Number, City	Silor C	itu N.	C. 27344				
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State												
	o, N.C.												
	21. MONATURE OF FUNERAL SERVICE LIC			22. NAI	ME AND ADDRESS OF FA	ICILITY 10	525 Brad		110				
	Terris &	Rosin	2	Dav	is Funeral	שווווט	ithsburg	_					
	23. PART I. Enter the diseases, or c	omplications that caused	the deeth. Do n	ot enter the	e mode of dying, suc	h as cardiec or	respiratory arrest	, Mu. 2	pproximate				
	shock, or heart fellure. I IMMEDIATE CAUSE (Fine)	List only Dne cause on ea	ach line.					le le	nterval Between				
	disease or condition a. Metalabe Colo. Concer 2 month												
	DUE TO (OR AS A CONSEQUENCE OF):												
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
AT	If sny, leading to immediate couse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):									
띮	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				<u>_</u>					
CERTIFICATION	resulting in deeth) LAST	4											
	PART II. Other significent conditions	s contributing to death b	ut ant secution i	n the unde	thing cours along to	Seed I See Me	S AN ALITOPSY						
CAL	The state of the s	- Contributing to death of	at fibt reculting i	n the unge	riying couse given in	PE	RFORMED?	AVAILAE	LE PRIOR TO ETION DF CAUSE				
						1 □ Y	ES 2 410	DF DEA	TH?				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DFATH YF	s \square NC	□ IINCEPTAL	N D		1 - Y6	ES 2 NO				
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT					L					
Si	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER: 4 Nursing	Home 5 - Rasidence	6 Other (Specify)						
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		c. INJURY AT WORK?	28d, DESCRIBE H	IOW INJURY OCCUR	ED					
BY	1 Natural 5 Pending 2 Accident investigation				YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, factory,	offica	28f. LOCATION (S City or Town,	treet and Number or . State)	Rural Route Nur	nber,				
<u> </u>													
COMPLETED	Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl											
8		R: On the basis of examination	and/or investigation	n, in my opini	on, death occured at the	time, data and pla-	ea, and dua to the c	ause(a) and ma	inner sa stated.				
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month,													
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /Torre	Print)	0 416	6 1	/	3.93					
	Michael J.	Milornast	< 1)	46	boull.	21	the march	MA MA	17174				
ļ	31, DATE FILED (Month, Day, Year)	22 DECISTOAD'S SIGN	THE	, 1	p-well .		29561100	190	. (1/40				
	141 14 1995 Julia	dwelser horles											



מונים של היים היים היים היים היים היים היים היי

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFI		OF DEAT			REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last))					2, DATE OF	DEATN			3. TIME OF DEAT	Н
	Ann Marie	Bissone	ette			Janua	ırv 3	, 1995	YEAR (6:10	Рм
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE	-	24 HRS.	7. DATE OF	BIRTH		. BIRTHPI	LACE (State or Fo	reign
579-54-5529	1 □ M 2XXF 5	YRS.	MONTHS DA	WS HOURS	MIN.	Jan.	13,	1943 W	Country) lashi	ngton,	DC
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATIO	ON OF DE			9c. COUNT			-
10904 Waxwood Court Rockville Montgomery										עמב	
RESIDENCE OF DECEDENT								MOIT	Jyonic	2T À	
10e. STATE 10b. COUNT			, TOWN OR L	OCATION					,	IOd. INSIDE CITY	
New York Eri	.e	Sn	yder							X YES 2	NO
10e. STREET AND NUMBER				10f. ZIP CODE						AT COUNTRY?	
74 Halwill Drive 14226 United States 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - American Indian.											
1 Never Merried 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	2 X NO	If ye	DECENDENT O s, specify Cuber YES 2 X NO		n, Puerto Rica		or No- 1	4. RACE - Black, Specify:	- American India White, etc.	ırı,
								<u> </u>		ite	
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S I	ork done durin	PATION g most of working	g			INESS/INDU			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use				1		rk Sta			
AT SATUSTION MANY (Company)	4	Consult	ant						I Ed	lucation	1
17. FATNER'S NAME (First, Middle, Last) Robert Maher						ME (First, Mide					
Robert Maher		401-000-00-0			ores		blesc				
Raymond P. Bisso	nette		as 10	reet and Number	or Hural I	Houte Number,	City or Town	n, Stete, Zip C	ode)		
		b. PLACE AND DATE O				1					
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Rar 4 Donetion 5 Other (Specify)	moval from State	metery, cremetory or off ount Calv	her place)	N (Neme of		1-9	1	CATION - CI			al.
21. SIGNATURE OF-FUNERAL SERVICE L		DUIL CAIV		E AND ADDRES			Truee	REOWa	iga,	New You	ı'K
) On	11 0		Rap	p Fune:	ral	Servi					
coun	N. M.	P	933	Gist /	4ven	ue, Si	ilver	Spri	ng, I	MD 2091	0
23. PART I. Entar tha diseasea, or shock, or haart failure.	complications that cause . List only one cause on	od tha death, Do no each lina.	ot entar tha	moda of dyl	ng, suci	h aa cardiad	or reapl	ratory arre	st,	Approxima	
IMMEDIATE CAUSE (Final disease or condition	IMMEDIATE CAUSE (Final										
resulting in death)	Central N			1etasta	ses						
		A CONSEQUENCE OF	,							170	
Sequantially list conditions,	b. Adenocarc	A CONSEQUENCE OF								13 mor	ntns
if any, leading to immediate cause. Enter UNDERLYING			,							Ì	
CAUSE (Disease or Injury that initiated aventa	C. DUE TO (OR AS	A CONSEQUENCE OF):						-	+	
resulting in death) LAST	4										
DART II Other stantification	and and the state of the state									†	
PART II. Other significant condition	na contributing to death	but not reaulting in	tha under	lying causa g	lven In	Part I. 24	PERFOR		A	VERE AUTOPSY FIL	то
						1	YES 2	ζχνο		OMPLETION OF C	AUSE
										☐ YES 2X☐ N	10
DID TOBACCO USE CONT	RIBUTE TO CAUSE O				ERTAIN	۱ 🗆 ۱					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATI	OTHER.								
1 YES 2 NO	1 Inpatient 2 ER/Out		4 - Nursing	Nome 5 - Red	eldence				-	ome	
27. MANNER OF DEATH t Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	JRY	. INJURY AT WORK?		28d. OESCR	IBE HOW IP	IJURY OCCU	RED		
2 Accident Investigation	284 21 405 05 11 11	V 415 1		YES 2	NO						
3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, at	treet, factory,	offica		28f. LOCATION City or 7	ON (Street a own, State)	nd Number or	Rural Rou	ite Number,	
29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the beat of my know	viedge, death occurred	d at the time	date and nince	and due	to the cause	-am has (s	nor so what d			-
	ER: On the beele of examination									and menner ee =t	ated.
29b. SIGNATURE AND JITLE OF CERTIFIE				29c. LICE			1				
Zalla					794					fonth, Day, Yeer)	חב
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type	Print)	17	17	4		, Jar	iuary	/ 3, 199	30
Zail S. Berry, M		Jpton Str		₩, Wa	shir	ngton,	DC	20016	;		
31. OATE FILED (Month, Day, Year) JAN 6 1995	32. REGISTRAR'S SIG	ardall			-						

10

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4 9

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTIF	RTMEN	T OF H	EALTH DE AT	AND	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	3. TIME OF DEATH		
	Fr	ances Sla	cum Beli	1				Jan	uary 1	7 1. 1995 4:30		4:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH					OF BIRTH		BIRTH	IPI ACE /State or Coming		
as a	218-14-4091		O YRS.	MONTHS	DAYS	HOURS	MIN.	107	287190	4	Count	Maryland
1	9e. FACILITY NAME (If not institution, give st	9e. FACILITY NAME (If not institution, give street end number) 9b.					ON OF D	EATH		9c. COUNT		
DIRECTOR	301 Talbot Avenu	ie			Cambridge Dorch						orch	nester
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	EV TOWN	TOWN OR LOCATION									
SIR	Maryland Dor	100.0	Cambridge							10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		101. ZIP CODE							1	YES 2 NO	
ER/	301 Talbot Avenue					216				10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13.	WAS DEC			NIC ORIGI	17 (Specify Yes			American Indian.
7 F	1 Never Merried 2 Merried	FORCES? 1 YE			If you and	acify Cuber	Maria	on Dunado	Rican, etc.)	Of NO	Bleck	, White, etc.
1 3 A Widowed 4 Divorced									Speci	w White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do NOT use retired.) HOMEMARY 16b. KIND OF BUSINESS/INDUSTRY HOMEMARY 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname)												
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)		st or working	9					
MP	11		Home	nakei	-							
8	17. FATHER'S NAME (First, Middle, Last)	0.7				18. MOTH	ER'S NA		Middle, Melden	Sumame)		
BE	Charles Edward	Slacum					Ann		Vavy			
2	19e. INFORMANT'S NAME (Type/Print)								ber, City or Town			
	Jean B. Anstine		303 '	Talbo	ot Av	venue	Ca	mbri	dge, Ma	arylan	d 2	21613
	20s. METHOO OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rama	val from State	b. PLACE AND DATE	OF DISPOS	ITION (Na	me of		OAT		CATION - CH	y or To	wn, State
	4 Donation 5 Other (Specify)		orcheste							nbridg	e,	Md.
	21. SIGNATURE OF TUNERAL SERVICE LICI	ENSEE		22 Ti	NAME AN	o ADDRES	SOFFA	CILITY	ne			
	How he I to	me		70	00 Lo	cust	St	. Car	nbridge	Md.	21	613
	23. PART IMEnter the diseases, or co	omplications that cause	ed the death. Do	not enter	the mod	de of dylr	ng, suc	h as care	flec or reapir	atory errea	t.	Approximate
CERTIFICATION	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):											
AL C	PART II. Other significent conditions	contributing to death	but not regulting	in the un	derlylaa	COURS of		Don't I				
PHYSICIAN: MEDICA	APLACKIO SC	CLENOTIC	e ari	/0	VAS	CUA	AR	56	PERFORM	WED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä	CARCINOMA	6FT4E	VAGINI	9- E	HE	7 857	8565					
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ICE OF DE	ATH (Ch	eck only on	e)			
×S		1 Inpatient 2 ER/Ou	petient 3 DOA			6 Dan	Idence	6 C Other	(Specify)			
ᇤ	27. MANNER OF DEATH V Natural 5 Pending	(Month, Day, Year)	26b. TIM	E OF URY	28c. INJU WOR	RY AT		28d. DES	CRIBE HOW IN	JURY OCCUP	RED	
B	2 Accident Investigation			M		ES 2 🗌	NO					
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spi	Y At home, ferm, socily)	street, fect	ory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	vledge, death occurre	d at the ti	me, data s	and place.	end due	to the cau	se(s) and menn	or as stated		
S	one) 2 MEDICAL EXAMINER	On the basis of examination	on end/or investigation	n, I <i>n</i> my o	pinion, de	ath occured	d at the	time, date	and place, end	due to the c	ause(s)	and manner es stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER					29c. LICEN						
BE	1 Mac					DI	16		- 1	DATE S	MED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type.	Print)		LI	100)		1/3	17.	<i>3</i>
	105 Auran .	StrAT		brio	60	N	1	21	613			
	31. DATE FILED (Month, Day, Year)	30. REGISTRANIS SIG		V 121	7 - /	111						
	JAN 0 4 1995	falsi d'avelson	Rardall									

86

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



detach		once.
d be		d at
shoul		otifie
3		ĕ
page		t be
director,		I mus
ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		i 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
by the	s after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	dical e
eg G	6	Ē
ill A	ation,	the
omplete	I, crem	event,
and co	pnug (natic
SICIAN	prior to	traun
of phy	giene	other
ğ	Ŧ	F
afte	ental	7, 0
the	Σp	를
8 8	h an	апу
Sign	Неан	¥2
een	o.	sho
has	Dept	23
cate	State	Ten
erti.	the	0
this c	WITH	rked,
Affer	death	ша:
¥	-	- 50
B	s aft	28

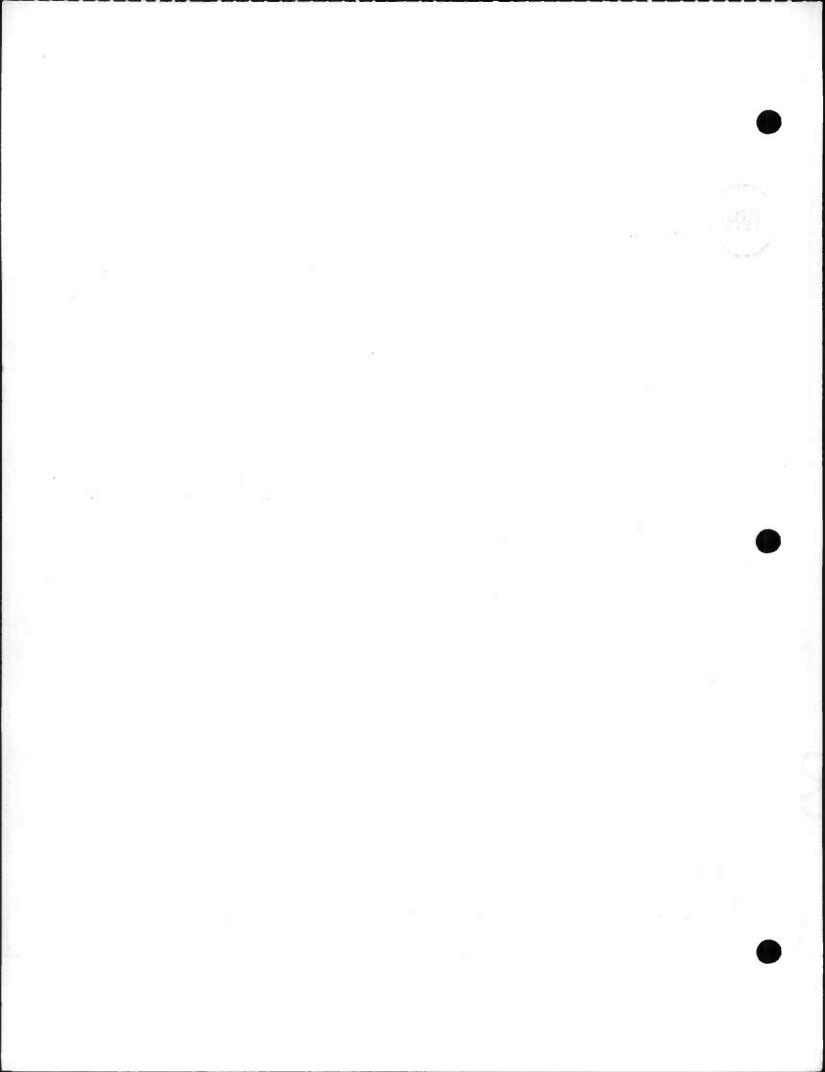
	1 - FOR STATE REGISTRAR		STATE OF N		/ DEPAI CERTIF					MENT	AL HYGIEI	-		
		٧.	BURN							JAN	TE OF DEATH	, 199		3. TIME OF DEATH 11:15 P M
	4. SOCIAL SECURITY NUMBER 579-01-5746		5. SEX 1 M 2 F	6. AGE (In yrs. 77	last birthday) YRS.	MONTHS	DAYS	HOURS	H 24 HRS.	7. DAT MARC	E OF BIRTH	917 MARYLAND		
OR	9a. FACILITY NAME (If not institution, give street and number) MONTGOMERY GENERAL HOSPITAL						NEY	OR LOCAT	ION OF DI	EATH		TGOME		
DIRECTOR	10a. STATE 10	1021000111				10c. CITY, TOWN OR LOCATION GAITHERSBURG						·		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	342 N. SUMM	IT AV	ENUE #1	02		101. ZIP CODE 2087				77		1.0		STATES
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES				ES 2 NO If yes, specify Cuben, Mexicen,			n, Puerto Rican, atc.) Bia				- American Indian, t, White, atc.		
COMPLETED	(Specify only highest grade completed) ((ECEDENT'S USUAL OCCUPATION Show kind of work done during most of working DO NOT use retired.) CRETARY					BUSINESS MACHINES (
BE CO	17. FATHER'S NAME (FI/3), MIDDLE MERSON	BURN	S					MA	GGIE		, Middle, Maidei	Sumame) ALLNUTT		
5	GOLDIE M. BURDETTE										RKSBUR	RG,MARYLAND 20871		
	20a METHOO OF DISPOSITION 1 Buriel 2 Cremation 4 Donetion 5 Other (Sp.	3 Ramov ecify)			TONSV.	ther place)	CEM	ETER		1/6	LAY	TONS	VILLE	wn, State , MARYLAND
	MURIEL H. BARBER FUNERAL HOME P.O.BOX 5038 LAYTONSVILLE, MARY								MARYL	20882 AND				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiec or respiratory errest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) One To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL (PART II. Other significent conditions contributing to death but not recuit Burnells 55 opling its						ng In the underlying cause given in i				24s. WAS AI PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MI EXAMINER?	EDICAL			ATH YI	TH (Check	only one)] UNC	ERTAI	۷ 🗆				
HYSIC	1 YES 2 NO 27. MANNER OF DEATH		HOSPITAL: 1 Inpetient 2 28e. DATE OF	INJURY	3 DOA				esidence		ner (Specify)	IN ILLEY OC	CHBED	
ВУР	L _ recordent	ding stigation	(Month, De		IN.	M	1 🗌 1	PRK? YES 2	□ NO					
ETED	4 Homicide deta	ild not be irmlned	building,	F INJURY — At etc. (Specify)	home, term,	atreet, fact	tory, offic	•			CATION (Street by or Town, State		r or Rural R	oute Number,
COMPLETED			AN: To the best of an											and manner es stated.
TO BE	29b. SIGNATURE MID TITLE OF	oft	n Se	hem				29c. LIC	360	BER /	8	29d. DAT	E SIGNED	(Month, Day, Year)
=	30. NAME AND ADDRESS OF PE DR. CHRISTOPHE	ER SCI	COMPLETED CAUS HEMM 29	O1 OLN	EY-SAI	NDY	SPRII	NG R	OAD	OLN	IEY,MAR	YLAN	20	1832
	JAN 5 199			R'S SIGNATURE			-							



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		ICATE OF			REG. NO.					
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH		3. TIME OF DEATH			
	TILLIE PENNER BARNI	ETT			JANUAI	RY 4,	1995	12:47 P. M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF	BIRTH	6.	BIRTHPLACE (State or Foreign			
	102-18-2735 1□ M 2 🛣 9	O YRS.	MONTHS DAYS	HOURS MIN	May 1	0 190		ew York			
	9s. FACILITY NAME (If not Institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF		7	9c. COUNTY				
DIRECTOR	Suburban Hospital		Bethes	da			Montg	omery			
) ji	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY			
嵩	Maryland Montgomery	Roc	kville					LIMITS?			
AL	10e. STREET AND NUMBER			1. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	6121 Montrose Road			20852			United States				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HIS	PANIC ORIGIN? (S	pecify Yas o		14. RACE — American Indian, Black, While, etc.			
BY F	1 Never Merried 2 Merried FORCES? 1 YES 3 Wildowed 4 Divorced FYES, GIVE WAR OR DA	2X NO TES		ecify Cuben, Mex 3 2 X NO Spe	n, atc.)	Specify: White					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most of working)											
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	vork done during mo se retired.)	ost of working							
를	12	Homemak	er		Ow	n hon	e				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Midd	le, Meiden St	ımame)				
BE	Nathan Penner			Ida (u	nknown)						
2	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street		ral Route Number,	City or Town,	State, Zip Coo	ia)			
-	Ruth Barnett	13721	Smallwo	od Ct.	Chant	illy,	VA.	22021			
		PLACE AND DATE OF THE			1/8		nt, N	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSES		22. NAME A	ND ADDRESS OF	FACILITY						
	· Buy In. He	si			LDBERG I LE PIKE			HAPELS, INC.			
	23. PART I. Enter the diseases, or complications that caused	the death. Do n	ot enter the mo	de of dying, s	uch as cardiec	or respira	tory arrest,	Approximata			
	index, or heart fellule. List only one cause on ae	ch line.						Interval Between Onset and Death			
	disease or condition	Myor.	1=1	Lufa	1 1	70		laise to			
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions. Coronary Avtry Dissels 4800										
CERTIFICATION	If any, leading to immediate	CONSEQUENCE OF	7:								
2	CAUSE (Disease or Injury	Athe	rescle	105,5				YEars			
	thet initiated eventa DUE TO (OR AS A resulting in death) LAST	CONSEQUENCE OF	7);					1			
当日	d	_									
4	PART II. Other eignificent conditions contributing to deeth but	it not resulting i	n the underlyin	g cause given	In Part I. 24	. WAS AN AL		24b. WERE AUTOPSY FINDINGS			
DICAL						PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEC					' '		-	OF DEATH?			
=	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S D NO D	UNCERTA	AIN 🗆						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 2	8. PLACE OF DEAT									
Sign	EXAMINER? 1 YES 2 NO 1 Inpetient ER/Outpa	tlent 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residenc	e 6 Other (Sc	pecify)					
Ě	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. INJ	URY AT	_		URY OCCUR	ED			
BY F	1 Netural 5 Pending 2 Accident Investigation	INJ		YES 2 NO							
	3 Suicide 8 Could not be 28s. PLACE OF INJURY	At home, farm, s	treet, factory, offic	•	281. LOCATIO	N (Street end	1 Number or R	lural Route Number,			
1	4 Homicide determined	"			City or it	own, Stete)					
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowle	dge, death occurre	ed at the time, date	end place, and d	ue to the causele	end manne	or on stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of exemination					-		use(a) and menner ee stated.			
	296, SENATURE AND TITLE OF SENTIFIER			29c. LICENSE N							
H	tow by Kenny			-	C/9	- 1	> 1 /es	GNED (Month, Day, Year)			
임	40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type.	Print)	700	~ ()		167	(1)			
	11		LECE BOX	E De	RET	HESS	A M	D 20817			
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNA	TURE									
11	JAIV h 1995 JAVA WARRANTA	Colora									



YEAR

1995

U.S.A.

3. TIME OF DEATH

2:00

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: white

1 YES 2 X NO

Onset and Death

8. BIRTHPLACE (State or Foreig

Maryland

•	No.	-	7
law requires that the beath betweened when the mours after death. Page to may be retained by the hospital or attending any services.	sit permit)	
MICH.	1	-	1
100 P	the bu		*
aftend	Se as		
tal or	for u		
e hospi	etached		nce.
3	Ped		at o
retained	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
nay be	page .		t be
age o	director		er mus
Death. P	funeral	Ĭ.	xamin
S anor	by the	emoval	dical
DOU!	filled in	IU, Or 1	e me
IUM.	letely	ematic	nt, th
M Dain	comp	rial, cı	C eve
ne exec	ian and	or to bu	aumat
III Calle	physic	ane prik	her tr
TI CELL	ending	Hydie	or ot
HE DEG	the att	Menta	njury,
וויפו	ed by	th and	any is
admies	en signi	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	hows
MP	as pe	Dept.	23 \$

BALTIMORE, MARYLAND 21215-001

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1, 2, 3 should

DIRECTOR

FUNERAL

BY

BE COMPLETED

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

Dept.

this certificate h

DIRECTOR: After the hours after death v

TO THE HOSPITAL TO THE FUNERAL ID BE filed within 72 h

marked, or

28

Hem

HOSPITAL OR ATTENDING PHYSICIAN: The law

that initiated events resulting in death) LAST

1 YES 2 NO

27. MANNER OF DEATH

1 Featured

2 Accident

3 Suicide

4 Homicide

29s. CENTIFIER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH John Brady January 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
April 23, 1904 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 - F 90 DAYS HOURS MIN. 213-64-4608 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Ft. Washington Medical Center Ft. Washington Prince Georges RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince Georges Ft. Washington 10e. STREET AND NUMBER 10a, CITIZEN OF WHAT COUNTRY? 1202 Livingston Road 20744 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES Never Married 2 Married 2 X NO 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) unknown Farmhand Farming 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) unknown Brady unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zio Code) Dottie Blount 5012 Rhode Island Ave. Hyattsville, MD 20781 20e. METHOD OF DISPOSITION
1 □ Burtal 2 ☒ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Metropolitian Crematory 1/6/95 4 ☐ Donation 5 ☐ Other (Specify) Alexandria, VA 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Takoma Funeral Home, Inc. de 254 Carroll St. NW Washington, D.C. 23. PART I. Enter the disessea, or complications that Journal of the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

PART II. Other significent conditions contributing to death but not reautiting in the underlying ceuse given in Part i. GON

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1 NO DE OFATH? 1 TYES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN [25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF OEATH (Check only goe)

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Wirsing Home 5 A Residence 6 Other (Specify)

28s. DATE OF BUILDRY (Month, Dec. Year)

28c. INJURY AT WORK?

1 YES 2 NO

26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYTICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAM 📭 ભૂત મેનું besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and dus to the cause(a) and manner as stated.

29h. SIGNATURE AND JUTLE OF

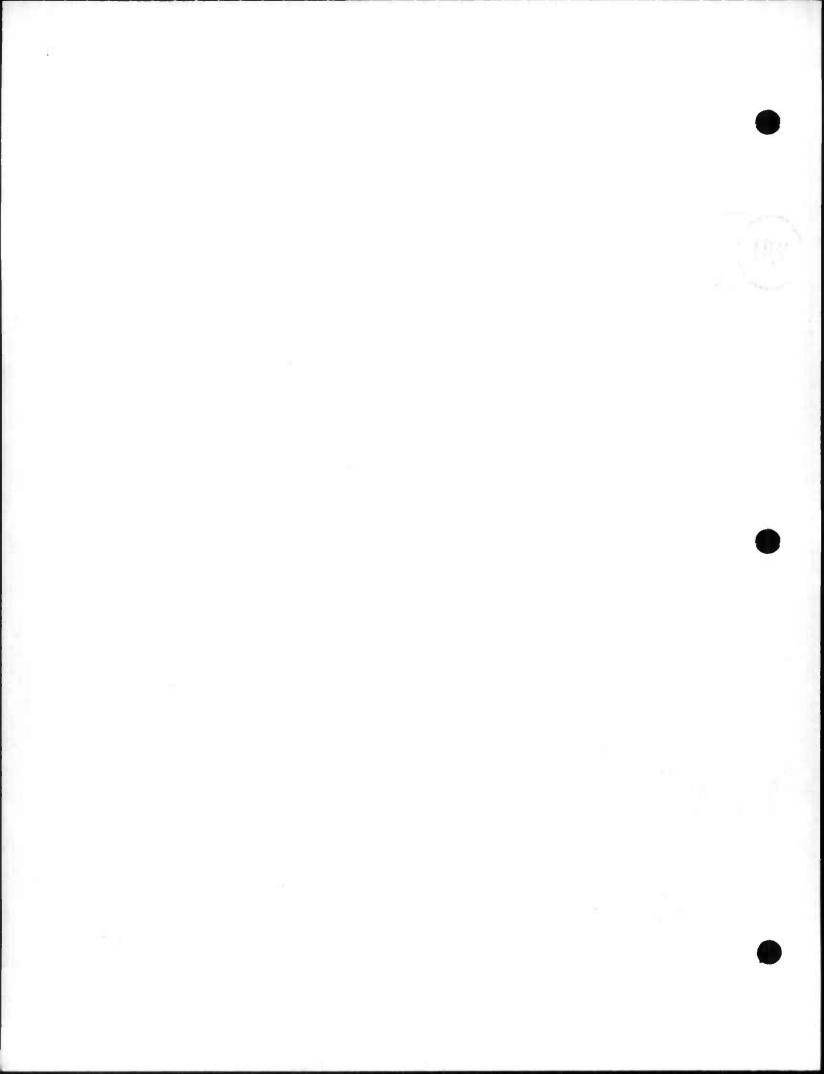
6 Could not be

29c. LICENSE NUMBER D24945 29d. DATE SIGNED (Month, Day, Year) A95 JANKON 5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7801

tur 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE JAN 6 1995 la Davelson Randall Old Brown ut Are

ENTUN



1	-	FOR STATE REGISTRAF

Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-004

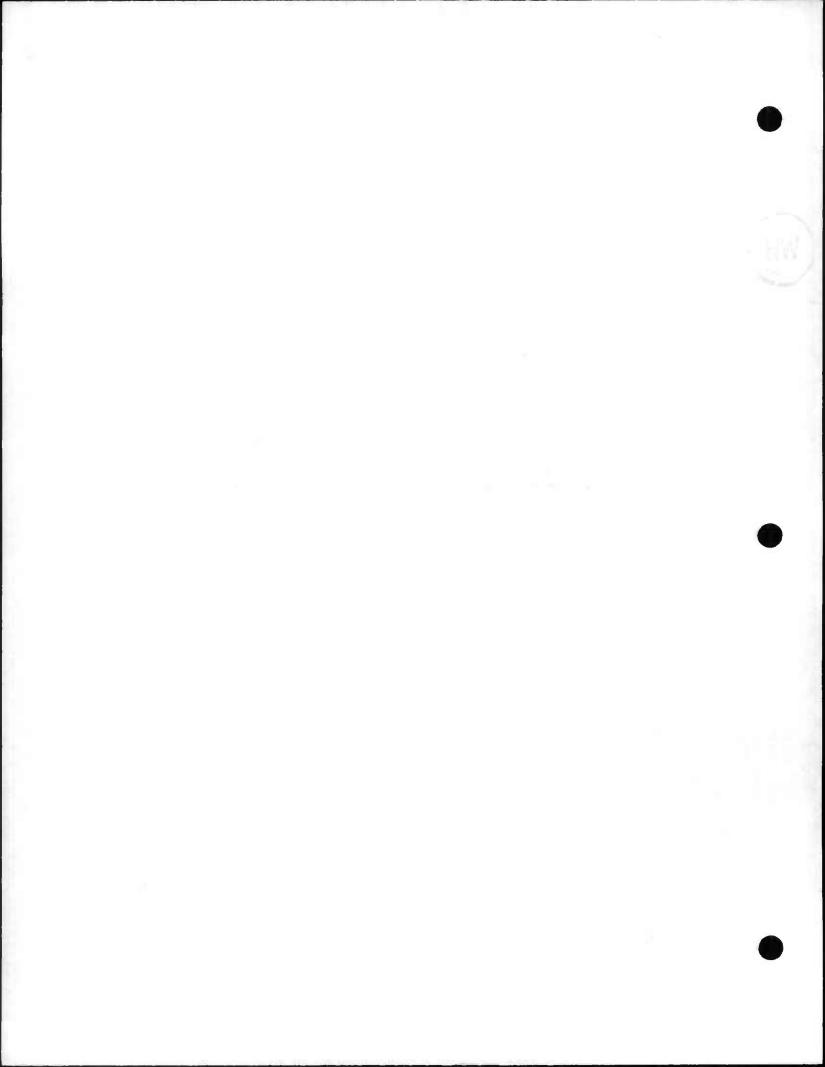
	1 STATE REGISTRAR		CE	. רו ור	ICATE	: Ur	UEAI	I 15		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF DEATH
	Bronislav	v M. Bis							Jan	uary 2		YEAR	2:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	158-07-2176	1 🔀 M 2 🗌 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		t. 10,	1919	Country	Jersev
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF D		207		NTY OF DE	
DIRECTOR	Fernwood House				В	ethe	sda				Мс	ntgo	merv
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			40 - 07	Y. TOWN O			_					
E I													10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ngton		<i>P</i>	rlin		ZIP CODE				1001 1000		1 YES 2 NO
₩.	1101 South Arlin	octon Bid	as Duine			101							HAT COUNTRY?
FUNERAL	11. MARITAL STATUS		TEVER IN U.S. ARM		19.1	AND DEC	222		WO OB/	NN? (Specify Yes			States
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	0	1	f yes, sp	elfy Cubin	n, Maxica	in, Puert	o Rican, etc.)	or No-	14. RACE Black, Specify	
	15. DECEDENT'S EDU	CATION		EDENT'S	USUAL OC	CUPATIO	IM .		1	5b. KIND OF BUS	INCO INI	MICTEN	White
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(Giv	e kind of Do NOT u	work done o	luring mo	st of workin	g	- 1"	ou. KIND OF BUS	HNESS/INL	JUSTHY	
립	Lientenia y octorican y (c-12)	4	·	sine	ssma	n				Com	merc	ial	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First	, Middle, Malden			
BE C	Michael Bis									Rogola	,		
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a				mber, City or Town	, State, Zig	Code)	
2	Kathleen Bis Afk	hami											nia 22101
	20a. METNOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem		205 01 405 41			THE STATE OF THE S						City or Tow	
	4 Donation 5 Other (Specify)	oval from Stata	cemetery, crem	of H	221700	Car	natar	~ ~ ~		Si 1	var (Enrin	a Maruland
- 1	21. BIGNATURE OF PUNERAL SERVICE LIC	CENSEE			22. I	NAME AN	D ADDRES	S OF FA	quty	y Funer y Chase	1	/	gy naryrana
_	*Kant 7	mel	M	0019	8	Be	thes	da-(Chev	y Chase	, In	C.	20814-3501
rion	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	UENCE O	monia P):								Interval Between Onset and Death		
ERTIFICA	CAUSE (Disease or injury that initiated eventa resulting in death) LAST		eimer's OR AS A CONSEON	JENCE O									
N: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (deeth but not re	sulting	in the und					24a. WAS AN / PERFORI	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition	DUE TO (d	deeth but not re	sulting :	in the und	NO 😨				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTIL 25. WAS CASE REFERRED TO MEDICAL	DUE TO (deeth but not re USE OF DEAT	H YE	In the und	NO 🔀	UNC	ERTAI	N []	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (d	deeth but not re USE OF DEAT 28. PLACE ER/Outpatlent 3	H YE OF DEAT	in the und S	nly one) i: ing Nome 28c. INJU	UNCI	ERTAI	8 🗆 ОН	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI	DUE TO (d	deeth but not re USE OF DEAT 28. PLACE ER/Outpatlent 3	H YE OF DEAT	In the und	nly one) i: ing Nome 28c. INJU	UNCI	ERTAI	8 🗆 ОН	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (d	deeth but not re USE OF DEAT 28. PLACE ER/Outpatlent 3	SUITING OF DEAT	In the und	NO (X) inly one) i: ing Nome 28c. INJL WOI 1 Y	UNCI	ERTAI	8 Ott	PERFORI	MED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (d	deeth but not re USE OF DEAT 28. PLACE ER/Outpattent 3 [INJURY y, 'ber'] FINJURY — At hometic. (Specify) my knowledge, deat	BUILTING STATES	in the und SS N In (Check of OTHER 4 Nurse E OF URY M Indicated, factor and at the tire	ing Normal 28c. INJL WOI 1 Yeary, office	UNC	ERTAIN sidence	8 Ott 28d. Di 28f. LO Cit to the c	PERFORI 1 YES 2 THE (Specify) ESCRIBE HOW IN CATION (Street a. y or Town, State)	MED? NO	or Rural Ro	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (d	deeth but not re USE OF DEAT 28. PLACE ER/Outpattent 3 [INJURY y, 'ber'] FINJURY — At hometic. (Specify) my knowledge, deat	BUILTING STATES	in the und SS N In (Check of OTHER 4 Nurse E OF URY M Indicated, factor and at the tire	ing Normal 28c. INJL WOI 1 Yeary, office	UNC	ERTAIN sidence NO and dua	8 Oth 28d. Di 28f. LO	PERFORI 1 YES 2 THE (Specify) ESCRIBE HOW IN CATION (Street a. y or Town, State)	MED? NO JURY Occ Ind Number	or Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
O BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (d. d. RIBUTE TO CAI HOSPITAL: 1 Inpellent 2 Inpellent 3 Inpellent	deeth but not re USE OF DEAT 28. PLACE ER/Outpatient 3 INJURY 97. Year) FINJURY — At homeled. (Specify) may knowledge, deat amination and/or im	BUILING I	in the und If (Check of OTHER 4 1/2) Nurse B OF URY M In the tire, in my op	ing Normal 28c. INJL WOI 1 Yeary, office	UNCI	ERTAIN aldence NO and dua and st the	8 Ott 28d. Do	PERFORI 1 YES 2 THE (Specify) ESCRIBE HOW IN CATION (Street a. y or Town, State)	MED? NO OURED or Flural Flo ed. e cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Use Number, and manner as stated.	
O BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one)	DUE TO (d	deeth but not re USE OF DEAT 28. PLACE ER/Outpatient 3 INJURY 97. Year) FINJURY — At homeled. (Specify) may knowledge, deat amination and/or im	BUILTING STATES OF DEAT DOA 28b. TIME TO COURT WESTIGNATION TO THE COU	in the und SS N TH (Check a OTHER 4 X Nurs E OF URY M street, factor od at the tir n, in my op	inly one) :ing Nome 28c. INJL WOI 1 Very, office	UNCI	endence No and dua and st the	8 Otto 28d. Do	PERFORI 1 YES 2 THE (Specify) ESCRIBE HOW IN CATION (Street a. y or Town, State)	MED? NO OURED or Flural Flo ed. e cause(s)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO ute Number, and manner as stated.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow is after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

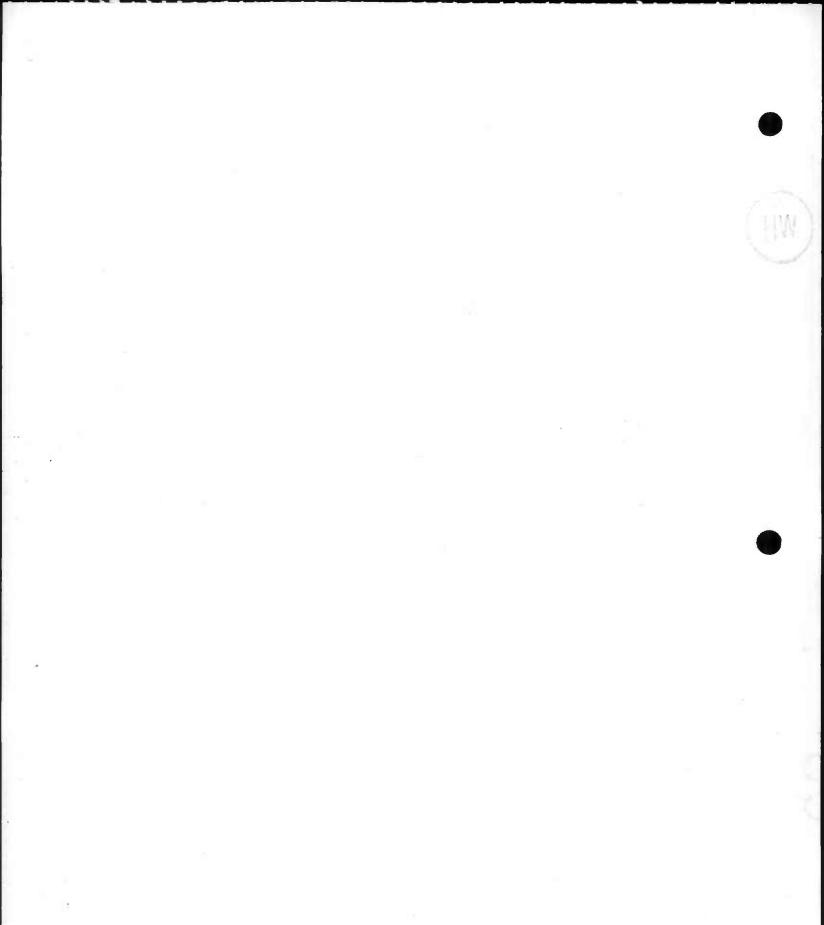
DNMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

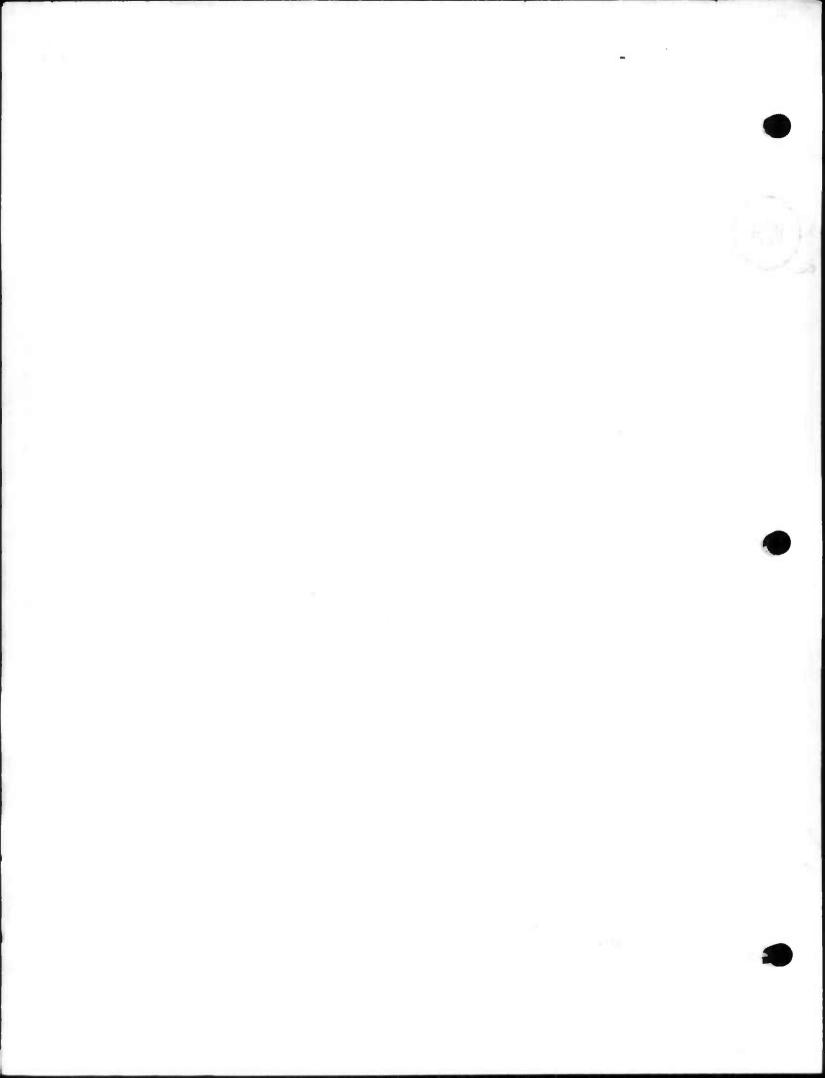
1 - FOR STATE REGISTRAR		STATE OF MARY	LAND / DEPARTI			MENTAL HYGIEN	E	
1. DECEOENT'S NAME (First	t, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
	A13	Lan James	Burton			January 3	. 1995	6:15 A M
4. SOCIAL SECURITY NUMBER				ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
225-05-231		X M 2 - F	83 YAS.		5000 - 75	Aug. 26,	1911 Was	hington, DC
9e. FACILITY NAME (If not in		,			OR LOCATION OF OR	АТН	9c. COUNTY OF	
Arcola Nursing		litation Cent	er	Silver	Spring		Montgon	mery
10a. STATE	10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
Maryland	Montgo	mery	Che	evy Cha	se			1 X YES 2 NO
100. STREET AND NUMBER				101	. ZIP CODE	-		WHAT COUNTRY?
128 Grafto					20815			States
11. MARITAL STATUS 1 Never Married 2		2. WAS OECEDENT EVER FORCES? 1 X YES	2 NO	If yes, sp	ecify Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	Blac	E — American Indian, ck, White, etc.
3 Widowed 4 Divo	proed	World War	PATES	1 🖂 YES	2 NO Specify	r.	Spec	White
15. DEC	EDENT'S EDUCAT	TION TOO (March 1)	16a. DECEDENT'S US	SUAL OCCUPATION	ON .	16b. KIND OF BUS		
Elementary/Secondary (6	1	College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i					
12			Golf Pro	tessio	nal	Self-Er	nployed	
17. FATHER'S NAME (First, M					ME (First, Middle, Maiden	Surname)		
LUC		rton			Mar			
Christina [n	I .			Chevy Cha		20815
20a. METHOD OF DISPOSIT	ION	20	b. PLACE AND DATE OF				CATION - City or To	
1 Burlet 2 X Cremetic 4 Donetion 5 Other		from State Ce	netery, cremetory or other Chesapeake	r place)				, Maryland
21. SIGNATURE OF EUNERA	L SERVICE LICEN		Jilesapeake	22. NAME A	O ADDRESS OF FA	CILITY		, Haryrand
De 000	20 7	1 Ka	80			Services,		ND 0007.0
23. PART I. Enter the d	issases, or con	nplications that cause	d the death. Do not	sntar the mo	da of dving such	nue, Silver	Spring,	Approximate
snock, or h	aart fallurs. Lis	t only ona csuse on	sch iina.		aa or aying, saoi	. se cardiac or respir	atory arrest,	Intarval Between
iMMEDIATE CAUSE (Fir disease or condition	181		Cardu	1 2 10	1 -	-		Onset and Death
resulting in death)	a _r _	DUE TO (OR AS	A CONSEQUENCE OF):	0	Carr			2
	b		hav	er h	merke	nec	_	204
Sequantistiy list condit if any, issding to imme	dists	DUE TO (OR AS	A CONSEQUENCE OF):	2 5	0	4		
CAUSE (Disease or inju		OHE TO (OR AC	A CONSEQUENCE OF	hler	and	eser		540
that initisted events resulting in dasth) LAS	т	OUE TO (OR AS	A CONSEQUENCE DHE					
	d							<u> </u>
PART ii. Other significs	onditions c	ontributing to death	out not resulting in	ths undsriying	g csuse givsn in	Part i, 24s. WAS AN . PERFOR		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 YES 2		COMPLETION OF CAUSE OF DEATH?
						!		1 TES 2 X NO
DID TOBACCO U		SUTE TO CAUSE C			UNCERTAIN	1 🗆		
EXAMINER?	Н	OSPITAL:		THER:				
27. MANNER OF OEATH	1	☐ Inpatient 2 ☐ ER/Out	patient 3 DOA 4		e 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW IN	I II IBY OCCUPED	
	Pending	(Month, Day, Year)	INJUR	Y WO	RK?	200. DESCRIBE HOW IN	IJUNT OCCURED	
2 Cutates —	Investigation Could not be	28s. PLACE OF INJUR	f — At home, larm, stre			281. LOCATION (Street a	nd Number or Rural I	Route Number,
	datermined	building, atc. (Spe	city)			City or Town, State)		C. BOLLING
29a. CERTIFIER 1 X CERT	IFYING PHYSICIA	N: To the best of my know	rledge, death occurred a	at the time, data	and place, and due	to the cause(a) and man	ner se stated	
one) 2 MEDI	CAL EXAMINER: C	On the beats of examination	on end/or investigation,	in my opinion, d	eath occured at the	time, data and place, and	due to the cause(s	s) and manner as atsted.
29b. SIGNATURE AND TITLE					29c. LICENSE NUM		29d. DATE SIGNED	
Lan	- Ju	muts.	_		D-3=0	247		ry 3, 1995
30. NAME AND ADDRESS OF								20016
Frank A. Fi				ssachus	setts Ave	enue, NW, W	<u>lashing</u> to	on, DC
31. DATE FILED (Month, Day,	/	22. REGISTRAR'S SIGN						
JAN 4	1995 J.	wa wantest	mount					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	once.
	E
	st be notified
	e
	must
۰	item 23 shows any injury, or other traumatic event, the medical examiner must
ation, or removal,	dical
ŏ	Ě
ation,	the
rial, cremat	vent
ne prior to bunal,	atic e
2	Ë
100	E
ene p	ther
Ż	0
20	0
Men	E
2	=
ifth and Me	38
ea	8
6	è,
state Dept. of He	23 8
state	Item

	*						-		01000
	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF		HEALTH AND F DEATH		GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DE	ATH		3. TIME OF DEATH
		ryn Craig	Boyd			Januar	v 9	1995	4:30 p
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	GE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day,	TN	8. BIRTI	HPLACE (State or Foreign
	220-22-0233	1 🗆 M 2 💢 F	86 YRS.	MONTHS DAY	HOURS MIN.	July 13	, 1908	Count	Maryland
	Se. FACILITY NAME (If not institution, give st			96. CITY, TOW	N OR LOCATION OF			INTY OF E	
0	Calvert Manor Nu	rsing Home		Ri	sing Sun				Cecil
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	ine Cri	Y, TOWN OR LO	CATION				
DIRECTOR	Maryland	Cecil			rryville				10d. INSIDE CITY LIMITS? 1XX YES 2 NO
	10e. STREET AND NUMBER				101. ZIP CODE		10a, CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	Richmond Hill Man	or Apartmen	nts		219	903			S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS 0	ECENDENT OF HISPA	ANIC ORIGIN? (Spec	Ify Yea or No —		E — Americen Indian, k, White, etc.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1		If yes,	specify Cuban, Mexic ES 2 XXVO Spec	en, Puerto Rican, e //y:	tc.)	Blac Spec	
					AZI				White
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a, DECEDENT'S (Give kind of life. Do NOT u	work done during	TION most of working		OF BUSINESS/IN		-
12	Twelve Years	College (1-4 or 5+)					Medica		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Medi	cal Sec		Perr	y Point	, Ma:	ryland
	George Le	muel Boyd						Cana	* -
BE (19a. INFORMANT'S NAME (Type/Print)	macr Boya	19b. MAILING	ADDRESS (Street	nt end Number or Rural	Frances (or Town State Zi	n Code	18
5	Judith L. Cole								ryland 21903
	20e, METHOD OF DISPOSITION 1 Burlel 2 A Cremetion 3 Remo	well from State	20b. PLACE AND DATE	OF DISPOSITION	Name of	OATE 2	Oc. LOCATION -	City or To	own, State
	4 Donation 6 Other (Specify)		R.A. Fer	ris & C	ompany]	L/12/95	West Ches	ster,	Pennsylvania
	21. SIGNATURE OF FUNERAL SERVICE	PHSEE			AND AODRESS OF F	ACILITY			
	Prope 4. to	THEYAM	U. 50		A. Patter		on Fune:	ral 1	Home
	23. PART i. Enter the diseases, or c shock, or heart fallure. I	omplications that cau	sed the death. Do	not enter the r	node of dying, su	ch as cardiac or	respiratory ar	reat,	Approximata
	IMMEDIATE CAUSE (Final	List Only one cause o	n each line.		1				Interval Between Onset and Death
	disease or condition resulting in death)	Conc	28 line	CARIZ	tallere				24/
		DUE TO (OR	S A CONSEQUENCE O	آ ا					- 1
RTIFICATION	Sequentially list conditions,		MA CONSEQUENCE O	Jeny 4	Horoc	4			2000
M	if any, leading to immediate cause. Entar UNDERLYING	Sur	The day C	AD DIA	1 Mahan	0.411			510
트	CAUSE (Disease or Injury that initiated events	DUE TO (OR	S A CONSEQUENCE O	P):	6 MALIET	run_			13716
EH	resulting in death) LAST	. Hu	Dollens	-uni					LIDVING
0	PART II. Other aignificant conditions	1							101/15
MEDICAL	THE DESIGNATION OF THE PROPERTY OF THE PROPERT	contributing to deal	n but not reaulting	in the underly	ing cause given in		RS AN AUTOPSY ERFORMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						101	ES 2 NO		OF DEATH?
									1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20	DI ACE OF DEATH (C)	Santa - 10 1			
PHYSICIAN:	EXAMINER?	HOSPITAL:	Outnotiers 3 DOA		PLACE OF DEATN (CI				
H.	27. MANNER OF DEATN	26s. DATE OF INJU	RY 26b. TIM	E OF 28c. I	NJURY AT	28d. OESCRIBE		CURED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	III)		VORK? YES 2 NO		990 00.000		
ED B	3 Suicide 6 Could not be	26e. PLACE OF INJ building, atc. (URY — At home, farm,	street, factory, of	fice	281. LOCATION (S	Street and Number	or Rural F	Route Number,
	4 Homicide determined		Specify,			City or Town,	State)		
PL	29a. CERTIFIER CERTIFYING PHYSIC	HAN: To the best of my k	nowledge, death occurr	ed at the time, de	ite end place, end du	to the cause(s) er	d manner as sta	ted.	
COMPLET	one) 2 MEDICAL EXAMINER	R: On the besis of examin	ation end/or investigation	n, in my opinion	death occured at the	time, date and pla	ce, end due to th	ne ceuse(s) and manner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER		10 -0	/	29c. LIGENSE NU				(Month, Day, Year)
TO B	- Walcohn &	Indon, A	fulla	h	100	9487	1	1/1	0195
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type	Print)		, ,		1 (0.70
	Dudley Phillips,	M.D., 2115	Shuresvi	lle Road	d, Darlin	gton, Ma	ryland	210)34
	31. DATE FILEO (Md	952. REGISTISAN'S	MOLEST READS	12					



Amended Item # 8 CHRROII County
1/10/95 B. CHIMPBEII
STATE DE MARYLAND / DEPARTMENT DE HEA

YG	IENE	

	1 - STATE REGISTRAR	SIAIE OF I		IFIC/	ATE OF	DEAT	ANU N	IENI	AL HYGIEN	Ė		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	E OF DEATH			3. TIME OF DEATH
	Theresa Ma	y Bosl	Ley					Ja	-		95	5:15 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho	8404	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTN		S. BIRTH	IPLACE (State or Foreign
	222-07-4559	1 □ M 2 🎇 F	80 YR	S.					729/19	14	ME	"Markiand
œ	9a. FACILITY NAME (If not institution, give	L. F. I. L. S. S. S. S.			CITY, TOWN O						JNTY OF D	
夏	Wilson Health	Care Ce	enter		Gaith	ers	ourg			Мо	ntgc	mery
DIRECTOR	10a. STATE 10b. COUNT	Y	10c.	CITY, TO	OWN OR LOCAT	ION						10d. INSIDE CITY
D D	MD Mon	tgomery		Ga	ither	sbu	rq					LIMITS? 1 YES 2 A NO
AL	10e. STREET AND NUMBER				101.	ZIP COO	E			10g. CI1	TIZEN OF V	VHAT COUNTRY?
FUNERAL	301 Russell A	venue				208	77			Un	ited	States
J.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	IT EVER IN U.S. ARMED		13. WAS DEC	ENDENT C	F HISPANI	C ORIC	SIN? (Specify Yaa o Rican, etc.)	or No-	14. RACI	E — American Indian, k, White, etc.
B	3 Wildowed 4 X X Vivorced	IF YES, GIVE V	MAR OR DATES		1 TYES	2 NO	Specify:		- mounty orday		Spec	Hy:
	15. DECEDENT'S ED	JCATION	18a, DECEDEN	USU S'TI	JAL OCCUPATION	N .		1	6b. KIND OF BUS	INFSS/IN	IDLISTRY	white
E	(Specify only highest grad Elementary/Secondary (0-12)	completed)	(Give kind	of work of or	done during mos	st of working	ng	-1	oo. Kind of Boo	M4E33/M4	DOSTA	
IPL	12	conege (1.4 or o	Hom	ema	ker			1	n/a			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	NER'S NAM	E (Firs	t, Middle, Maiden	Surname)		
BE	Clyde R. Bo	/d				The	eres	a	F	ifo	rd	
2	19a. INFORMANT'S NAME (Type/Print)								mber, City or Town			
	Richard E. Bos	sley					E La					22070
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ran	noval from Stata	20b. PLACE AND DA cemetery, crematory	or other n	plecel			1			- City or To	
	4 Donation 5 Other (Specify)	CENSEE	Woodla	wn	Cemet				95 Ba	lti	more	, MD
	• //	2	•						1 Home	&	Chap	el
į	Katherine 4	NHO - 1	weters		412	Wash	nina	toi	n Rd.	We	stmi	nster, MD
	23. PART i. Enter the diseases, or shock, or heart failure.	complications the List only one car	it caused the death. I use on each line.	Do not e	enter the mo	de of dy	ing, such	88 C6	erdiec or respi	ratory si	rrest,	Approximats Interval Between
	iMMEDIATE CAUSE (Finsi disease or condition	A 1	10.0		1		0	i				Onset and Daath
	resulting in death)	a. HCUT	e Myde	CUL	dial	Tu	ture	Stu	04			w.
_		502.10	- (OH AS A CONSEGUENC	E OF J.								
2	Sequentially list conditions, if any, leading to immediate	b. OUE TO	(OR AS A CONSEQUENC	E OF):	-							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	-									
E	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENC	E OF):								
CERTIFICATION	Conting in coally Exo.	d										
	PART li. Other significent condition			ng in th	he underlying	ceuse	given in F	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
MEDICAL	Cerebral a	rteriosa	lerosis					_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME									1			OF DEATH?
ż	DID TOBACCO USE	CONTRIBUT	E TO CAUSE	OF D	DEATH Y	ES [NO					/
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0.7	26, PL FMER:	ACE OF D	EATH (Che	ck only	one)			
YSI	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatlant 3 ☐ DO	A 42	Nursing Hom	• 5 □ Ra	aldenca (G 🗆 Ot	her (Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. OATE OF (Month, D	Pay, Year) 26b.	TIME OF	WO	RK?		28d. O	EŞCRIBE HOW II	NJURY OC	CCURED	
B	Accident Investigation	28a PLACE (OF INJURY — At home, far	rm etra et		ES 2	NO	004.14	20171011 (0	-4.00		
	3 Suicide 8 Could not be 4 Nomicide detarmined	building,	etc. (Specify)	· · · · · · · · · · · · · · · · · · ·	rt, metory, orner	,			CATION (Street a ty or Town, State)	na Numbe	er or Hurai i	Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PAYS	CIAN: To the heat of										
MP			f my knowledge, death oc examination and/or investig									and manner as eleted
	296 SIGNATURE AND TITLE OF CERTIFIE				, , , , , , , , ,	_			, s.			
#		WIL	Dr. S	m	,	290, LICI	T コー	> 1		2vd. DA	SIGNED	(Month, Day, Year)
일	30. NAME AND AODRESS OF PERSON W	NO COMPLETED CAU	SE OF OEATN (ITEM 27)	Type, Print	78)	0	10(21		- 4	Jar	6, 1995
	James R. Mon	ose Jr. 2	207 Br	ml	ex Ar	20 1	Soit	ho	ss hum	n	200.	20877
	31. DATE FILES (Month Office)	Be. REGISTRA	SIGNATURE					- 15		1	Mar I	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nows after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

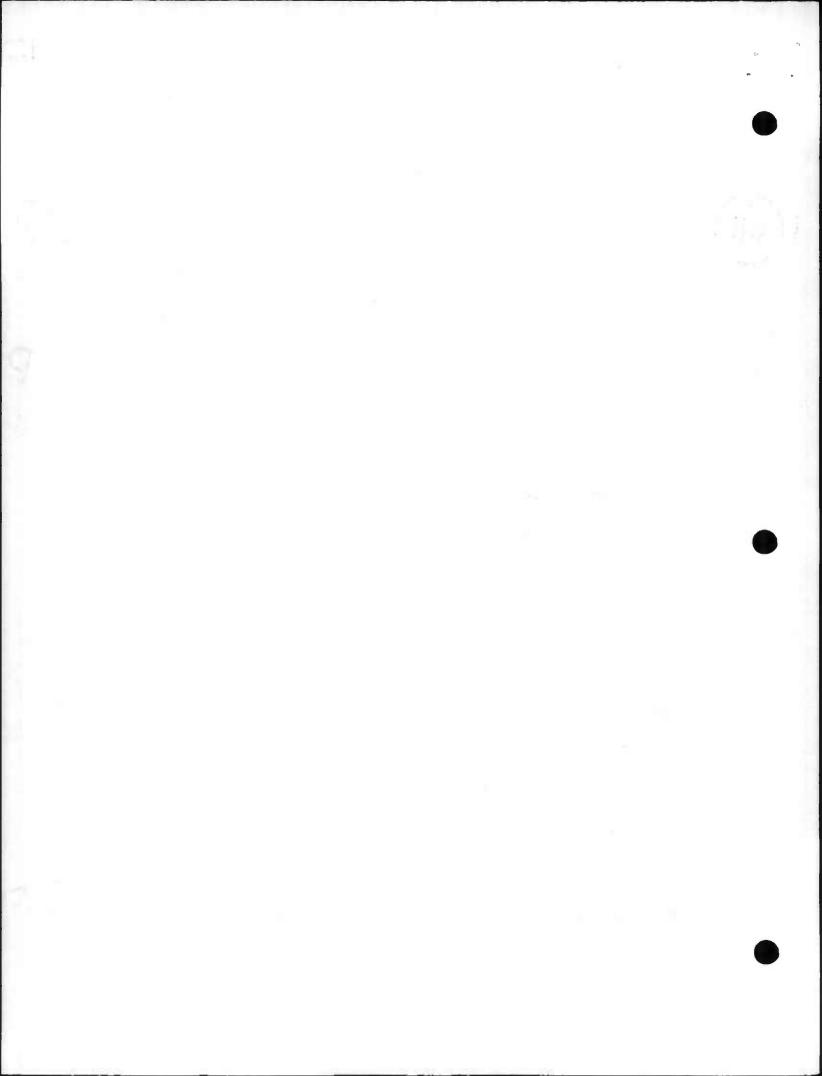
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

nours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760

Tribated as

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



0° at	or use		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		eš
the h	detac		onci
d by	od be		d at
etaine	shou		ptiffe
De	age 5		96
5 may	tor, p		nst
age	direc		EL III
ath.	neral		ашіш
ter de	the fu	wal.	ai ex
urs af	In by	гет	edica
P NO	filled	on, or	E H
thin	etely	ematic	H, #
ed wi	отр	al, cri	eve
mecul	and (buni o	natic
e pe	sician	rior t	traur
tificat	phy p	ene p	ther
th cer	endin	I Hyg	0 10
e dea	he att	Menta	juny,
hat th	d by t	and	ny in
ires t	signe	fealth	HZ SH
regu	Deen	. of	sho
ne law	has	Ded	п 23
IN: T	ficate	State	iter
SICIA	certi	th the	d, 0
B PH	er this	th wit	arke
NON	F. Aft	r dea	S
ATTE	ECTO	s afte	n 28
T 08	L DIR	hour	iten
SPITA	VERAL	hin 72	<u> </u>
E HO	E FU	d with	HTA
T OF	H P	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										-	0	1002
	FOR 1 - STATE REGISTRAR	STATE OF M					IEALTH DEAT		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI		DEAL		2. DATE OF DEATH		T.	TIME OF DEATH
	JAMES E	Pa							MONTH	1 199	YEAR 3.	TIME OF DEATH
	2		TTON		_				JAN 0	1 177		1757 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDE	DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL. Country)	ACE (State or Foreign
	<u>578-18-6888</u>	1 Ø M 2 □ F	74	YRS.	MONTHS	LANTS	HOUNS	MITTO.	May 18,	1920		ict Columbia
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN C	OR LOCATIO	ON OF DE		-	TY OF DEAT	
<u>٣</u>	PENINSULA REGIONA	I. MEDICAL	. CENTER	2		SALTS	BURY			WIG	COMICO)
15	RESIDENCE OF DECEDENT	E IMPLOIT	o obnibi			721212	DORT	_		1 1120	,0111.00	
DIRECTOR	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCAT	TION				10	d. INSIDE CITY
ā	Maryland Son	nerset			M	anok	in				1	LIMITS?
1	10s. STREET AND NUMBER						ZIP CODE			10g, CITIZ	EN OF WHA	T COUNTRY?
100	7951 Waters F	omm Doo	4				2.1	026			11 0	
FUNERAL	11. MARITAL STATUS			MED	112	WAS DEC		836	NC ORIGIN? (Specify Ye	and the T	U.S.	American Indian,
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 1	NO	13.	If yea, sp	ecify Cubin	n, Maxica	n, Puerto Rican, etc.)	a or no-	Black, W	American Indian, fhite, etc.
ВУ	3 Widowed 4 Divorced World War					1 TYES	2 P NO	Specify	<i>(</i> :	1	Whit	
0	15. DECEDENT'S EDUC			CEDENT'S	HOUAL	OCCUPATION OF THE PERSON OF TH	201		T 441 WIND 05 TV			, e
	(Specify only highest grade	completed)	(G		work done	during mo	st of working	g	16b. KIND OF BU	SINESS/INDU	JSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5 +)									
N N		4	ιυep	outy	Admi	.nist	rato		U.S. (ment	
8	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, Maider	Sumame)		
H	Emlyn James	<u>s Britton</u>	<u></u>				Ros	se L	ee			
0	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADORES	S (Street a	nd Number	or Rural F	Route Number, City or Tov	vn, State, Zip	Code)	
-	Mrs. Ellen Bri	tton	P	0 B	ох :	143.	Pri	ince	ess Anne	Мд	218	53
	20a. METNOD OF DISPOSITION		20b. PLACE	ANODATE	OF DISPO	SITION /Ne			7	CATION - C		
	1 1 Burial 2 Cremation 3 Remo	oval from Stata	Manol	metory or o	Dro	e byt	eni	2 0	1/4 Pr	Ann	. M	14 21052
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	manor	N-111	22	NAME AN	O ADDRES	S OF FA	CILITY	AIII	le, r	10.21000
			1			Hir	nman	Fu	neral Ho	me		
	Jany J. My	in (<u> 4 Ma</u>	0029	5	Pri	nce	S.S.	Anne. md	. 218	353	
	23. Part i. Enter the disease, or o shock, or haert feliure.	complications that	ceueed the de	eth. Do r	not ente	r the mo	de of dyli	ng, auc	h aa cerdlac or reap	Iratory arre	ent,	Approximata
	IMMEDIATE CAUSE (Final	List Only One Cau	oo on each iina									Onsat and Death
		RESPI	RATIB	Y F	ALL	URC	-					
	resulting in Gaatri)	OUE TO	OR AS A CONSE	OUENCE O	F):	7-6						
2		PN=	JMON.	4								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	OUENCE O	F):							
¥	cause. Enter UNDERLYING											j
[윤]	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A CONSEC	OUENCE O	F);	_						-
토	resulting in death) LAST				•							
핑		J										
-	PART II. Other aignificent condition	a contributing to	death but not r	reaulting	in the u	nderlying	g cause g	iven in				RE AUTOPSY FINDINGS
MEDICA	Polyarteritis K	Judosa							PERFO			AILABLE PRIOR TO IMPLETION OF CAUSE
	Polyardiitis K	4447)						1 YES :	S FR MO		DEATH?
				711 \	·	NO E	1				1[YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTI	GBUTE TO CAL		-			UNC	ERTAIN	1 🗆			
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	CE OF DEAT	OTHE							
\Z	1 YES 2 W NO	1 ☑ Inpatient 2 □	ER/Outpatient 3	□ DOA			e 5 🗆 Res	sidenca	8 Other (Specify)			
표	27. MANNER OF DEATN	28a. DATE OF I (Month, Da	INJURY v. Year)	28b, TIM	E OF URY	28c. INJ	URY AT RK?		28d. DESCRIBE HOW	NJURY OCC	JRED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, , , , , , , , , , , , , , , , , , , ,		М		/ES 2 🗌	NO				
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY - At ho	me, term, s	street, lac	tory, office			281. LOCATION (Street	and Number o	or Rural Route	Number,
ш	4 Homicide detarmined	bullaing, a	etc. (Specify)						City or Town, State)		
LET	29a. CERTIFIER						-				_	
를	(Check only											
COMPL	2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or i	Investigatio	in, in my	opinion, d	eath occure	ed at the	time, data and placa, as	nd due to the	cause(s) en	d manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUN	IBER	29d. DATE	SIGNED (Mc	onth, Day, Year)
(C)	alle M. P.	f. 71	(2)				700	7 60	2 /			1995
임	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	E OF OFATH WATER	M OT /T	(D-1-4)		01.	177	.6		· N. /	1795

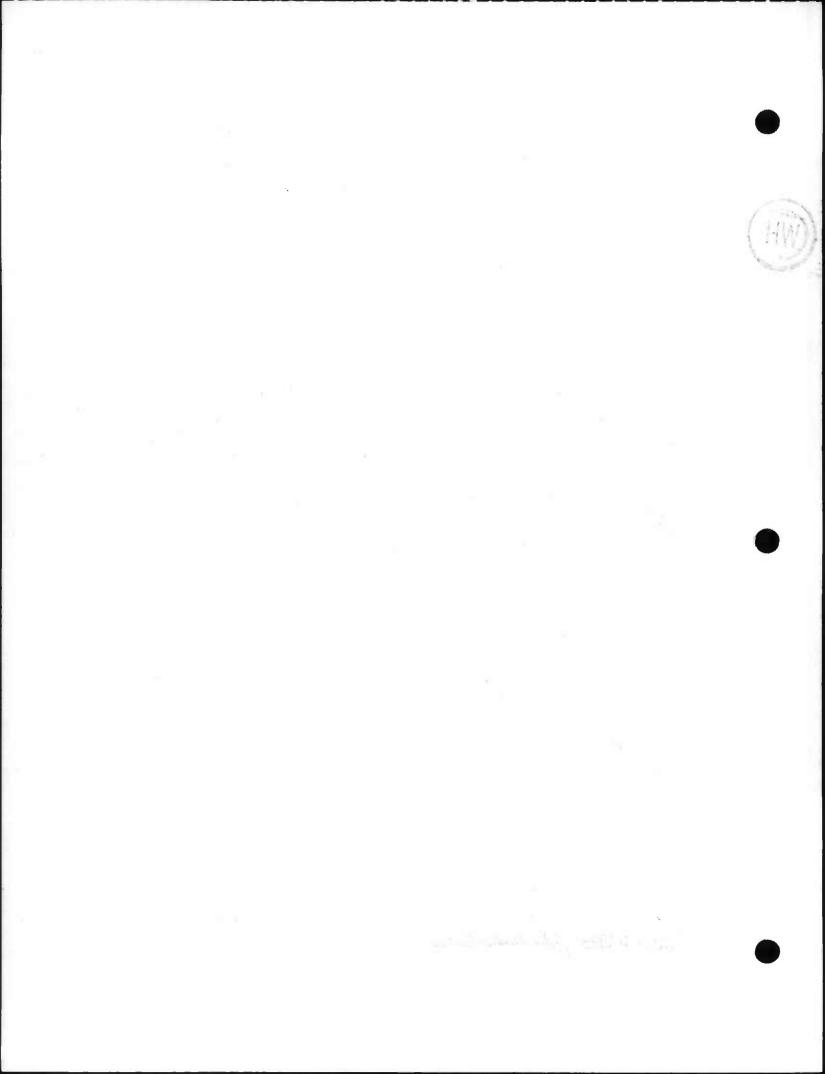
WNO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

M.D. 105 P. NE 22. REGISTRAR'S SIGNATURE DAUGISM-RANGEL

M. D

TUSTIN

Allen W. Tos.
31. DATE FILED (Month, Day, 18ar)
JAN 0 3 1995



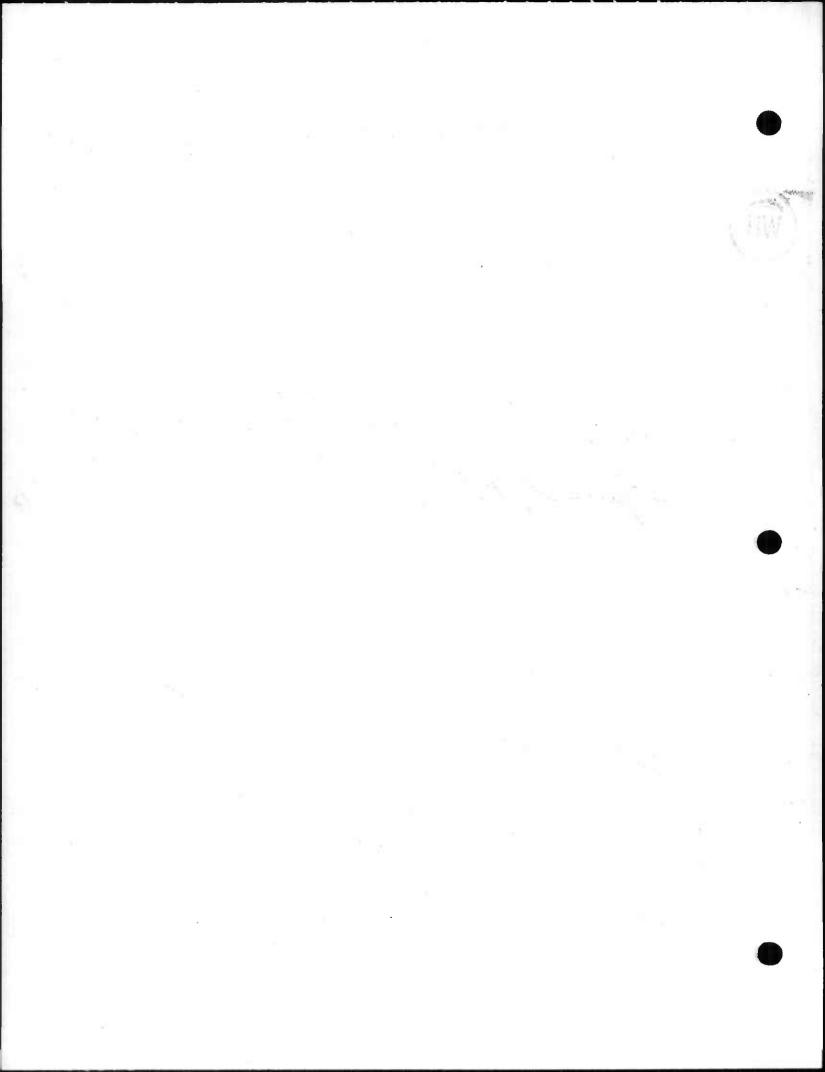
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1. DECEDENT'S NAME (First,			CERTII	FICATE (OF DEATH		REG. NO.			
i. DEGEDENT & NAME (7 #St.	Middle, Last)	Mad	cClelland	d		- 1	2. DATE OF DEATH	IV.	VEAD	3. TIME OF DEATN
			1. BROC				JAN	01	95	3:00 A M
4. SOCIAL SECURITY NUMBER 228-56-2817	20		(In yrs. lest birthday	MONTHS DA			7. DATE OF BIRTH (Month, Day, Year) Sept 27 19		Countr	PLACE (State or Foreign y)
9a. FACILITY NAME (If not ins			83 YRS.					911		nnecticut
					WN OR LOCATION		IN	9c. COU	NTY OF D	
NORTH ARUND	L HOSP	LIAL ASSOC	LATION	GLE	N BURNII	<u> </u>			A.A.	COUNTY
10a. STATE	10b. COUNTY		10c. C	TY, TOWN OR L	DCATION					10d. INSIDE CITY LIMITS?
MD	Anne	Arundel		Crov	nsville					1 TES 2 NO
1454 Fairfi	ield Loc	p Road			101. ZIP CODE 210)32				States
11. MARITAL STATUS		2. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT OF H	ISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 1		FORCES? 1 YES	MATES			specify:	Puerto Ricari, etc.)		Specif	
15. DECE (Specify only	DENT'S EDUCAT highest grade cor	TON mpleted)	16a. DECEDENT'	work done durin	PATION most of working		16b. KIND OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +)				use retired.)	11-1-1					
17. FATHER'S NAME (First, Mic	Adle Leat	2	ПОП	emaker				Hor	ne	
William : 6		land					(First, Middle, Melden :	Sumame)		
19a, INFORMANT'S NAME (Ty		Comick	19b. MAILIN	O ADDRESS /Str			ite Number, City or Town	Chata 7	o Codel	
Barbara Le	4 411						napolis, MI			4. (
20e. METHOD OF DISPOSITION		201	PLACE AND DATE	OF DISPOSITIO	N/Name of		DATE 20c 100		City or To	wn. State
4 Donation 5 Other	n 3 ⊔ Remove Specify)	I from State cen	t. LINCO	In Crer	natory 1,	/4/9	5 Br			Maryland
21. SIGNATURE OF FUNERAL	SERVICE LICEN	SEE		22. NAM	E AND ADDRESS C	OF FACIL	John M.	Tav	lor F	uneral Home
1000	0	9 Ph	00 2	147	Duke of	Glo	oucester S	t. A	nnapo	olis. MD
23. PART I. Enter the dis	seesea, or con	pilications that cause	d the death. Do							Approximate
shock, or he iMMEDIATE CAUSE (Fina	srt tellure. Lis	t only one cause on e	ech line.						11300	Interval Between Onset and Death
disesse or condition resulting in death)		Congest oue to on as	tine	Hea	nt	Cor	ilune			Onset and Death
reading in death)				7						
		OUE TO JOR AS	A CONSEQUENCE	JF):						
Sequentially list condition		Pnein	noni	9						
Sequentially list condition	ons, fate	Pnein		9	n					
if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur	ons, fate	Due to (or as a	CONSEQUENCE (G DF):	ajlu	~e	,			
if sny, leading to immed cause. Enter UNDERLYIN	ons, iste	Due to (or as a	noni	G DF):	ailu	~e	,			
if sny, leading to immed cause. Enter UNDERLYsis CAUSE (Disease or injur that initiated events resulting in desth) LAST	ons, siate dG y d	DUE TO (OR AS A	A CONSEQUENCE	G DF):	ajlu	~e				
if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events	ons, siate dG y d	DUE TO (OR AS A	A CONSEQUENCE	G DF):	ying couse give	∧e n in Pa	ort I. 24e. WAS AN / PERCON		24b.	WERE AUTOPSY FINDINGS
if sny, leading to immed cause. Enter UNDERLYsis CAUSE (Disease or injur that initiated events resulting in desth) LAST	ons, siate dG y d	DUE TO (OR AS A	A CONSEQUENCE	G DF):	ying couse give	n in Pa	ort I. 24e. WAS AN PERFORI	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in desth) LAST	ons, late (G y d d d	DUE TO (OR AS A	A CONSEQUENCE O	OF):		∼e n in Pa	PERFORI	MED?		AVAILABLE PRIOR TO
if sny, leading to immed cause. Enter UNDERLYsis CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significant	ons, late of d d d d d d d d.	DUE TO (OR AS A	A CONSEQUENCE OF DEATH Y	in the underl	☐ UNCER		PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significan DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER?	iste onditions of the conditions of the conditio	DUE TO (OR AS A DUE TO COLUMN TO CAUSE O	A CONSEQUENCE OF DEATH Y	in the underl	☐ UNCER		PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significant DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO	iste onditions of the conditions of the conditio	DUE TO (OR AS A DUE TO (OR AS A DUE TO CAUSE COSPIPAL:	A CONSEQUENCE OF DEATH Y 26. PLACE OF DEATH Southern 3 □ DOA	ES NO NTH (Check only OTHER: 4 Nursing	UNCER	TAIN	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in death) LAST PART II. Other significant DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 P	ons, late of d	DUE TO (OR AS A DUE TO COLUMN TO CAUSE O	A CONSEQUENCE OF DEATH Y 26. PLACE OF DEATH 26b. TILL 26	ES NO NTH (Check only OTHER: 4 Nursing ME OF 28c.	UNCER One) Home 5 Reside INJURY AT WORK?	TAIN	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significant DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural S PA 2 Accident In	ons, late of c d d d d H. Conditions of con	DUE TO (OR AS A DUE TO (OR AS A ONTRIBUTING TO GENTLE) OSPUTAL: A CONSEQUENCE OF DEATH Y 26. PLACE OF DE. 28b. Til	In the underline	UNCER thome 5 Reside RUNCH HOME 5 Reside NURY AT WORK? YES 2 NC	TAIN nnce 6 [26	PERFORI 1 YES 2	MED?	CURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
if sny, leading to immed cause. Enter UNDERLYIM CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significan DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 8 C	ons, late of d	DUE TO (OR AS A DUE TO (OR AS A ONTRIBUTING TO CAUSE O OSPERAL: The state of invitory Table of invitory	A CONSEQUENCE OF DEATH Y 26. PLACE OF DE. 28b. Til	In the underline	UNCER thome 5 Reside RUNCH HOME 5 Reside NURY AT WORK? YES 2 NC	TAIN nnce 6 [26	PERFORI	MED?	CURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significan DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P Interest of Cause	SE CONTRIB MEDICAL H 1 months of the conditions of the conditi	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A ONTRIBUTING TO GRAPH AS A ONTRIBUTE TO CAUSE OF ONTRIBUTE AS A ONTRIBUTE TO CAUSE OF ONTRIBUTE AS A 2 Se. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Control of Cause A Control of Cause	A CONSEQUENCE OF DEATH Y 26. PLACE OF DE. 28b. Till N 27. All home, farm,	in the underly ES NO NTH (Check only OTHER: 4 NE OF JURY M 1 Street, factory, of	UNCER UNCER Horizone 5 Reside INJURY AT WORK? YES 2 NC	TAIN once 6 [Other (Specify) Bd. OESCRIBE HOW IN City or Town, State)	MED? WHO JURY OCI	CURED or Rural Ri	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significan DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 27. MANNER OF DEATH 1 Natural 5 P 28. Walcide 8 C 4 Homicide 6 C	SE CONTRIB MEDICAL H 1 Medical of the conditions of the condit	DUE TO (OR AS A DUE TO (OR AS A ONTRIBUTING TO GENTLE) OSPUTAL: A CONSEQUENCE OF DEATH Y 26. PLACE OF DE. Determined a DOA 29b. Till N A home, farm,	in the underly ES NO NTH (Check only OTHER: 4 Nursing: ME OF 28c. JURY M 1 street, factory, or	UNCER Home 5 Reside INJURY AT WORK? YES 2 NC offica	TAIN 26 26 1 due to	Other (Specify) Bd. OESCRIBE HOW IN St. LOCATION (Street as City or Town, State)	IJURY Oct	CURED or Rural Ri	AWALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
If sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significan DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 27. MANNER OF DEATH 1 Natural 5 P 28. Walcide 8 C 4 Homicide 6 C	SE CONTRIB MEDICAL H 1 MEDICAL H 1 MEDICAL H CAL EXAMINER: COF CERTIFIER	DUE TO (OR AS A CONTRIBUTION OF TO THE CONTRIBUTION OF	A CONSEQUENCE OF DEATH Y 26. PLACE OF DE. Determined a DOA 29b. Till N A home, farm,	in the underly ES NO NTH (Check only OTHER: 4 Nursing: ME OF 28c. JURY M 1 street, factory, or	UNCER Home 5 Reside INJURY AT WORK? YES 2 NC offica	TAIN 26 26 1 due to the time	Other (Specify) Other (Specify) Bd. OESCRIBE HOW IN St. LOCATION (Street all City or Town, State) the cause(a) and manual, date and place, and	MED? NO IJURY Oct Ind Number There is stated to the state of the st	cured or Rural Rived.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and manner es stated.
if sry, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significant DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 PACIDED IN CONC. 1 PACIDED IN CONC. 2 PACIDED IN CONC	SE CONTRIB MEDICAL H 1 MEDICAL H 1 MEDICAL H CAL EXAMINER: COF CERTIFIER	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A ONTRIBUTING TO (OR A	A CONSEQUENCE OF DEATH Y 26. PLACE OF DE. Determined a DOA 29b. Till N A home, farm,	in the underly ES NO NTH (Check only OTHER: 4 Nursing: ME OF 28c. JURY M 1 street, factory, or	UNCER Home 5 Reside INJURY AT WORK? YES 2 NO office data and place, and n, death occurred at 29c. LICENSE	TAIN once 6 [24 of due to the time to t	Other (Specify) Other (Specify) Bd. OESCRIBE HOW IN St. LOCATION (Street all City or Town, State) the cause(a) and manual, date and place, and	MED? NO IJURY Oct Ind Number There is stated to the state of the st	cured or Rural Rived.	AWALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if sry, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significant DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 PACIDED IN CONC. 1 PACIDED IN CONC. 2 PACIDED IN CONC	iste of conditions of the cond	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A ONTRIBUTING TO GRAND ONTRIBUTING TO GRAND ONTRIBUTING TO GRAND ONTRIBUTING 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the beals of axamination) On the beals of axamination	A CONSEQUENCE OF DEATH Y 26. PLACE OF DE. 28b. Till N 2-Al home, farm, pledge, death occur in and/or investigati	in the underly UNCER Home 5 Reside INJURY AT WORK? YES 2 NO office data and place, and n, death occurred at 29c. LICENSE	TAIN once 6 [24 of due to the time to t	Other (Specify) Bd. OESCRIBE HOW IN Bt. LOCATION (Street ar City or Town, State) the cause(a) and manner, date and place, and	MED? NO IJURY Oct Ind Number There is stated to the state of the st	cured or Rural Rived.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and manner es stated.	
If sry, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in desth) LAST PART II. Other significant DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 P P P P P P P P P P P P P P P P P P	SE CONTRIB MEDICAL H 1 MEDICAL H 1 MEDICAL H CONTRIB MEDICAL H CONTRIB MEDICAL H CONTRIB MEDICAL H MEDICAL H MEDICAL H MEDICAL MARKAN MEDICAL MARKAN MEDICAL MARKAN	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A ONTRIBUTING TO GRAND ONTRIBUTING TO GRAND ONTRIBUTING TO GRAND ONTRIBUTING 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the beals of axamination) On the beals of axamination	A CONSEQUENCE OF DEATH Y 26. PLACE OF DEATH 28b. TH IN ATN (ITEM 27) (Typ S. CRAI	In the underly UNCER Thome 5 Reside INJURY AT WORK? YES 2 NO Office data and place, and n, death occured a 29c. LICENSE D 3	TAIN once 6 [26] 26 didue to in the time ENUMBE	Other (Specify) Bd. OESCRIBE HOW IN Bt. LOCATION (Street ar City or Town, State) the cause(a) and manner, date and place, and	MED? NO JURY Oct And Number There as state I due to the	cured and and and and and and and and and an	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and manner es stated, (Month, Day, Year)	



. 9	
200	
-	
44	
- 28	
7E.	
- ab	
- 6.	
-	
-56	
6	
GD.	
7	
1	
(0)	
5	
8	
-	
윤	
岳	
-	
38	
10	
Se	
55	
-	
for	
42	
-	
2	
Z	
2	
23	
-	
0	
40	
2	
-	
×	
7	
×	
47	
10	
0	
8	
ä	
×	
#	
2	
2	
6	
_	
500	

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL						
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.					

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) JAMES BLACKWELL 2. DATE OF DEATH DAY YEAR 95							
	2.20= 16-9120 1 M 2 □ F 6. AGE	(In yrs. last birthday) SS YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS, IONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Morith, Day, Year) June 21 1	928 Ma	aryland		
TOR	9a. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Center RESIDENCE OF DECEDENT		Annapolis	EATN	Anne	Arundel		
DIRECTOR	106. STATE 106. COUNTY MD Anne Arundel	10c. CITY,	TOWN OR LOCATION Annapolis			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	681 W.F. King Road	101, ZIP CODE 21403		United States				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 11 Y YES IF YES, GIVE WAS OR I	2 NO	13. WAS DECENDENT OF NISPAI If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	as or No— 14. RACE — American Indian, Black, White, stc. Specify: White			
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Ille. Do NOT use .	rk done during most of working	vil Servic	ce			
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 dbii		ME (First, Middle, Malden \$	Comemal			
	James Jerome Blackwell	I, Sr.		beth Virgin				
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)			
유	Mary A. Blackwell	681	W.F. King Road	Annapolis	, Maryla	nd 21403		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	b. PLACE AND DATE OF metery, crematory, or other 171101051	polace) Polace Town, State Polace Annapolis, Maryland					
	22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD							
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	A CONSEQUENCE OF): A CONSEQUENCE OF):				Interval Batween Onset and Desth 3		
CEF	d							
MEDICAL	PART II. Other aignificant conditions contributing to death	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN / PERFORI	MED?	a. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	-	26. PLACE OF DEATH (Ch	eck only one)				
SIC	28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)							
BY PHYSICIAN:	27. MANNER OF DEATN 26a. DATE OF INJURY 26b. TIME OF 1 26d. DE\$CRIBE NOW INJURY OCCURED 1 YES 2 NO NO NO YES NO NO NO NO NO NO NO N							
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, larm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, larm, street, factory, office City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED Month, Day, Year) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.							
	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D R. I. Hochman Multi- 31. DATE FILED (Month, Day, Year) 32. REGISTRAP'S SIG	16 Muro	gy Ave, An	13/15, 7	42, 2	1401		
		dear Randoll	(

1	-	STATE REGISTR	AF
П	1 0	ECEDENT'S	MA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	- STATE REGISTRAR	CERTI	FICATE OF	DEATH	BI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D		3. TIME OF DEATH		
	Oscar Victor BURGER, Sr.				ОНТН	Day	1965 12'25		
		GE (In yrs. lest birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH /	6. BIRTHPLACE (State or Foreign		
	214-09-9583 1 ⅓ № 2 □ F	74 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 2	9,1920	Maryland		
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN	OR LOCATION OF D			COUNTY OF DEATH		
FUNERAL DIRECTOR	Washington County Hospital			rstown			Washington		
E	10e. STATE 10b. COUNTY	10c. C	TY, TOWN OR LOCA	TION			10d. INSIDE CITY		
ā	Maryland Washington	1	Hagerstov	m			LIMITS?		
AL	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEN OF WH			
Ä	704 Oak Hill Avenue		21742				USA		
5	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 12. WAS DECEDENT EVE FORCES? 1 ☑ Y	R IN U.S. ARMED	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE— If yes, specify Cuben, Mexicen, Puarto Rican, etc.) 14. RACE— Black, W.						
B	IF YES, GIVE WAR OF	R DATES	1 TES 2 NO Specify: Specify:						
	15. DECEDENT'S EDUCATION		S USUAL OCCUPATI	201			white		
H	(Specify only highest grade completed)		work done during me		16b, KINI	O OF BUSINESS	/INDUSTRY		
2	Elementary/Secondary (0-12) College (1-4 or 5 +)		ice sales	man	a	ircraft	mft.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	011.		18. MOTHER'S NA					
	Fred A. Burger			Mabe]		, warest surren	raj		
BE	19e. INFORMANT'S NAME (Type/Print)	19b, MAILIN	G ADDRESS (Street			ity or Town State	Zin Codel		
2	Betty S. Burger						d. 21740		
	20e. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION /N	me of	DATE		I — City or Town, State		
	1 September 2 Cremetion 3 Removal from State 4 Denation 5 Other (Specify)	Rest Hav	other place! Ven Ceme!	erv 1-	-10-95		stown, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	~		D ADDRESS OF FA		_			
!	> Scattming	much							
\dashv	23. PART I. Enter the disease, or complications that cau	and the death Do					cstown, Md. 2174		
	anock, or neert feiture. List only one ceuse of	n eech line.	not enter the me	de or dying, suc	n aa cerdiac i	or reapiratory	interval Betwe		
	IMMEDIATE CAUSE (Final disease or condition	IMMEDIATE CAUSE (Final disease or condition							
	resulting in deeth) e. (MILL)								
_	- (5)	S A CONSEQUENCE	11. 1	1	, de		soros y		
CERTIFICATION	Sequentielly list conditions, Due TO (OR AS A CONSCOUENCE OF)								
¥	If any, leeding to immediate cause. Enter UNDERLYING						j		
Ĕ	CAUSE (Disease or Injury that initiated evente DUE TO (OR A	S A CONSEQUENCE	OF):						
본	resulting in deeth) LAST								
	PART ii. Other aignificant conditions contributing to deet			- Interes	-				
DICAL	8 1 1 65 11 11 5 11	but not reauting	//	- /	Pert i. 24a.	WAS AN AUTOP PERFORMED?	AVAILABLE PRIOR TO		
ă	1 YES 2 AIO								
Ξ	The process thope were		The second second	Lopefe		,	1 TYES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ON TO UNCERTAIN OR SAME REFERRED TO MEDICAL 28, PLACE OF DEATH (Check only one)								
2	EXAMINER? HOSPITAL: OTHER:								
PHYSICIAN: ME	1 YES 2 LINO 1 Tinpetient 2 ER/O 27. MANNER OF DEATH 280. DATE OF INJUR			e 5 Reeldence			00011050		
	1 Netural 5 Pending (Month, Day, Yea	n) IN	28b. TIME OF INJURY AT WORK? M t YES 2 NO			28d. DEŞCRIBE HOW INJURY OCCURED			
В	2 Accident Investigation 3 Suicide 28s. PLACE OF INJU	JRY — At home, farm,			200 1 00071011 (2000 100 100 100 100 100 100 100 100 100				
COMPLETED	4 Homicide determined building, etc. (S	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At homs, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At homs, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At homs, farm, street, factory, office building, etc. (Specify)							
W	29e. CERTIFIER	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end menner as stated.							
₹									
႘	One) 2 MEDICAL EXAMINER: On the beele of examina	mon and/or investigat	on, in my opinion, c	eath occured at the	time, date and p	place, end due t	o the ceuse(e) end menner ee stated.		
296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (A									
ဥ	20 MANUE AND ADDRESS OF THE STREET THE			0075	57		118795		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	11/1////	1 0	1 11		1	//)		
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SI	/// + //	etna Ko	1. HR	1. mc	Y. 21	740		
		SULLET ROOK	1		1				
	JAN 0 9 1995 Jana d'au	motion of the contract	4						

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

BURGER.OSCAR V SR N 10/29/920 813 01 H Cb 12 19 BROOKS.ROBER B O 3 4 1 7 9 0 b 3 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFI	CATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. T							3. TIME OF DEATH			
	CARL WILLIAM	BOYER					Janua	DI MI	7	19GAR	16KI PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest t	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTA		6. BIRTH	IPLACE (State or Foreign
	236-14-4574	1 XM 2 🗆 F	82	YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	y, Year)	1010	Countr	γ)
	9a. FACILITY NAME (If not institution, give s		02		9h CITY TOUCH	OR LOCATION OF D	FEB.	44,	-		RYLAND
œ									9c. CO	UNTY OF D	
일	WASHINGTON COUNT	Y HOSPITAL				HAGERSTO	NN			WASH	INGTON
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CITY.	TOWN OR LOCA	TION					10d. INSIDE CITY
黑	MARYLAND	WASHINGTO	NT				20				LIMITS?
5	10e, STREET AND NUMBER	WASHINGIO	IN		1	BOONSBORO				1 X YES 2 NO	
BY FUNERAL	A CONTRACT OF THE PARTY OF THE				10				10g. Cl	TIZEN OF W	VHAT COUNTRY?
빌	9 FORD AVENUE										.A.
교	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMI	ED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE Black	— Americen Indian, c, White, etc.
>	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR				2 NO Specif		1, 400.7		Specif	
		1									WHITE
田田	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	kind of we	ISUAL OCCUPATI ork done during me		16b. KIN	ID OF BUS	SINESS/IN	DUSTRY	
H	Elementery/Secondary (0-12)	College (1-4 or 5+)		O NOT use							
M P	6	-	SHE	CET M	ETAL W	DRKER	MA	CHIN	E MF	G.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Middle	le, Maiden	Sumeme)		
ш	CHARLES EDWARD B	OYER				MARY (CATHERI	NE P	LUME	Ξ	
10 B	19a. INFORMANT'S NAME (Type/Print)	-	19b.	MAILINO A	ADDRESS (Street	and Number or Rural	Route Number, (City or Town	n, State, Z	ip Code)	
F	W. RONALD BOYER		12	FOF	D AVEN	JE, BOONS	BORO,	MARY	LAND	21	713
	20e. METHOD OF DISPOSITION				F DISPOSITION (N.		DATE			- City or To	wn. State
	1 XBuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State			CEMETER		L0/95				MARYLAND
	21. SKINGLURE OF FUNERAL SERVICE LIC	ENSEE	11211			ND ADDRESS OF FA		DITE	TIT OF	JONG,	MAKILAND
	0 000 000	.Tohn	и Рас	t Tv		FUNERAL		7606	010	Nat:	ional Pike
	LOW ALL STORY	D OOIII	n. Das	or or	DASI	FUNERAL	HOME	Boon	sbor	o, M	D 21713
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest. Approximate										
									Interval Between Onset and Death		
	disease or condition a. Progressive fatal respiratory acideses/hypoxessia -/2 DUE TO (OR AS A CONSEQUENCE OF):							i .			
i								12			
-		hometin	1 Carlo	tilu	hast	Leilune					~240
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
¥	cause. Entar UNDERLYING	- Arute Su	nema	ud o	ns Chiann	ir reval	Lilens				weeks
Ĕ	CAUSE (Disease or Injury that Initiated eventa	DUE TO (OR .	AS A CONSEOU	ENCE OF	:	C / Brace	President				- Value
F	resulting in deeth) LAST	. Aniti v	m.D Wa	110 1	and Chief	ial wyar	مناهما				~24°
8						V					1 ~1
7	PART II. Other algnificant condition	s contributing to deal	th but not ree	ulting in	the underlyin	g cause given in	Part I. 24s	. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL	Chymic myelogains cluthing co						AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MED							_ TES 2	CHU	- 1	OF DEATH?	
2	DID TOBACCO USE CONTI	DIDLITE TO CALICI	C OF DEATH	I VEC	CI NO E	T LINICEDEAU	- A				1 TYES 2 DONO
AN	25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAUSE					NU				
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:										
₹	1 VES 2 X NO 27, MANNER OF DEATH	1 Onpatiant 2 ER/				ne 5 Residence					
	1. Natural 5 Pending	(Month, Day, Ye		26b. TIME INJU	OF 28c, IN.	DRK?	28d. DEŞCRII	BE HOW IP	NJURY OC	CURED	
B≼	2 Accident Investigation					YES 2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF INJ building, etc. (IURY — At home Specify)	o, ferm, atr	reet, factory, offic	•	28f. LOCATIO	N (Street e wn, State)	ind Numbe	or or Rural A	oute Number,
	4 Homicide determined						,	, otato,			
COMPLETED	29e. CERTIFIER Check only	CIAN: To the beat of my k	nowledge, death	occurred	at the time, date	end piece, and dua	to the causele	and men	ner as sta	ted	
Ĭ.											end manner as stated
H	Scott M. Hamilton					29c. LICENSE NUI	WBER				(Month, Day, Year)
2		4								1/7/25	
	30. NAME AND ADDRESS OF PERSON WHO	A CANAL DANA	DEATH (ITEM :	27) (Type, F	Print)						
	354 mill Street, H.	my vermi,	NU ZIT	70							
	31. DAN HAS 1995 Ju	32 REGISTRAR'S S	SIGNATURE								
	- 117 TOU 1000 Ja	no anguater l	Brota II								

1	-	STATE REGISTRAR
-	-	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAR

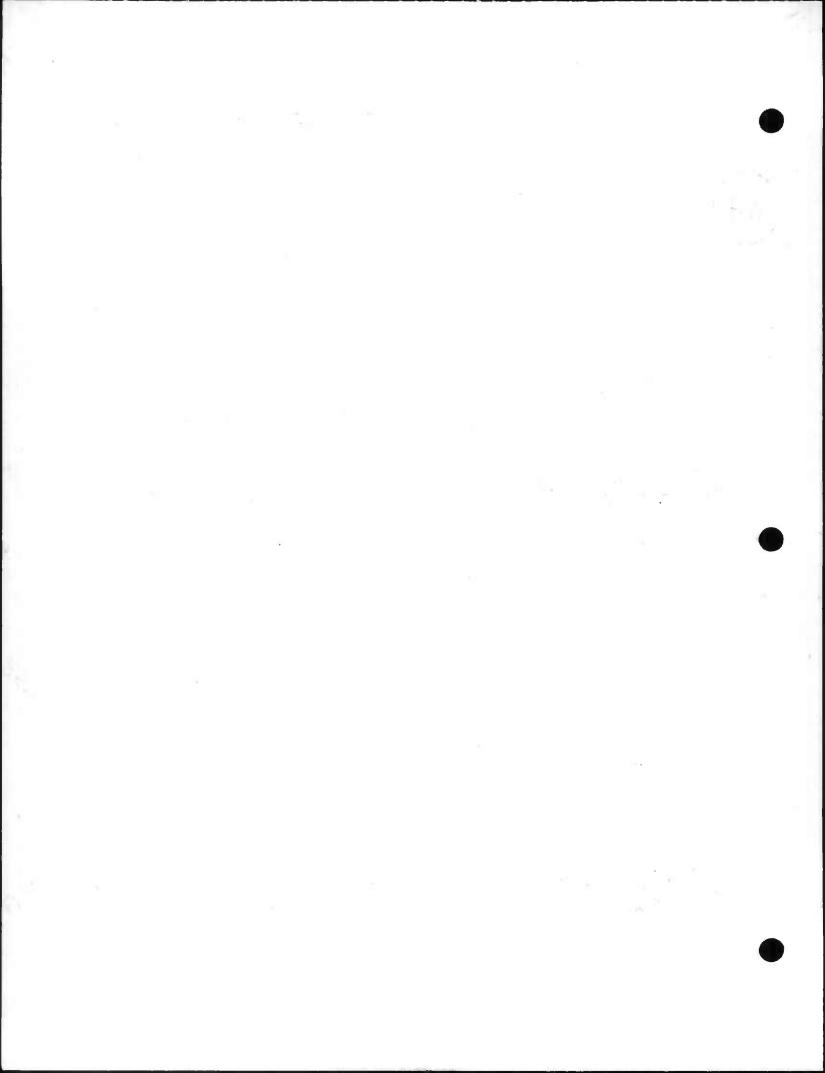
	1 - STATE REGISTRAR		CEI	RTIF	ICATE C	F DEAT	H	REG.			
	1. DECEDENT'S NAME (First, Middle, Last)	DI- 1 I			BNIN	and		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		Y	omena 6. AGE (In yrs. last t	oirthday)	IF UNDER 1 YEA			7. DATE OF BIRTH (Month, Day, Year	3 1	995 8. BIRTH	PLACE (State or Foreign
1.	213-40-3102 1	and number	72	YRS.	MONTHS DAY	N OR LOCATION		June 20,	1922	Mary	land
	Washington County]		Hagers		ON OF DEA	WH.		hingt	
ECT	10a, STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
II DII	Maryland Washing	ton		На	gerstow	101, ZIP CODE			T., .		1 YES 2 NO
IERA	107 McComas St.					21740			1.0	ISA	HAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT FORCES? 1 [IF YES, GIVE W	EVER IN U.S. ARME YES 2 NO AR OR DATES	ED	If yes			C ORIGIN? (Specify , Puerlo Ricen, etc.)		14. RACE Black Specif	- American Indien, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12) Q		(Give	kind of v	USUAL OCCUP work done during the retired.)	ATION most of working	g	16b. KIND OF		NDUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)	voncon	_ 1 <u>JCa</u>		000	1117,750,750		E (First, Middle, Mei	den Surname)		
BE	Joseph Harry Ste		19b. I	MAILING	ADDRESS (Stre			Anna Ma			
2	Charles Vernon Bow	ard					igers	town, Mo			
	1 Donetion 5 Other (Specify)	from State	20b. PLACE AN cemetery, creme Rest Ha	o date of ven (prosessition Cemetery		lan. 6	1	gerstol	-	vn, State 21740
	21. SIGNATURE OF FUNGAL SERVICE LATERS	Oh			OSBO	AND ADDRES	RAL H		D 2170	05	
	23. PART I. Enter the diseases, or company, or heert feliure. Liet	plicetione that only one ceut	se on each line.		ot enter the	mode of dyle	ng, auch	as cardiec or re	apiratory a	rreat,	Approximeta Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) • Acute // (avdial Infarction 2 noty) Due to (or as a consequence of):								2 AOUYS		
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	ENCE OI	F):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	ENCE OF	j:						
DICAL C	PART II. Other significent conditions co	ontributing to	death but not ree	ulting	n the underly	ing couse g	iven in P		AN AUTOPSY	7 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC								1 (L) HES	2 NO		COMPLETION OF CAUSE OF DEATH?
N: N	DID TOBACCO USE CONTRIB	UTE TO CAL	JSE OF DEATH	H YE	S 🗆 NO	☐ UNC	ERTAIN				1 TYES 2
PHYSICIAN:		DSPITAL:	26. PLACE		OTHER:		eldence 8	Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF I (Month, Day		28b. TIM INJ	E OF 28c.	NJURY AT WORK?	:	28d. DESCRIBE HO	O YRULHI W	CCURED	
	3 Suicide 6 Could not be determined	26a. PLACE OF building, e	INJURY — At home tc. (Specify)	, ferm, s	treet, factory, o	ffica	1	261. LOCATION (Stre City or Town, St		er or Rural R	oute Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On										and menner as stated.
TO BE	296. SIGNATUSE AND TITLE OF CENTRIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	-HD	Pergra	()	Pupicia	29c. LICE	NSE NUMB	59 59	29d. DA	TE SIGNED	Month, Day, Year)
	Robert Broll 14.	59 Pot	DIMOC A	ve.	/ /	ger	580 W	vu		, ,	
	JAN 05 1995 Jul	32. REGISTRAR	S SIGNATURE			}					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit to be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-18 Rev 1/89



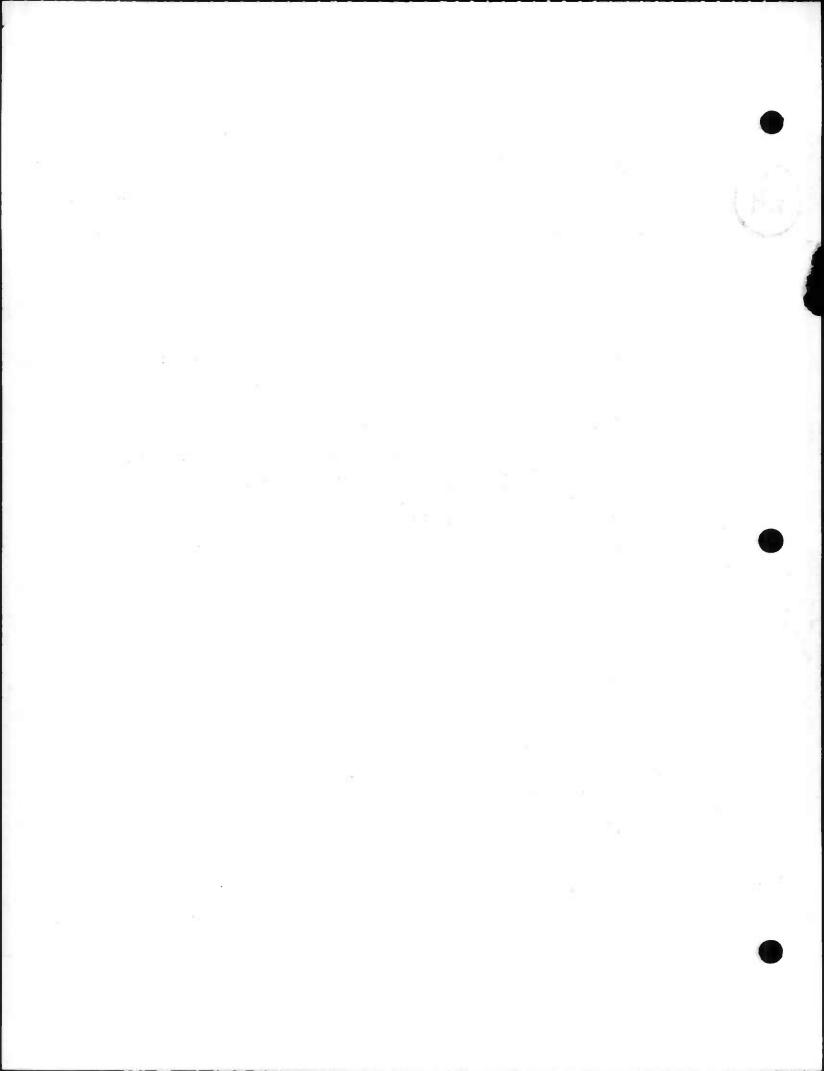
BALTIMORE, MARYLAND 21215-0020

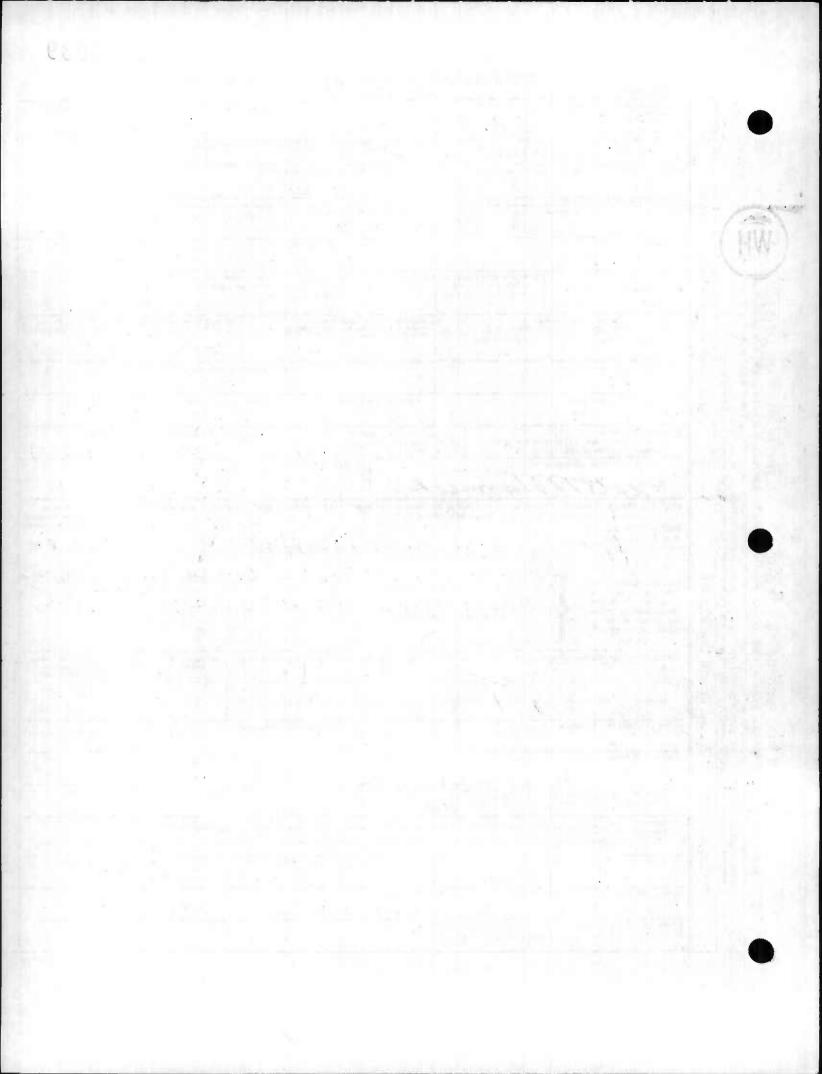
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Grace 1	M. Drit	Mer			2. DATE OF DEATH DA		3. TIME OF DEATH 5. 45P M	
	4. SOCIAL SECURITY NUMBER 213-40-7068 9a. FACILITY NAME (If not Institution, give st	1 □ M 2 💢 F 9	2 YRS.	HUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	Pe	ennsylvania	
DIRECTOR	Washington Count	y Hospital			erstown	ATH	Washington		
	Maryland Washington			Iliams	ort		10d. INSIDE CITY LIMITS? 1 M YES 2 □ NO		
FUNERAL	130 N.Artizan S					795	16g. CITIZEN OF WHAT COUNTRY? USA		
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 N NO	If yes, sp	ENDENT OF HISPANI solfy Cuban, Maxican 2 NO Specify:	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	Bi	ACE — American Indian, leck, White, atc. pecify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	ON st of working	16b. KIND OF BUS		′	
	12 17. FATHER'S NAME (First, Middle, Lest) James	4 1	Teacher	-		Educati ME (First, Middle, Maiden S		Bierer	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD		nd Number or Rural R	loute Number, City or Town			
	Bertha C.Miller 20a_METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata Com	PLACE AND DATE OF E etery, crematory or other een lawn Memo	ISPOSITION /No	me of	DATE 200. LOC	CATION — City or	Town, State	
	21. SIGNATURE OF FUNES ASSESSICE LICE	10 law	eenrawn Memo	OSB(RNE FUNE	CILITY		-+,MD 21795	
	23. PART I. Enter, the diseases, or cahock, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused list only one ceuse on each of the DUE TO (OR AS A	ch line.	entar the mo	da of dying, auch	aa cerdiac or reepir	ratory arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL C	PART II. Other significant conditions	contributing to death by	ut not resulting in t	he underlying	j cauae givan in F	Part I. 24s. WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN: N	DID TOBACCO USE CONTR		F DEATH YES		UNCERTAIN			1, 120 2, 110	
PHYSICIAN:	EXAMINER? 1 TES 2 NO 27. MANNER OF DEATH	HORPITAL: 1 Impelient 2 ER/Outpe 28st. DATE OF INJURY (Morch, Day, Year)		F 28c. INJ	S S Residence 6	S C Other (Specify) 24d. DESCRIBE HOW IN	HURY OCCURED		
B≼	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUSY building, etc. Theo	At home, farm, streety)	R TO	ES 2 NO	28f. LOCAPION (Street or STY or Town, State)	nd Muniber or Flura	W Route Number	
COMPLETED		CIAN: To the best of my knowle						e(a) and manner as stated.	
TO BE C	296. SIGNAPONE AND TITLE OF CHITTENER	whit			29c, LICENSE NUMI	936	29d, DATE SIGNI	ED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Dgl. Year)	M.D 28	W. Kolo	mac,	St. Wil	thamsper	t Md	. 21795	
	JAN 05 1995	Julia Develer Re	roball						





DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the course after death. Page 6 may be retained by the intended to the EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical assistance must be notified at once.

	ı
	l
	ľ
	l
	l
	l
	ı
	l
	l
	ı
	ı
	ı
	l
	ŀ
	ı
	ı
3	l
5	l
í	ı
2	l
	l
	ı
2	l
	l
F	ŀ
	l
ı	l
ì	ļ.
	ı
1	l
	ı
	ı
	l

transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLA		IENT OF HEAL ATE OF DE		ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Frederic	ck P.		Bailes		January 5		2:45 P	M
				UNDER 1 YEAR	NDER 24 HRS. 7	DATE OF BIRTH	8. BIRT	HPLACE (State or Fore	
	218-30-0964	M 2 □ F 6	4 YRS.	NTHS DAYS HOL	PRS MIN.	(Month, Day, Year) Dec. 2,1	929 Coun	Md.	
- 1	9a. FACILITY NAME (If not institution, give street	and number)	96	CITY, TOWN OR LO			9c. COUNTY OF		
DIRECTOR	EASTON MEMORI	AL	EASTON	I		TALBOT			
R	Md. Talb	0.1		OWN OR LOCATION				10d. INSIDE CITY LIMITS?	
		—————		Caston				1 TES 2X N	0
FUNERAL	10e. STREET AND NUMBER			10f, ZIP				WHAT COUNTRY?	
E E	ROUTE 4 BOX				21601			SA	
FU	11. MARITAL STATUS 1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES	2X NO			ORIGIN? (Specify Yes Puerto Rican, atc.)	Blac	E — American Indian. k, White, etc.	,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 🗌 YES 2 🔁	Specify:		Spec	Black	
	18. DECEDENT'S EDUCATION	ON	18a. DECEDENT'S USI	JAL OCCUPATION		16b. KIND OF BUS		DIGGIL	
E	(Specify only highest grade com Elementary/Secondary (0-12)	oflege (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of v tired.)	vorking	1000 1000			
릴	7		LABOR	RER		FAR	RM		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME	(First, Middle, Maiden	Surname)		
BE C	WALTER M. BAIL	EY JR.			BEAT	TRICE S	KINNER		
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Nu	mber or Rural Rou	te Number, City or Town	n, State, Zip Code)		
F	THELMA V. B.	AILEY	200 8	SOUTH ST	. EAS	ron, MD. 2	21601		
	20a. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Removal		PLACE AND DATE OF D			DATE 20c. LOC	CATION — City or To	own, State	
	4 Denation 3 Other (Specify)	RI	CHARDSO		PRK 1	/10 EA	STON, MI)	
	P. SIGNATURE OF FUNDMAL SERVICE LICENS	ALE		EOOKS		al Servi	CO		
	Tought A	tak				r st. Ea		3 21601	
	23. PART i. Enter the diseases, Dr com	plications that caused	the death. Do not	enter the mode of	dying, such a	na cardiac or respir	ratory errest,	Approximate	
	shock, or heart fellure. List IMMEDIATE CAUSE (Final	only one cause on each	ch line.					Onset and E	
	disease or condition resulting in death)	A34.	5 Tale					3 m	10
1									
z	DUE TO (OR AS A CONSEQUENCE OF): MOSS WE CAR and phenomen 3 w/s Sequentially list conditions.								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
2	cause. Entar UNDERLYING CAUSE (Diseese or injury					./			
	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):						
병	d								
AL (PART ii. Other significant conditions co	ontributing to deeth bu	t not resulting in ti	ne underlying ceu	se given in Pe			. WERE AUTOPSY FIND	
5						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAL	
MEDIC				,			2	DF DEATH?	,
	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES	□ NO D U	NCERTAIN				- 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEATH (C						
Si		OSPITAL: Inpatient 2 - ER/Outpat		THER: Nursing Home 5	Residence 6	Other (Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	28c. INJURY A WORK?	T 26	d. DESCRIBE HOW IN	JURY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 TES	2 NO				- 1
	3 Suicide 8 Could not be	28e, PLACE OF INJURY building, etc. (Specify	- At home, farm, stree	t, factory, office	26	of, LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,	
E I	4 Homicide determined								
F	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN	i: To the beat of my knowle	dge, death occurred at	the time, date and p	lace, and due to	the cause(a) end man	ner as stated.		
COMPLETED	one) 2 MEDICAL EXAMINER: Or	n the basis of examination	and/or investigation, in	my opinion, death o	ccured at the tim	e, data and place, and	due to the cause(i) and manner as state	ed.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		- 34	29c.	LICENSE NUMBE	R	29d. DATE SIGNED	(Month, Day, Year)	
	Jura		John	2	D 1531	.5	161/5	195	
٩	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT	TH (TEM 27) (Type, Prin	t)			1	1 1	
17.1				L CRT.	EASTON	J,MD.216	01		1
	31. DATE FILED (Month, Day, Year)	MILLA COUNTY SIGNAT	TURE						
	IAN - 6 1995	MANA COMMINGEN O	ardall						1

(+i/l)

40	١.,
OULS	
24 h	-111
within	1.4.4.
executed	
2	
certificate	Man alban
death	-
the	44
that	1
requires	
AM.	1
he	4
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	NOTICE AND
NG	-
Q	4
ATTE	romon
B	0

6

										93) U	1041	
		1 - STATE REGISTRAR	STATE OF MARY					EALTH AND DEATH	MENTAL HYGIEI	_			
		t. DECEDENT'S NAME (First, Middle, Last)										3. TIME OF OEATH	_
	1 1	Leopoldo S. Canuhe							JA NUARY	DAY (95	1930	М
		4. SOCIAL SECURITY NUMBER		(In yrs. last t	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreig	gn
-		220709482	1 🛛 M 2 🗌 F	46	YRS.	MONTHS	DAYS	HOURS MIN.	Sept. 4,	19/8	Country)	entina	-
should		9s. FACILITY NAME (If not institution, give stre	9s. FACILITY NAME (If not institution, give street and number)					R LOCATION OF D			INTY OF OE		
- C	TOR	Washington Advent	1		Tako	ma]	Park		Mon	tgome	ry	3	
Fy	ERAL DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION			1	10d. INSIDE CITY	
111	40	Maryland Montgo	omery		Si	ilver	Spi	ring				1 X YES 2 NO	à
1	蓮	100. STREET AND NUMBER					101.	ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?	
4:	專	4119 Postgate Ter	race #102					20906		US	Perm.	Residen	t
g physicia e burial-tn	BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES				yes, spe	2 NO Specific		14. RACE — American Indian, Black, White, etc. Specify:			
attending se as the					Argentinia				ın		Hisp	anic	
	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give	kind of v	USUAL OC work done di se retired.)	CUPATIO uring mos	N st of working	16b. KIND OF BI	JSINESS/INC	DUSTRY		
the hospital or detached for u	F	Elementery/Secondary (6-12) +2	College (1-4 or 5+)						A	tomot			
the hos detach	M	17. FATHER'S NAME (First, Middle, Last)			Meci	nanic	_	16 MOTHER'S NA	AME (First, Middle, Maide		TAG		_
# 6 €	- 1	Abel Canuhe							Diaz	n Sumsme)			
	BE	19s. INFORMANT'S NAME (Type/Print)	195	MAILING	ADDRESS	(Street or		Aoute Number, City or To	In Paint To	0.44			
5 5	유	Maria A. Gonzalez							#102, Si			~ MD 20	004
ay be		20s. METHOO OF DISPOSITION	20	b PLACE AN	DDATE	DE DISPOSIT	TION /Nor	me of	DATE 200 L	OCATION	City on Town	e Clate	
eath. Page 6 may funeral director, par xaminer must b		t ⊠ Burial 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	ral from State C8	metery, creme	atory or of	ther plece)	n Co	motorr	1/6 Sil	TTO M	City or low	n, Siate	
Page al dire	1 1	21. SIGNATURE OF FUNERAL SERVICE LIGHT	ASEE //	oate (OL I	22. N	IAME AN	D ADDRESS DE FA	CULTY Hines-I	Ver S	oprins	g, MATYIA	ano
death. Page e funeral dire I. examiner n		Maria X	1400		_] 1	1800) New Ha	mpshire Av	renue		nerar no	IIIC
. 0 = -	\vdash	Silver Spring, Maryland 20904 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate											_
5 5 6		snock, or heart failure. List only one cause on each line.											
Fille Fille		IMMEDIATE CAUSE (Final disease or condition resulting in desth) s. A COURED IMMUNU DELICATENCY SYNCIPORE DUE TO (DR AS A CONSEQUENCE OF):									Onset and D		
ted within 24 completely fille ial, cremation, event, the		resulting in desth)	iMMU	NUB	e/ict	ENC	4 541	volrage			UNKE Kein	por	
B 2 - 9	_		R. I. J.	ENCE OF	Property die conini						- /-		
	RTIFICATION	Sequentially list conditions, Bilateral PNEUMONIA PNEUMONIS CARITY If any, leading to immediate Due TO (OR AS A CONSEQUENCE DF):								7		5 week	
physician the prior to her traum	AT.	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events. Due To (OR AS A CONSEQUENCE DP): DUE TO (OR AS A CONSEQUENCE DP):											81
e ph	프	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEQU	ENCE DE	7	() ()	een J	126116176			+	_
attending Intal Hygien	H	resulting in death) LAST	RESPIRAT	284	TA	c.11.	cit	enca					
death e atten ental H	CE												-
requires that the ceen signed by the of Health and Me shows any injury	MEDICAL	PART II. Other aignificant conditions					terlying	cause given in		NAUTOPSY RMED?		WERE AUTOPSY FINDI	INGS
afth afth	ŏ	- Sepsis	- Cardial	011	Tha	45			1 🗆 YES	2 NO		COMPLETION OF CAUS OF DEATH?	SE
equire en sig of He		4							_		1	YES 2 NO	
law ras be bept.	PHYSICIAN:	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	OF DEATH	H YE	S 🗆 N	区 (0)	UNCERTAI	N 🗆				
The ate h	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF DEAT	OTHER							
CIAN:	YS	1 YES 2 NO	Inpatient 2 - ER/Out	tpatient 3 🗆	DOA			5 Residence	6 Other (Specify)				
his o with with ked,	표	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	1	28b. TIMI INJ	URY	28c. INJL WOF	RK?	28d. DESCRIBE HOW	INJURY OC	CURED		
ing Pitter the eath	B	2 Accident Investigation				М		ES 2 ND					
DR: A	요	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home ecify)	e, ferm, e	Hreet, lacto	ry, office		28f. LOCATION (Street City or Town, State		or Rural Rou	ite Number,	
R AT RECT urs a													
TAL C	MP	296. CERTIFIER (Check only one)											
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the di TO THE FUNERAL DIRECTOR: After this certificate has been signed by the a be filed within 72 hours after death with the State Dept. of Heatth and Mer IMPORTANT: If Item 28 is marked, or Item 23 shows any injury	COMPL	2 MEDICAL EXAMINER:	On the basis of examination	on and/or Inv	vatigation	n, In my op	inion, de	eath occured at the	lime, date and place, e	nd due to th	ie ceuse(s) s	ind manner se state	d,
HE F led w	BE (29b. SIGNATURE AND TITLE OF CENTIFIER	17.0					29c. LICENSE NUI		29d. DAT	E SIGNED (A	Wonth, Day, Year)	
5 5 3 W	2	Mas La						D 16:	386	14.	wals	200 199	5
	- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE DE DE	EATH (ITEM 1	7) (Tme	Deint)							_

7325 HANOVER PKWY GREENBETT 17d

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SINGER

MAX IMU

31. DATE FILED (Month, Day, Year)

JAN 6 1995

20770

The Indonesia of State Control of the Control of th
TO THE HUSPITAL OR ALTENDING PHYSICIAN: THE LAW REQUIRES THAT THE DEATH CARE DE PRECISED WITHIN THE POURS After DEATH. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transfer
filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

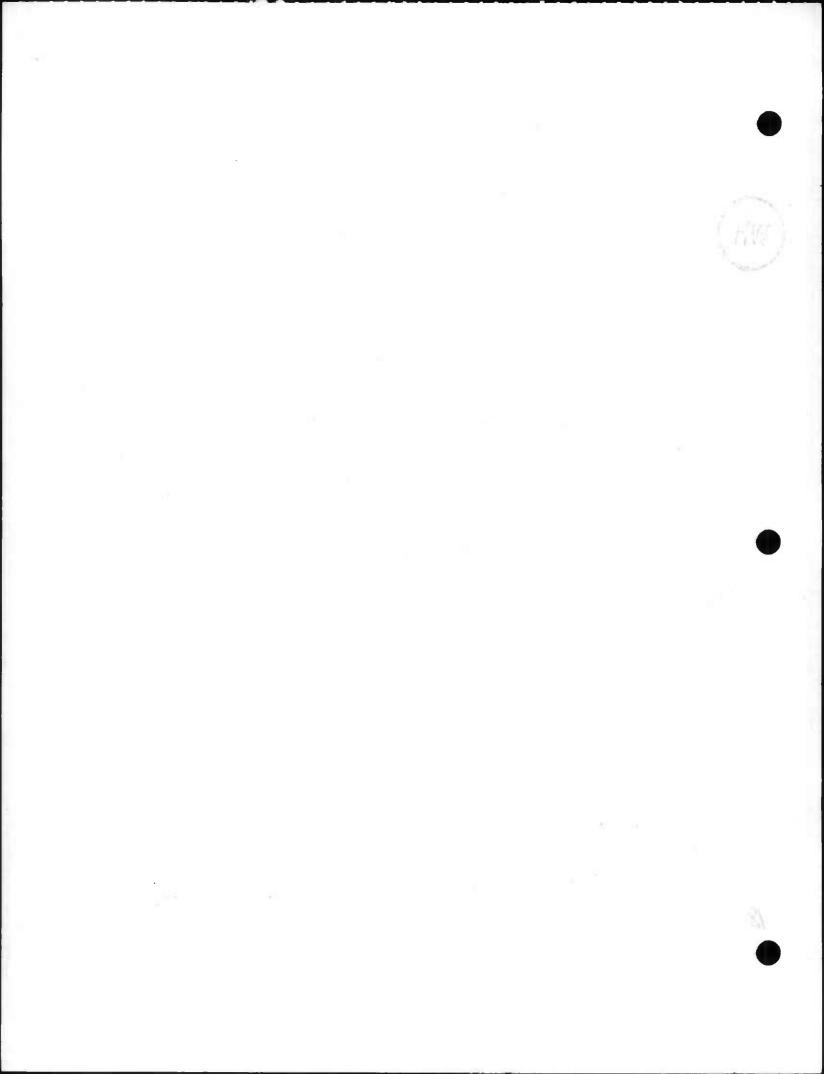
BALTIMORE, MARYLAND 21215-0020

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	ALBERT					N 4 1			4:15	P _M		
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. last		IF UNDER 1 YEA		7. DATE (Mon	OF BIRTH		6. BIRTI	HPLACE (State or Fore	ign	
	485-22-8463	69	YRS.							owa		
.00	9a. FACILITY NAME (If not institution, give s	,				N OR LOCATION OF C	EATH		9c. COU	NTY OF E	DEATH	
<u>0</u>	National Naval M	edical Cen	ter		Beth	esda			Mon	tgom	nery	
EC.	10a. STATE 10b. COUNT	Y		10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY	
ā	Maryland Mont	gomery		Roo	ckville	9					LIMITS?	0
AL	10e. STREET AND NUMBER				T	101. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
뜐	4614 Harlan Stre	eet				20853			Uni	ted	States	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARK	MED		DECENDENT OF HISPA specify Cuban, Mexic				14. RAC	E - American Indian	
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				ES 2 NO Speci		rrican, arc.)		Spec	offy:	
	15. OECEDENT'S EDU	CATION	16a DEC	EDENT'S I	SUAL OCCUP	TION	1 40	VIND OF BU	ICINEOD (IN)	DIIOTEN	White	
	(Specify only highest grade	completed)	(GIV	e kind of we Do NOT use	ork done during	most of working	184	. KIND OF BU	SINESS/INI	DUSTRY		
<u>-</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hom	emake	er			Own Ho	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	-				
BE C	Daniel	Н.	Sch	rimse	er	Elizab	eth	Ja	ane		Hutton	
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AOORESS (Stre	et and Number or Rural				Code)		-
일	Christopher L. C	avanaugh	_ 1	900 F	lint	Hill Rd.,	Silv	er Sp	ring,	MD	20906	
	20a. METHOO OF DISPOSITION 1 Duriel 2 X Cremetion 3 Rem	out from State	20b. PLACE A	NDDATEO	FDISPOSITION		OAT		CATION -		own, State	
	4 Donatton T Other (Specify) Chesapeake Crematory 1-6 Beltsville, M								MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	ANO ADDRESS OF FA	SOTA	rices	РΔ			
	1 Dott_ K	PM	MOO	827		Gist Ave					20910	
NOI	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. CEREBRAL VASCULAR ACCIDENT out to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated eventa resulting in death) LAST											
EDICAL	PART ii. Other significent condition	e contributing to dee	th but not re	eulting in	the underly	ing ceuse given in	Part i.	24a. WAS AN PERFO		24b	. WERE AUTOPSY FINE AVAILABLE PRIOR TO	
음								1 TYES			COMPLETION OF CAL OF GEATH?	
Σ										4	1 - YES 2 X NO)
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
<u>c</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE		Check only o	ne)						
PHYSICIAN:	1 TYES 2 NO	1 X Inpetient 2 - ER		DOA	4 ☐ Nursing h	ome 5 🗆 Residence	6 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Y		26b. TIME INJU	RY	INJURY AT WORK?	28d. OE	SCRIBE HOW	NJURY OC	CURED		
B	2 Accident Investigation	20- PLACE OF IN	HAPPY AND			YES 2 NO						
	3 Suicide 8 Could not be determined	28s. PLACE OF IN. building, etc.	(Specify)	ie, term, sti	eet, factory, o	fice	28f. LOC C/ry	ATION (Street or Town, State)	and Number	or Rurel I	Route Number,	
COMPLETE	29e. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE										s) and manner as stat	ed.
TO BE 0	296, SIGNATORE AND TITLE OF CHITIPIES	ale D	x63			29c. LICENSE NU 87173	мвел		≥63		gn 95	
	30. NAME AND ADDRESS OF PERSON WH			27) (Type, F	Print)	NATIONA	L NA	VAL ME	DICAI	CEN	NTER	
	J. F. HAWLEY,	LT, MC, US	NR			BETHESD						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S										
	JAN 6 1995	Ja d'audes	-Rerdall									

DIVISION OF VITAL RECORDS, P.O. BOX 687604



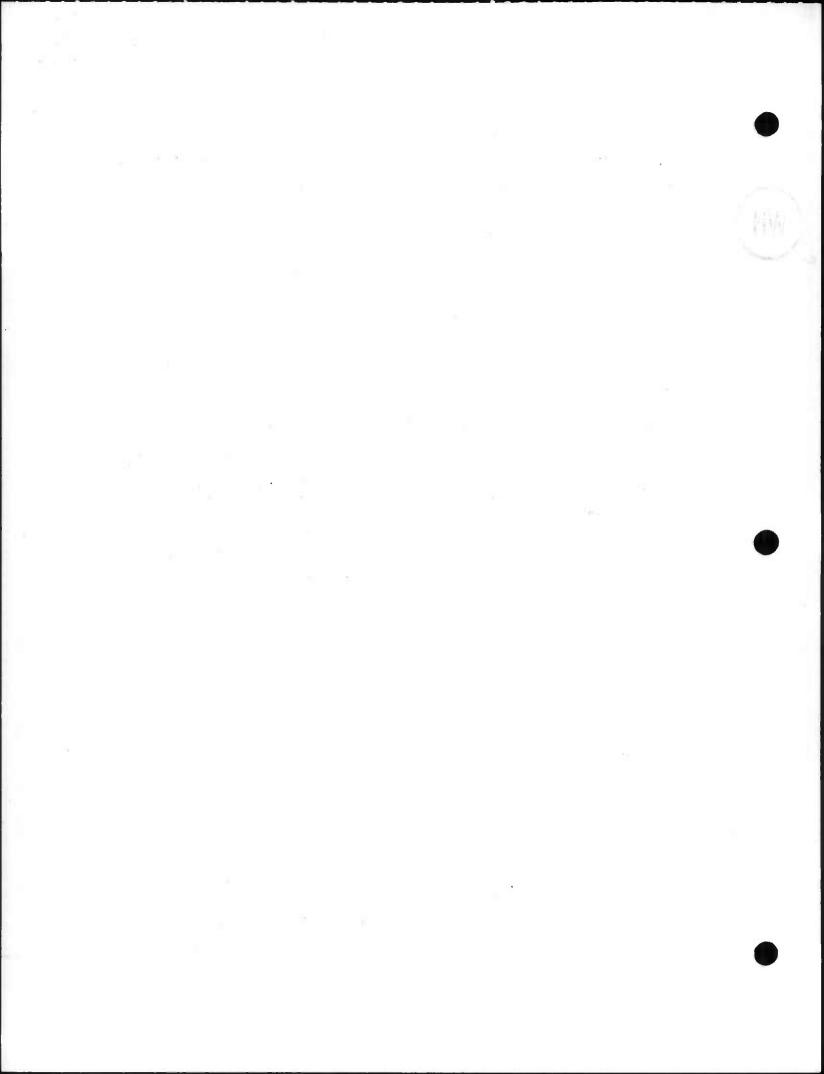
.

	•
	1
-	- 3
	ĸ
	The law requires that the death certificate he executed within
į.	2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	400
\sim	3
8	4
8	5
-	8
\hat{a}	9
Ų	-
\mathbf{x}	200
	Ý,
0	- 2
0.	
_	1
'n	4
ñ	9
~	
$\overline{}$	ŧ
\sim	9
~	-
	8
-	2
	1
⋖	9
_	F
_	2
	2
1	Ü
\circ	3
_	ā
<	S
)	â
~	2
-	Е
>	A
=	OP ATTENDING DHYCICIAN: Th
_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENI	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATH			
- 1		Walter B.	Colema	n	Jan. 2,	1995 YEAR	1452 M			
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign					
	224-24-5097	1 (XM 2 □ F 68	YRS.	ONTHE DAYS HOURS MIN.	Aug. 1, 19	26 Vi	rginia			
	9a. FACILITY NAME (If not institution, give :	street and number)	9	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF D				
HC	Shady Grove Ad	ventist Hos	spital	Rockville		MONTGO	MERV			
5	RESIDENCE OF DECEDENT					21011100	51111(1			
2	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
FUNERAL DIRECTOR		tgomery	De	rwood			NO 2 NO			
₩.	10e. STREET AND NUMBER			10f, ZIP CODE		10g. CITIZEN OF Y	VHAT COUNTRY?			
岁	7505 Julia Te	rrace		2085	5	U.S.	.A.			
ᆵ	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? XYES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yea	or No - 14. RACI	E — American Indian, k, White, etc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	NTES	1 YES 2 NO Specif		Spec				
	15. DECEDENT'S EDU	1945-1946		<u> </u>						
	(Specify only highest grade	e completed)	(Give kind of wor	RUAL OCCUPATION k done during most of working retired.)	16b. KIND OF BUS	INESS/INDUSTRY				
ויי	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+			.,					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	ЭТ	Psychia	tric Soc. Wo		I.I.M.H.				
	Alvin L. Coler	man		4.30-4-4-0-1-1-1	AME (First, Middle, Maiden S	Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	llan		DORESS (Street and Number or Rural	1 Scott					
임	Irene B. Coler	man (Wife)				,				
	20a. METHOD OF DISPOSITION			Julia Terrac						
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	etery, cremetory or othe	oisposition (Neme of reflece) Mem. Park		CATION — City or To				
	21. SIGNATURE OF FUNERAL SERVICE LI	censed	arklawn	Mem. Park	1/6 Ro	ckville	MD .			
	0 1	7	1	SNOWDEN FU		E D A				
	(SLINE KI	Gund	w	ROCKVILLE	MD 2085	0	•			
	23. PART I. Enter the diseasee, or shock, or haert fallure.	obmplications that caused Liet only one cause on e	the death. Do not	enter the mode of dying, aud	h es cardlec or respir	retory srrest,	Approximate			
	IMMEDIATE CAUSE (Finel	() 1		1 - 1	,		interval Between Onset and Death			
	disease or condition resulting in death) s. Gastrointestinal Hemonhage hours DUE TO (OR AS A CONSEQUENCE OF):									
Ì	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentistly list conditions, a Chronic rena Janure years									
CERTIFICATION	if any, leading to immediate	2	CONSEQUENCE OF):	1101						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	· Diabi	405	Mellitus			years			
ë l	that initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
<u> </u>		d,								
AL	PART II. Other significant condition	na contributing to death b	ut not resulting in	the underlying ceuse given in	Part I. 24s. WAS AN	AUTOPSY 24b	. WERE AUTOPSY FINDINGS			
₫	HUIDO	1 ten Cim			PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
	Cond	Downing L	DONA +	DICPORPE	130 YES 2	□ NO	OF DEATH?			
≥	DID TOBACCO USE CONT	DIRLITE TO CALISE O	E DEATH VEC	□ NO □ UNCERTAI			1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		4 🗆 📗					
Sic	EXAMINER? 1 TYES 2 NO	HOSPITAL:	C	THER:	a [] au (0 (1)					
Ŧ	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME (OF 28c. INJURY AT	28d. DESCRIBE HOW IN	IJURY OCCURED				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 NO						
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— A1 home, ferm, atre		281. LOCATION (Street as	nd Number or Rural F	Poute Number			
Ë	4 Homicide detarmined	building, etc. (Spec	Hy)	3 - 0	City or Town, State)					
COMPLETED	29a. CERTIFIER	101411 7- 11- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1								
₽				at the time, data end place, and due in my opinion, death occured at the						
8	The state of the s		andor investigation,	in my opinion, death occured at the	time, data end place, end	due to the cause(e) end manner ea stated.			
H	296. SHONATURE AND TITLE OF CERTIFIE	P/// //	Mo	29c LICENSE NUI	MBER .	29d. DATE SIGNED	(Month, Day, Year)			
٥ ا	WW III	111	777		130	- /	7-75			
-	30 WAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Pr		2 (2:	10.0/2				
	DYVIE DIED WAS STORY	187 1285	0 11110	odlebrook R	a Jolin	run toe	1, W)			
	JAN 5 1995	32. REGISTRAR'S SIGN			- (/			
	DHIA 9 1992	July a manager of	roary							





TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		011112 01 111	CI			F DEATH	MENT	REG. NO	-		
1. DECEDENT'S NAME (First,	, Middle, Last)							E OF DEATH			3. TIME OF DEATH
I	srael	Salo	lida		Campo	S	Tanı	uary 2	AY 1.0	95	1:24 AM
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (in yrs. las	t birthday)	IF UNDER 1 YE			E OF BIRTH	1;		PLACE (State or Foreign
128-22-9060		1 🔀 M 2 🗆 F	72	YRS.	MONTHS DAY		(Mor	nth, Day, Year)	922	Country	tugal
9a, FACILITY NAME (If not in					9b. CITY, TOV	VN OR LOCATION OF	DEATH		9c. COL	INTY OF DE	EATH
6517 Easte		nue			Tako	ma Park			P:	rince	Georges
10a. STATE	10b. COUNTY			10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland	Princ	e George	S	Ta	koma P	ark					LIMITS?
6517 Eastern	Avenu	е				101. ZIP CODE 20912			10g. CI1	Cana	nat country?
11, MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		If yes	DECENDENT OF HISP/ , specify Cuban, Maxic YES 2 NO Spec	on Puerto	Rican atc)		Black	- American Indian, White, etc.
15. DEC	EDENT'S EDUC	ATION	18a. DE	CEDENT'S	USUAL OCCUP	ATION	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5+)		Do NOT use		most of working		Home	Impr	oveme	nt
17. FATHER'S NAME (First, M. Manuel M		dos Fer	nand	es		18. MOTHER'S N Maria	AME (First, Pere	Middle, Maiden	Sumame) POS		
19a. INFORMANT'S NAME (7)		<u> </u>			ADDRESS /Sm	et and Number or Rura				n Corlet	
Irma C. de C			6.	517 -	asterb	Avenue T	akom	a Park	, Ma:	rylan	d 20912
20a. METHOD OF DISPOSITA 1 M Burlal 2 ☐ Crematio	n 3 🗌 Ramo	val from State	comptany cra	AND DATE O	F DISPOSITION	(Name of	DA			City or Tov	
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERAL		NSEE	Gate	or He							g, Maryland
De Steve	n N V	Touch				and Adoress of E Incis J. (Universi			-		, inc. MD 20901
23. PART I. Enter the di	seasas, or co	omplications that	causad the da	ath. Do no							Approximata
shock, or hi	eart fallure. L	ist only one caus	e on aach lina		ot arrest tria	mode of dying, ad	CII WO COL	orac or reap	atory at	reat,	intarvai Between
iMMEDIATE CAUSE (Findisease or condition resulting in death)		Termina	l Multi	ple M	lyeloma	L					4 Years
		DUE TO (OR AS A CONSEC	DUENCE OF):						
Sequantially list conditi if any, laeding to immediate. Entar UNDERLY!	diata	DUE TO (OR AS A CONSEC	DUENCE OF):						
CAUSE (Disease or inju that initiated events reaulting in death) LAS	*	DUE TO (OR AS A CONSEC	DUENCE OF):						
PART ii. Othar algnifica	nt conditions	contributing to	laath but not r	esuiting in	the undari	ying causa givan ir	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
									XIII	- 1	OF DEATH? 1 YES 2 NO
DID TOBACCO U	SE CONTR	IBUTE TO CAL	JSE OF DEA	TH YES	S 🗆 NO	☑ UNCERTA	ΝП				
25. WAS CASE REFERRED TO					H (Check only o			L			
EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	Iome 5 A Residence	8 T OF	er (Specific)		-	
27. MANNER OF DEATH		26a, DATE OF	NJURY	28b. TIME		INJURY AT		SCRIBE HOW II	ALIURY OO	CURED	
	Pending investigation	(Month, De		INJU	JRY	WORK?	100.00	JOHNEL HOW II	130HT 00	CONED	
3 Sulcida 6 G	Could not be determined	28a. PLACE OF building, e	INJURY — At hote. (Specify)	me, farm, st	reat, factory, o	ffica		CATION (Street a or Town, State)	nd Number	r or Rurel Ad	oute Number,
						lata and place, and du					and menner as atated.
290. SAGMATURE AND TITLE	OF CENTIFIEM	200				29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
8 30	2	100	-	-			360				y 3, 1995
Dal Yoo, M.I						naton DC	2001	7-2107			
31. DATE FILED (Month, Day,)		/ 32. REGISTRAR	'S SIGNATURE	N.E.	wasiil	TIR COIL DC	2001	7-2107			
JAN 5 19	995 8	who Davels	or Rardall								

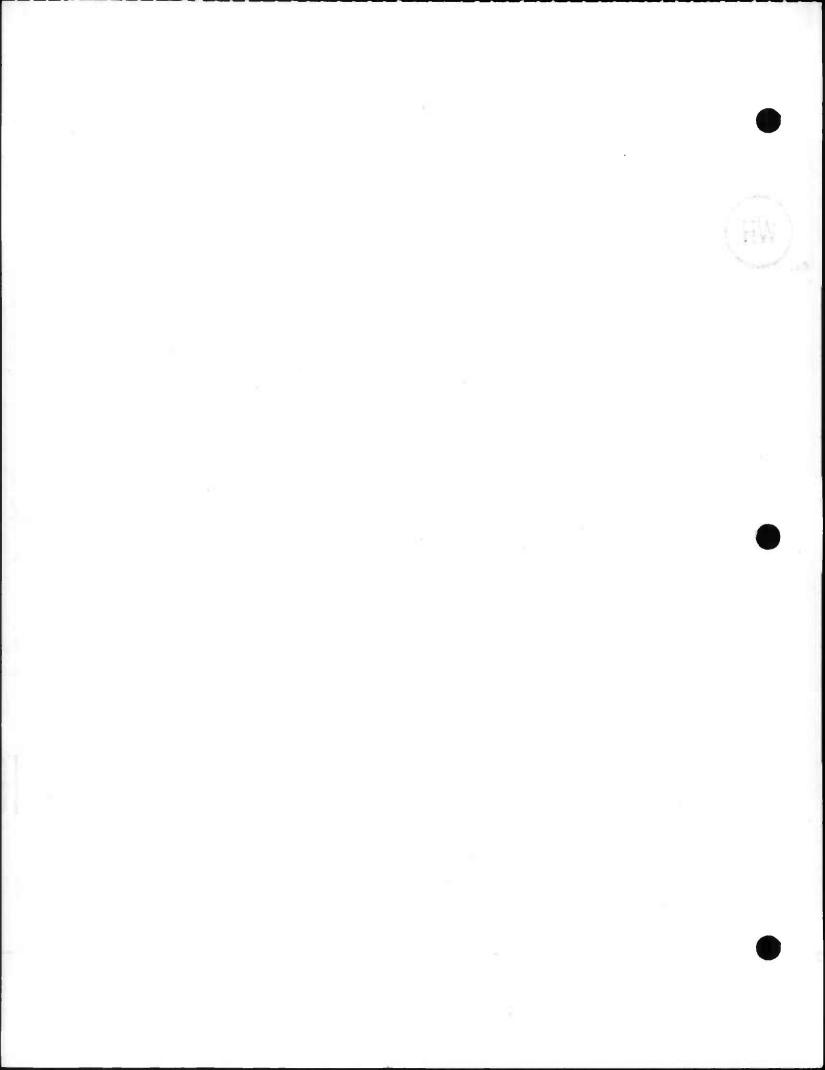
DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

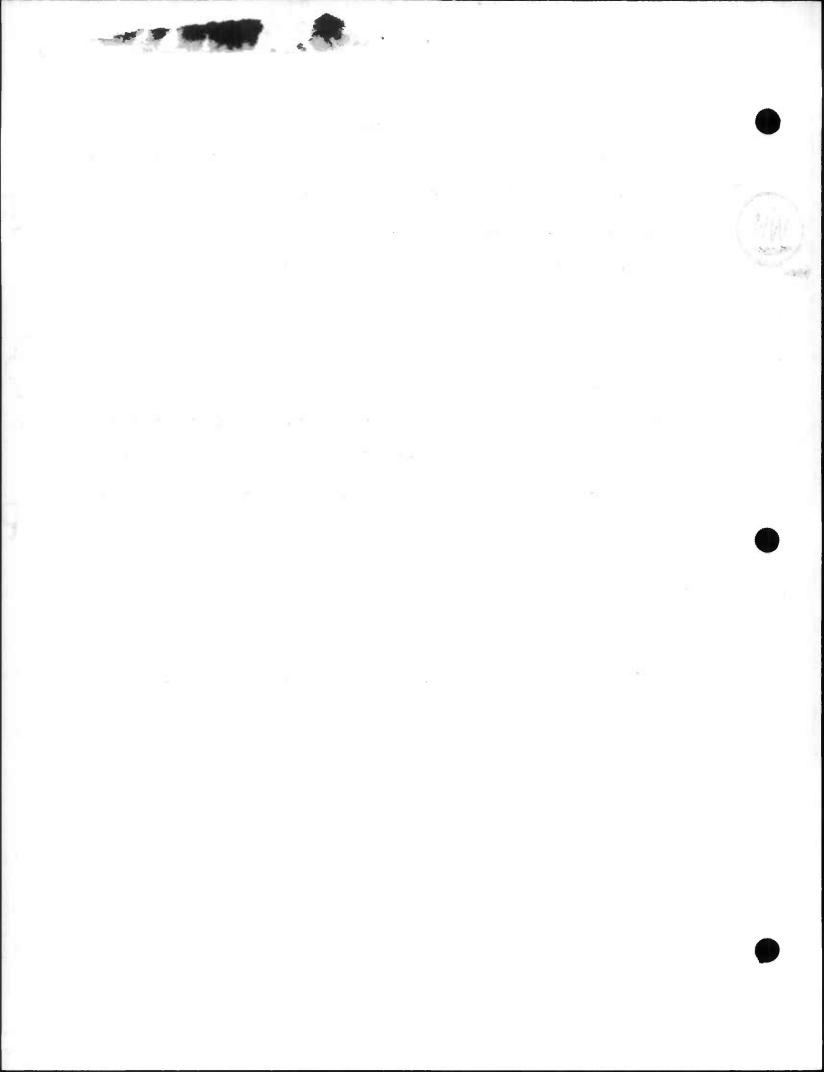
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



ğ		986
8		1
2 3/10/40		building
ş		2
PCAR. II		muet
The form the common has been agreed by the account proposed and compressly timed in by the transfer proposed as the common proposed and the common pro		28 is marked or item 23 shows any injury or other fraumatic event the medical examiner must be applied as any
6	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remined	diest
5	ŏ	Ē
	lion,	lhe.
ובובוו	еша	te
5	al, cı	200
2	pri	affe
Cigno	ior to	Tall Ca
Jary S	ne pr	ar 1
Simo	Aygier	r oth
מנובוו	ıtal F	2
200	Mer	Tile!
0.09	and	20
Sign	Healt	2
2001	00	eho
las c	Dept	23
Cate	State	Hem
100	the	n.
0	with	pus
I STILL	death	mar
5	her	2
5	Sa	2
É	5	9

	1 - FOR STATE REGISTRAR	STATE OF I		/ DEPAR						IYGIEN IEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	San	Tsai Hs	su Che	eng				2. DATE OF MONTH Janua	DEATH D	Ž, 1	995°	3. TIME OF DEATH 7:55 DM
	4. SOCIAL SECURITY NUMBER 178 - 60 - 9809	5. SEX 1 M 2 X F	6. AGE (In yrs. 87	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF I (Month, Da May 1.	BIRTH ly, Year)		8. BIRT Coun	HPLACE (State or Foreign
	9e. FACILITY NAME (If not Institution, give s	street and number)	-		9b. CITY,	TOWN (OR LOCATI	ON OF DE		J / 1		INTY OF	
DIRECTOR	North Arundel Ho	spital As	sociat	ion	Gle	n Bi	urnie	5			Anr	ne Ai	cundel
REC	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY
	Maryland Anne	Arundel		Set	vern	140	r. ZIP COD				1 X YES 2 NO		
FUNERAL	372 Caraca Court					- 1	21144				USA		WHAT COUNTRY?
FU	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes	4	14. RAC	E — American Indian,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V					2 NO			, 010.7		Spec	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e, I	DECEDENT'S	USUAL OC	CCUPATIO	ON ost of working	na	16b. KIN	ID OF BU	SINESS/IN	DUSTRY	ASIdii
LEI	Elementary/Secondary (0-12)	(Give kind of ite. Do NOT u											
COMPLET	17. FATHER'S NAME (First, Middle, Last)	omema)	ker		16. MOT	HER'S NA	ME (First, Middl	n Hor					
BE C	Son Lane Hsu					Sor	n Nur	King					
5	19e. INFORMANT'S NAME (Type/Print)							Poute Number, (
	Edward Cheng 200. METHOD OF DISPOSITION		20b. PLAC	935 (2. V	Vestche				1vania 19380
	1 Burlel 2 Cremetion 3 X Rem 4 Donetion 5 Other (Specify)	Agnes	other place) Ceme	eter	У		1/5				, Pennsylvani		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2/				ADDRE		ounv eral Ho				
Ш	Wall If Yes.	Charles	Χ		_ 31	3 Ta	albot	t A	re. Lau	irel	, Mar	cvlar	nd 20707
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, be near failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UMDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST												
	PART il. Other significent condition	e contributing to	death but not	reculting	in the un	derlyin	g ceuee i	given in	Part I. 24s	. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	Hypertens,	in,	acul	t	res	p	rat	by	faife	YES 2	-		COMPLETION DF CAUSE OF DEATH?
N.	DID TOBACCO USE CONT	RIBUTE TO CA					UNC	ERTAIN	1 🗆				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:		ACE OF DEA	OTHER	R:							
Ж	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TIN	_	28c. INJ		eldence	8 Other (Sp 28d. DESCRIE		NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆 '	YES 2	NO					
E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE C building,	of INJURY — At I otc. (Specify)	home, ferm,	stree1, fecto	ory, offic	•		26f. LOCATIO City or To	N (Street a wn, State)	and Numbe	r or Rural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of											
	29b. SIGNATURE AND TITLE OF CERTIFIE			gam	, my 0	,		ENSE NUN		piece, en			o) end menner ee stated. O (Month, Day, Year)
O BE		No	Alle	L			7	15	000		>	Ja	3.1995
2	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (IT	ЕМ 27) (Туро		-1	- 4	,				3	
	325 HOSPITAL 31. DATE FILED (MPTH. 10P), MOTH 400		ANS, SIGNATURE	- 103	, (54	N E	SUR	NIE,	ומ) 0	210	6/
	31. DATE FILED (MJA. 177. 0"5 199	5 Julia	AS SIGNATURE	Kardall									



			anset artist, Property, 2, 3 should	
(1	N	Tool H)
	020	physican.	Darlan Canad	/
	21215-0	or attending	or use as the	
	LAND :	y the hospital	be detached for	once.
	, MARY	be retained b	ge 5 should t	e notified a
Lena	BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death, Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0	BAL	rs after death,	removal.	dical exam
7	0	vith.	pletely filled in remation, or	ent, the me
> 1	0X 6876	be executed v	ian and comp or to burial, c	aumatic eve
3	P.O. BC	th certificate	ending physic I Hygiene pric	or other tr
· Conway	DIVISION OF VITAL RECORDS, P.O. BOX 68760	that the deal	ned by the att	any injury,
4	AL REC	e law requires	has been sign Dept. of Hea	23 shows
NAM.	OF VITA	HYSICIAN: Th	vith the State	ted, or Herr
	/ISION	ATTENDING P	CTOR: After the after the	28 is mark
	ΙO	IOSPITAL DR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	ANT: If item
		TO THE H	TO THE FI	IMPORT

JAN 0 4 1995

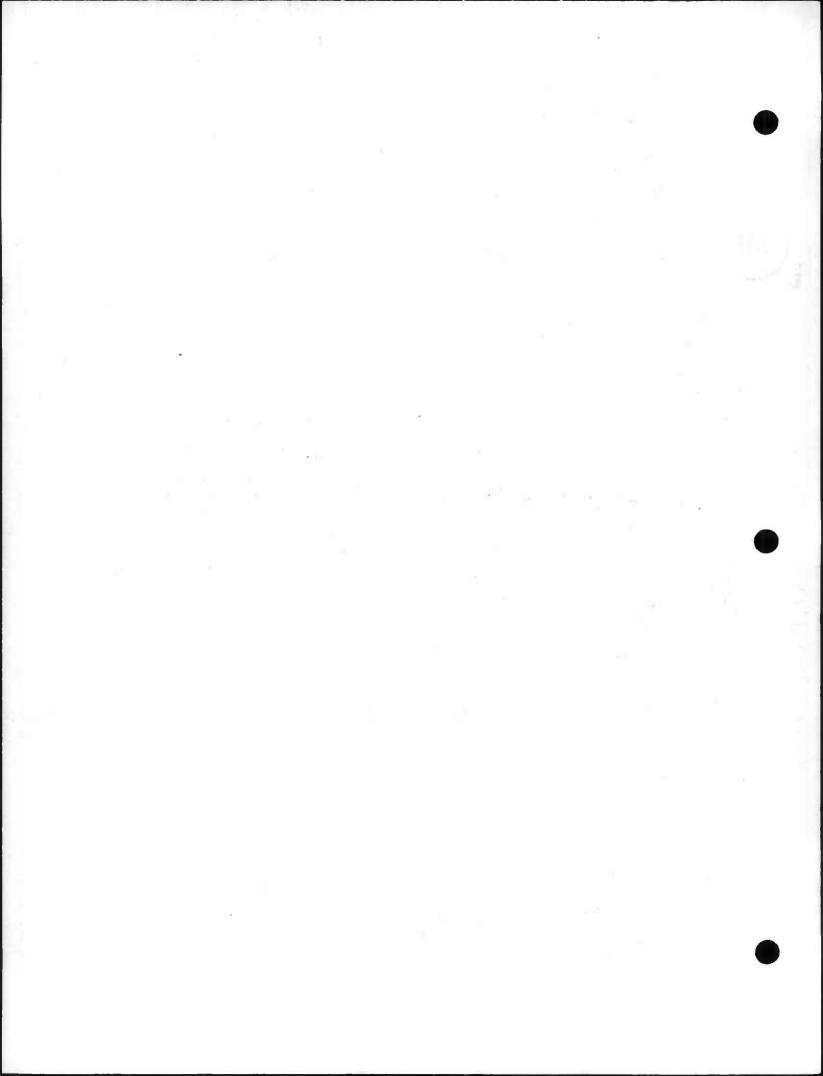
												95	0	1046
	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAL	HYGIEN REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)			7					2. DATE (F DEATH	AM	YEAR	3. TIME	OF DEATH
1	LENA A.	CONWAY							Ja	7	3	95		30 Am
	4. SOCIAL SECURITY NUMBER 218-32-1224	5. SEX 1 M 2 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE Of (Month, July	BIRTH Day, Year)	904	Count	HPLACE (Stete or Foreign
ا ــ ا	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY	Y, TOWN C	R LOCATIO	DN OF DE	ATH		9c. COU	NTY OF D	EATH	
2	Union Hospital o	f Cecil (County			E11	ton				(Cecil	Ĺ	
S I	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. IN	SIDE CITY
L DIRECTOR	Maryland Ce	cil			E1k	ton							1 U Y	MITS? ES 2 🖄 NO
FÜNERAL	767 West Pulaski	-				101	219				1	S.A.		UNTRY?
2	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED 10					HC ORIGIN	(Specify Yes	or No-	14. RACI	E — Ame	ricen Indien, etc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WA					2 XND					Spec Wh i	://y:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S ive kind of a Do NOT us	work done	durina mo	ON st of workin	g	166.	KIND OF BU	SINESS/IN	DUSTRY		
MPL	8	-5-111		Owner	/0pe	erato	or		S	hoe s	ales	and	rep	air
00	17. FATHER'S NAME (First, Middle, Last)						ta. MOTH	IER'S NA	ME (First, M	iddie, Malden	Surneme)			
BE	James Twigg									owell				
2	190. INFORMANT'S NAME (Type/Print)									r, City or Tow				
-	Patrick T. Conway							Hwy.		kton,				
	20s. METHOD OF DISPOSITION 1.X Burlet 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	cemetery, cre Gilpir	metory or or Man	ther place)	sition (Na 1emo 1	me of	Park	DATE	20c. LO E 1	kton	City or To	wn, State	Þ
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 1			22.	NAME AN	ID ADDRES	SS OF FA	CILITY					
	Donue	S. Ni	cho		1	L03 V	Vest	Stoc	kton		E1kt	ton,	MD.	21921
	23. PART i. Enter the disesses, or c shock, or haert failure.	omplications that	caused the de	sth. Do r	not enter	the mo	de of dyl	ng, suc	h aa cardi	sc or reap	iratory ar	real,		pproximata Itarval Between
1	IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Out of the chord of the chor													
	resulting in death)	· oute	my ocers	in k	fact	Jou								
CERTIFICATION	Sequentially list conditions,	DUETO	DR AS A CONSE	DUENCE DI	erle									
AT	if any, leading to immediate cause. Enter UNDERLYING	COI		JOENOE D	,-								i	
프	CAUSE (Diseese or Injury that Initiated events	DUE TO (DR AS A CONSEC	DUENCE DI	F):						-		-	
듄	reaulting in death) LAST	ASI	14. (1	repen si	eles h	e V	rance	ler	1,00	()				
	PART II. Other elemificant conditions											_		
EDICAL	PART II. Other algnificent conditions	s contributing to t	seath but not r	esuiting	in the ui	nderlying	g ceuse g	lven in	Part I.	24a. WAS AN PERFDI		24b	AVAILAB	UTOPSY FINDINGS BLE PRIOR TO
						-			-	1 YES 2	NO		OF DEAT	ETION OF CAUSE TH?
2	DID TODACCO LICE	CONTRIBUTE	70 0111				/TO 57						1 🗌 YE	ES 2 NO
AN	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	COMIKIBUTE	IO CAU	SE OF	DEA] NC						
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHE	R:			ack only one					
¥	27. MANNER DF DEATH	28a. DATE DF I	ER/Outpatient 3	28b, TIM		28c. INJ		eldence	8 Other	(Specify)	N II IDV OC	CUBEO		
	Natural 5 Pending	(Month, Day	y, Year)		URY	WO	RK?	ND	200. 020	AUDE HOW I	MOONT OC	CONED		,
ВУ	2 Accident Investigation 3 Suicide	28e. PLACE OF	INJURY — At ho	me, farm, i	street, fac				28f. LOCA	TION (Street	end Numbe	r or Rural I	Route Nur	mber.
COMPLETED	4 Homicide determined	building, a	tc. (Specify)							Town, State)				
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of r	ny knowledge, de	ath occum	ed at the t	time, data	and place.	end dus	to the caus	e(s) and me	nner ee sta	ted.		
M		R: On the beele of exi											e) end me	nner sa stated.
I H	29b. SIGNATURE AND TITLE OF CERTIFIER					_	29c, LICE					E SIGNED		
BE	Aurec -						Do	1485	23		▶ /	1310	L Month, I	Day, Teerj
2	30. NAME AND ADDRESS OF PERSON WHO		E DF DEATH (ITE	M 27) (Type,	Print)		7 0	· · ·			4	17	-2	
		in HD	22		10at	- W	01	pt.	B	leL.	1	18.	7	1921
	31. DATE FILED (Month, Day, Mar)	32. REGISTRAR		,				1 10		~O.	, ,	141		

M MD 223 West mount.

132. ARRISTMAR'S SIGNATURE

What a award hardely

DHMH-18 Rev 1/89

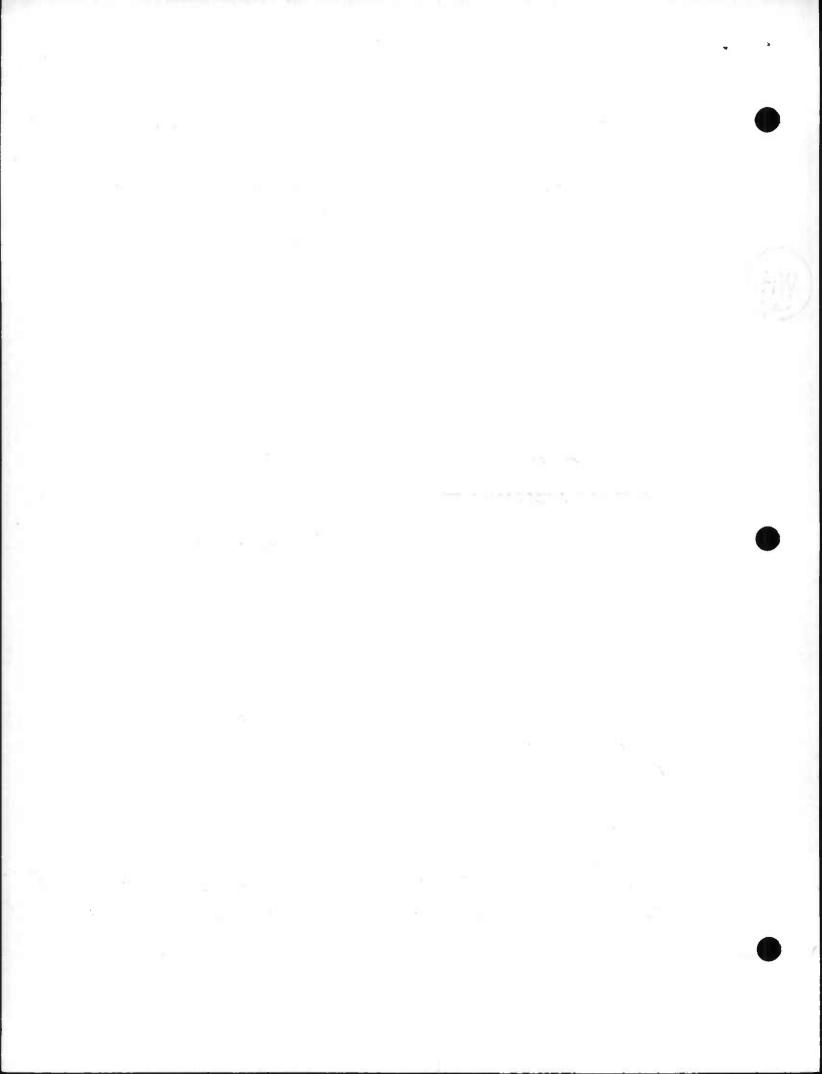


	mit. Pages 1, 2, 3 should	
of steel Diversity	use as the burnersansity	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 2 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Locals and Montal Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use as the Day of Local Husbane page 1 should be detached for use 2 should be detached by the Day of Local Husbane page 2 should be detached by the Day of Local Husbane page 2 should be detached by the Day of Local Husbane page 2 should be detached by the Day of Local Husbane page 2 should be detached by the Day of Local Husbane page 2 should be detached by the Day of Local Husbane page 3 should be	be notified at once.
nours after death. Page 6 may	d in by the funeral director, p	medical examiner must
cate be executed within 24 h	ohysician and completely fille	or traumatic event, the
requires that the death certif	s certificate has been signed by the attending physic	be like writin 72 from 38 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
NDING PHYSICIAN: The law	R. After this certificate has b	is marked, or item 23
TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR: After this c	IMPORTANT: If Item 28

BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760

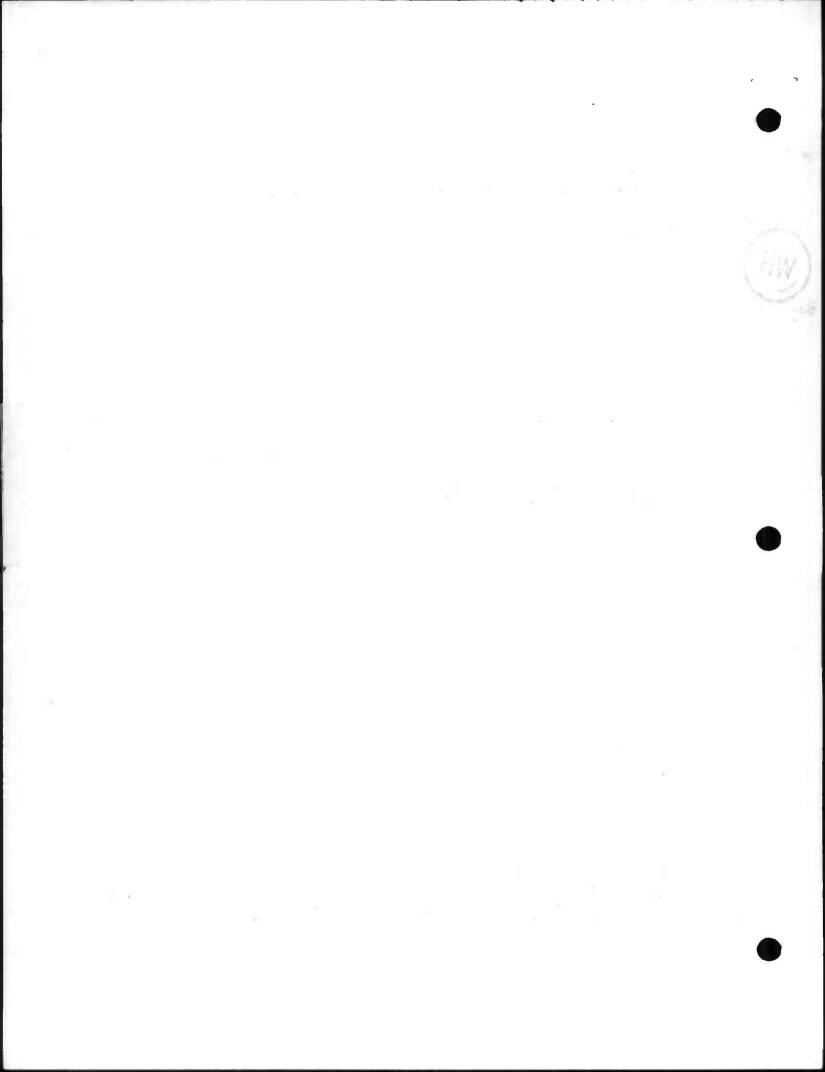
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HI		MENTA	L HYGIENI	E				
	1. DECEDENT'S NAME (First, Middle, Last) ANNIE	May	Cumi	MING		MONT	OF DEATH	1 199.	YEAR 5	3. TIME OF DEATH		
	578-05-7451	□ M 2 🕅 F 80	YRS.	IF UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	May May	4,1914	l V	Country!	ington, D.C		
TOR	9a. FACILITY NAME (If not institution, give street SOUTHERN MARK) RESIDENCE OF DECEMENT	1. 4 -	PITAL	b. CITY, TOWN OF	NTCA	EATH		PRIM		GEORGES		
DIRECTOR		George's		TOWN OR LOCATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2420 St. Claire D	rive		10f.	ZIP CODE 20748	3		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married XXWidowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XX(0	13. WAS DECE If yes, spec 1 — YES	NDENT OF HISPAR offy Cuban, Maxica 2 X NO Specifi	or No-	Black, Specify	American Indian, White, atc.				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elemantary/Secondary (0-12)	npleted) College (1-4 or 5+) N/A	18a. DECEDENT'S US (Give kind of wor life. Do NOT use i Homemake	rk done during most retired.)		16b	. KIND OF BUS	Home	STRY	istall		
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Maiden		_			
B												
6	Anne Valliere				,	,						
	Anne Valliere 6415 Sandy Street Laurel Maryland 20707 20s_METHOD OF DISPOSITION 1 Apurisi 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of particle place) DATE 20c. LOCATION - City or Town, Separately, Cremetory of Other Place) Cedar Hill Cemetery Jan. 6,1995 Suitland, Ma											
= {	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Road Clinton, MD 20725 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, enock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditione of	contributing to death bu	it not resulting in	the underlying	ceuee given in	Part I.	248. WAS AND PERFORM	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N.	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF									
SICI/		IOSPITAL:		THER:	CE OF DEATH (Ch							
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU WOR	K?		CRIBE HOW IN	JURY OCCL	JRED			
red BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	28a. PLACE OF INJURY building, etc. (Speci	At home, ferm, stre		S 2 NO		ATION (Street a or Town, State)	nd Number o	r Rural Ro	ute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER: 0									and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER		m		29c. LICENSE NUI	MBER	5	29d. DATE	SIGNED (Month, Day, Year)		
5	PHILIP WISOTSK	PHILIP WISOTSKY, MD 6188 OXON HILL ROAD, OXON HILL MD										
	JAN 0 6 1995	32. REGISTRAR'S SIGNA	LON RONGELL	0.00								



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician and completely filted in by the funeral director, page 5 should be detached for use as the befield within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	20	1	Dort a	-3
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-4 hours after death. Pag THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner	MORE, MARYLAND 21215-0020	ge 6 may be retained by the hospital or attending pre-	rector, page 5 should be detached for use as the burlan	must be notified at once.
물 물 물 중		HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	TTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must b

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	00000	CE	RTIF	ICATE O	DEA	TH	INIEN IN	REG. NO	-			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH	
	Beulah Jane Ca	in						Jani	ary 7	, 199	YEAR	5:02 A M	
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
1	213-09-5430	1 🗌 M 2 🔀 F	86	YRS.	MONTHS DAYS	HOURS	MIN.		th, Day, Year) 7 27,	1908	Countr	w rvland	
	9n. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	OR LOCATI	ON OF DE		21/.		NTY OF D		
OR	Westminster Nursi	ng/Conva	lescent	Ctr.	Wes	tmins	ter			Ca	rrol	1	
5	10a. STATE 10b. COUNTY									1.00	1101		
DIRECTOR					Y, TOWN OR LOC							10d. INSIDE CITY LIMITS?	
	Maryland Car	roll		_ W∈	stminst	er or. ZIP COD				T		1 TYES 2-NO	
RA												VHAT COUNTRY?	
FUNERAL	1234 Washington R	Oda 12. WAS DECEDEN	T EVER IN II S ADI	MED	12 WMC D	211	40' 1	WC 08101	N? (Specify Yes	U		d States	
	1 Never Married 2 X Married	FORCES? 1 IF YES, GIVE W	YES 2 N	0	If yes,	pecify Cube	n, Mexica	n, Puarto	Rican, etc.)	n or No—		— American Indian, c, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	AN ON DAIES		1 1 1	S 2 NO	Specify	y			Speci	hite	
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a. DE0	CEDENT'S	USUAL OCCUPATION OF IT O	ION		180	b. KIND OF BU	SINESS/INC			
9	Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	se retired.)		ig.						
M M	9			Bea	utician				Cosn	netol	ogy		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								Middle, Maiden	Sumame)			
BE	Keefer Samuel Bra	ndenburg						e Ga					
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Stree								
- 1	Virgil H. Cain, S	r.			Helen R		Silv	er S	Springs	s, MD	20	0906	
	20e. METHOD OF DISPOSITION 1.XD Buriel 2 Cremation 3 Remo	oval from State	cemetery crer	netory or o	OF DISPOSITION (DAT		CATION —			
	4 Donation 5 Other (Specify)	ENCEE	Taylor	svil	le U.M.	Ceme	tery	11/	'10 Tay	lors	ville	e, MD	
1	A L	41-1	-+1 L	,		and addre S Fun			10				
	Julans	zean	WAN	400	91 W	illis	Str	eet.	Westn	inst	er, 1	MD 21157	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. Liet only one ceuse on each line. Approximate Interval Between												
	IMMEDIATE CAUSE (Final Onset and Dea												
	disease or condition resulting in death)	(My	umin	0									
		DUE TO	(OR AS A CONSEQ	NEHCE O	F):								
ON	Sequentielly list conditions,	L PON	(OR AS A CONSEQ	ME									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	00000	(On AS A CONSEQ	DENCE O	-):								
E I	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEO	UENCE OI	F):								
E	resulting in death) LAST												
2	DART II Ou			0110 mm								1	
DICAL	PART II. Other eignificant conditions	contributing to	deeth but not re	euiting	in the underlyi	ng ceuse (given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă									1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
ME												1 - YES 2 - 10	
PHYSICIAN:	DID TOBACCO USE CONTR	IBUTE TO CA					ERTAIN	V 🗆					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			H (Check only on)							
¥ ∥	1 TYES 2 NO	1 Inpatient 2 I			Nursing Ho		aldence						
	1 Natural 5 Pending	(Month, Da		28b. TIM INJ	URY V	DURY AT	1440	28d. DE	SCRIBE HOW I	NJURY OCC	URED		
BY	2 Accident Investigation 3 Suicide & Could not be	26e, PLACE OF	F INJURY — At hon	no form o		YES 2	NO	001 1 00	ATION (C)				
	4 Homicide 6 Could not be	building,	atc. (Specify)	rou, routerr, a	areet, rectory, on	CW		City	ATION (Street a or Town, State)	ina Number	or Hural F	loute Number,	
COMPLETED	29a. CERTIFIER												
MP	(Check only											DOMESTIC PROPERTY.	
8		i: On the basis of ex	amination and/or in	ivestigatio	n, in my opinion,	death occur	ed at the	time, date	and place, an	d due to th	e cause(s)	end manner as stated.	
BE	296. 9TGNATURE AND TITLE OF CERTIFIER	111				29c. ICE	NSE NUN	ABER (29d. DATE	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	um				D	2	× 4 _			191	19)	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type.	Print)	5	2	1	2/1	17-7			
ŀ	31. DATE FILED (Month, Day, Year)	32 PECISTRAI	R'S SIGNATURE	1	mudl	2,	on	1	~ 1	7	`		
	JAN 09 1995 Jul	a diwater	Karcall			-							



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

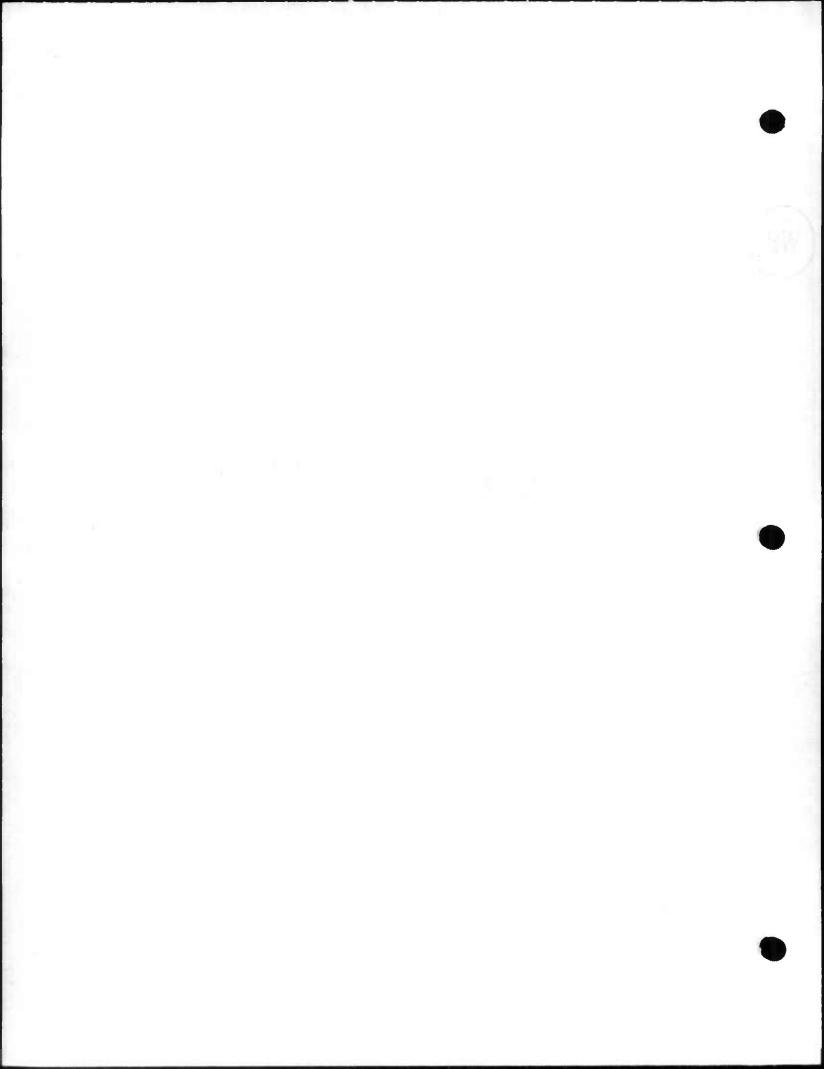
	1 - STATE REGISTRAR		CERT			DEATH		REG. NO.	_		
- 9	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH
1	MTI.D	RED M. CAR	₹				TAN	3 199		YEAR	11/5
. 4	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birtho	fay) IF U	NDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTHE	PLACE (State or Foreign
ĺ	220-20-8229	1 □ M 2 \	75 YR			HOURS MIN.	DEC.	h. Dev. Year)	19	MARY	LAND
DIRECTOR	9a. FACILITY NAME (If not institution, give s 328 MAGOTHY BRID				CITY, TOWN C PASADE	NA	EATH			VITY OF DE	UNDEL
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT										
2					WN OR LOCAT	TON					10d. INSIDE CITY LIMITS?
		E ARUNDEL		PASAI	DENA						YES 2 NO
FUNERAL	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZ		HAT COUNTRY?
핗	328 MAGOTHY BRI					21122				USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married \$\infty \text{Widowed} 4 Diverced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 X NO		If yes, sp	ENDENT OF HISPAI ecity Cuben, Maxica 2 NO Specif	n, Puerto	17 (Specify Yes Rican, atc.)	or No-	Black, Specify	
	15. DECEDENT'S EDU	CATION	16a. DECEDEN	T'S USUA	L OCCUPATIO	ON .	166	. KIND OF BUS	SINESS/IND	BLA	CK
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind	f of work d IT use retir	one during mo	st of working	1 22				
COMPLETED	8th	ounage (1-4 of 5 +)	тон	JSEW1	IFE						
0	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First,	Middle, Malden	Sumame)		
	WESLEY MILLER							WOODA			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAII	ING ADD	Code)						
2	JIMMY ROGERS					RIDGE RD					22
	20a. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DIS	POSITION (No	ment	DAT	E 20c 10	CATION — C	City or Tow	en State
- 1	1x XBurial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cemetery, cremetory IARYLAND	VETE	ERAN C	EMETERY	1/9/	95 CRO	WNSVT	LLE.	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1	22. NAME AN	D ADDRESS OF FA	CILITY	23 0110		,	
	Harry	1. R	eesa		821 W	& SONS EST ST.	ANNA	POLIS,	MD.	2140	1
	23. PART I. Enter the disease, or o shock, or heart failure.	complications that cau	sed the deeth. I	o not e	nter the mo	de of dying, auc	h aa card	diac or reapl	ratory arm	eat,	Approximate interval Between
	IMMEDIATE CAUSE (Final										
	disease or condition resulting in death)		Ma	ue	un	Car	1 (er			16 with
		DUE TO (OR)	S A CONSEQUENC	E OF):							10.00
N N	Sequentially list conditions,	b									
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENC	E OF):							
	CAUSE (Disease or Injury	C. DUE TO (OR (AS A CONSEQUENC	E OED:							
Ē	that initiated eventa resulting in death) LAST	202.10 (011.)	TO A CONSEQUENC	L Or J.							i I
핑		d								_	+
	PART II. Other algnificant condition	a contributing to deet	h but not resulti	ng In the	underlying	ceuse given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
DICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC								1 120 1	- 110		OF DEATH?
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH	YES [I NO [UNCERTAIN	$\overline{\Box}$				I LES ZINO
Ž	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF I			OTTOLITION.	• •				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/0	Outpatient 3 🗆 DO		HER:	5 Hasidence	a 🗆 Otha	e (Canally)			
ੇ	27. MANNER OF DEATH	28s. DATE OF INJU	RY 28b.	TIME OF	28c. INJ	JRY AT		CRIBE HOW II	JURY OCC	URED	
	1 Antural 5 Pending Investigation	(Month, Day, Yes	nr)	INJURY		RK? 'ES 2 NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJ	URY — At home, far	m, street,	factory, office		281. LOC	ATION (Street a	nd Number (or Rural Ro	ute Number,
	4 Homicide determined	building, atc. (3	Specify)				City	or Town, State)			
ا لا	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my ki	nowledge death on	usemed at t	to the date	and alone and due					
COMPLETED		R: On the basis of exemin									and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	011	1.	-		29c. LICENSE NUN	ABER		29d. DATE	SIGNED (Month, Day, Year)
2		XXXa	Wow	un		D26	30	7	> 11	9/0	91
-	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27)	ype Print)		11		1		11	-
	HOOD HNNK	+POLIS	Re	2	Bo	allens	1800		215	12	7.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	00000000				-				1
	JAN 1 0 19	Is Jelia de	walson Rand	all							

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

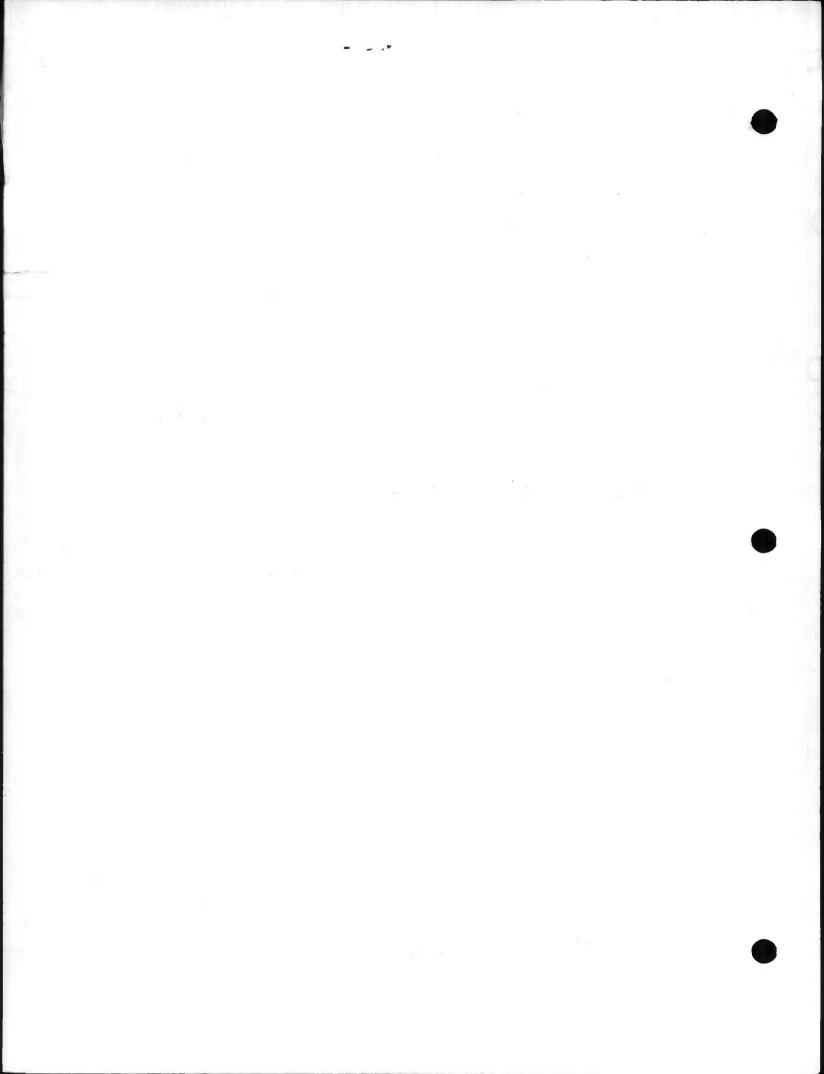
DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPART	MENT OF	HEALTH AND	MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Cooper			-	2. DATE MONT	OF DEATH DAY	YEAR 95	3. TIME OF DEATH 8:45 D M	
	4. SOCIAL SECURITY NUMBER 216-48-7450 9e. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (1	n yrs. last birthday) _ 4 YRS.	F UNDER 1 YEA MONTHS DAY 9b. CITY, TOV		(Mont	OF BIRTH h, Day, Year)	8. BIRT	W. VA	
TOR	Meridian - The P	ines			Easton			Talbot		
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LO				10d, INSIDE CITY LIMITS? 1 Jeyes 2 NO		
RAL	10%. STREET AND NUMBER 609 DOVER RD				10f. ZIP CODE 216	01	10		WNAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 24 NO Spec	ANIC ORIGII		USA No — 14. RAC Blac Spec	E - American Indian, ck, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) COOK 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COOK							SS/INDUSTRY	AGED	
BE CO	17. FATHER'S NAME (First, Middle, Last) JESS HENDE	RSON			FLOI	OIE	Middle, Meiden Surr	RSON ?		
6	Phyliss Ras	in	19b. MAILING		set end Number or Rura LANE EA		ber, City or Town, St			
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetton 3 Remo	rval from Stata com	PLACE AND DATE O	er plece)		DAT	E 20c. LOCATI	ON - City or T		
	21. SIGNATURE OF FUNERAL SERVICE LICE			22 NAM	F AND ADDRESS OF F	ACILITY			Md. 21601	
NOI	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF							
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	e contributing to deeth b	ut not reculting l	the under	ying ceuee given i	n Part I.	24s. WAS AN AUT PERFORMEI 1 YES 2	D?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		2 OTHER:	B. PLACE OF DEATH (C	check only o	ne)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	4 Nursing OF 28c	Home 5 Reeldence		SCRIBE HOW INJU	RY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, at		YES 2 NO		CATION (Street end in or Town, Stete)	Number or Rural	Route Number,	
COMPLETED	and and	CIAN: To the best of my knowl							(e) end manner ee stated.	
H H	29b. SIGNATURE AND TITLE OF CERTIFIER		in RI)	29c. LICENSE N	UMBER			0 (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	KW In	IN	Print) 415			ER, 12	AS TON	1, D, 2Ho)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.								
		-							DHMH-18 Rev 1/8	



•
o'
68760
-
∞
×
BOX
\approx
ш
~
0
۵.
_
ທົ
×
_
Œ
0
Ŏ.
RECORDS
~
_
OF VITAL
_
_
>
LL.
$\overline{\cap}$
_
Z
DIVISIO
S
_
_
2

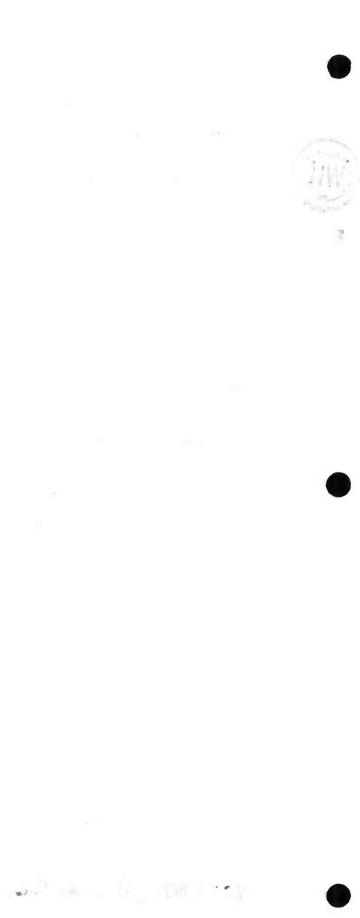
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an around ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	E OF DEATH						
		homas Lloyd		Cohe		January	1 199	9:47 A M					
		5. SEX 6. AGE (1)	'In yrs. lest birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH NOV. 7, 191	6 Ms	BIRTHPLACE (State or Foreign Country) APY land					
	9a. FACILITY NAME (If not institution, give street		OF DEATH										
STOR	Memorial Hospital	Memorial Hospital at Easton, MD, Ind Easton Talbot											
DIRECTOR	Maryland Talbo				els		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 225 Madison Ave.				101. ZIP CODE 21663		10g. CITIZEN OF WHAT COUNT U.S.A.						
S		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D	ECENDENT OF HISPA	ANIC ORIGIN? (Specify Y		RACE — American Indian,					
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	Never Merried 2 XMerried FORCES? 1 YES 2 X			specify Cuban, Maxic ES 2 NO Speci	ten, Puerto Rican, etc.)	Black, White, atc. Specify: White						
田	15. DECEDENT'S EDUCA (Specify only highest grade co	iTION ompleted)	16a. DECEDENT'S (Give kind of	S USUAL OCCUPA work done during i se retired.)	TION most of working	16b. KIND OF BI	OF BUSINESS/INDUSTRY						
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	Self En			Auto	Sales						
OM	17. FATHER'S NAME (First, Middle, Last)			10,00	18. MOTHER'S N	AME (First, Middle, Maide							
BE C	Raymond Lloyd C	2ohee				Williams							
10 8	19a. INFORMANT'S NAME (Type/Print) Alice Evans Coh	nee	196. MAILING 225 Mg	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Cod Md. 216	663					
	20e. METHOD Officisposition 1 Burial 2 Excremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE of Disposition (Name of cemetery, cremetory or other place) Capitol Crematory Jan. 2, 1995 Dover Delaware												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harrison E. Leonard Funeral Home												
	Eferica 6	Lean	aid.	312 8	S. Talbot	St. St. M	lichaels	s, Md. 21663					
	23. PART I. Enter the diseeses, or cor shock, or heart failure. Lie	mplications that caused ist only one cause on er	the desth. Do rech line.	not enter the n	nods of dying, euc	ch as cardled or resp	piretory errest,	Approximate interval Between					
	iMMEDIATE CAUSE (Finel disease or condition	disease or condition / 40.7 Co. 2016 /											
	resulting in death) a. ("CML 9 ro V M) Cu or Acc of co T DUE TO (OR AS A CONSEQUENCE OF): 48h												
Z	Sequentielly list conditions, b												
CERTIFICATION	if any, leading to immediate course. Enter UNDERLYING												
FIC	CAUSE (Diseese or injury C.	CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF):											
FE	that initiated events resulting in death) LAST												
	d												
CAL	PART II. Other significent conditions contributing to deeth but not recuiting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO AMILABLE PRIOR TO												
MEDI	DIABETES, Myocardia / NRAICTRO 1 YES 2 DAO COMPLETION OF CAUSE OF DEATH?												
Σ.	DID TOBACCO USE CONTRI	RUTE TO CAUSE O	F DFATH VI	S I NO	☐ UNCERTAI			1 TYES 2 THO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT			ишТ							
rsic		HOSPITAL: 1 Minpetlent 2 - ER/Outpu	atient 3 DOA	OTHER:	ome 5 - Residence	8 Other (Specify)							
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	IE OF 28c. II	NJURY AT VORK?	28d. DESCRIBE HOW	INJURY OCCURE	(O					
BY	2 Accident Investigation	54 405 05 NUMBER		M 1	YES 2 NO								
	3 Suicide 8 Could not be determined	Duilding, etc. (Specify)											
COMPLETED		AN: To the best of my knowle						use(s) and manner as stated.					
E CC	296. SIGNATURE AND TITLE OF CENTIFIER	0	4		29c. LICENSE NU			GNED (Month, Day, Year)					
œ	Jakon /k	in the thron	ma)	D 3/4	466	D ///	1/9					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	V / !	,		//1					
	Ludig/ To	9 /SED FRE	III M	2,60	26 DUTC	horans 6	mr /4	100 md 2/601					
į	11. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE												

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND.21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer hours after death. Page 6 may be retained by the hospital or attending physician.	rs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	n by the funeral director, page 5 should be detached for use as the burial-tran removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	FOR 1 STATE	STATE OF M						MENTA!	L HYGIEN	E								
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	ICATE OF	DEAT	Н		REG. NO.									
	,	MEDOI	2.0				2. DATE OF DEATH MONTH DAY YEAR			YEAR	3. TIME OF DEATH							
	JANICE 4. SOCIAL SECURITY NUMBER	MEDOF		Czapkie							195	1900 M						
	212-24-8872	1 M 2 MF	6. AGE (In yrs. less	YRS.	MONTHS DAYS	HOURS	MIN.	(Monti	OF BIRTA	i	Countr	**						
	9e. FACILITY NAME (If not institution, give str		67	rna.	9b. CITY, TOWN OR LOCATION OF DI			Sept	. 20 1		Mar	yland						
Œ	PENINSULA REGION		AI. CENTE	eR		LISBU		ATH		9c. COUN		OMICO						
5	RESIDENCE OF DECEDENT	ALI TEDIO	TH ODNIE	JIC														
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	, TOWN OR LOCA					10d. INSIDE CITY LIMITS?								
□	Maryland Worcester			Р	ocomok	e Ci	ty				1 VES 2 NO							
FUNERAL	10e. STREET AND NUMBER					f. ZIP CODE				10g. CITIZ	VHAT COUNTRY?							
Ä	1006 Market S				21851 U.S.						S.							
	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 N	MED	13. WAS DE If yes, s	CENDENT O	F HISPANI	IC ORIGIN	i? (Specify Yee Rican, etc.)	or No-	14. RACE Black	- American Indien, t, White, etc.						
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 TES 2 TO Specify:					Spec									
	15. DECEDENT'S EDUC	ATION	18e. DE	CEDENT'S	USUAL OCCUPATI	ON		16b.	KIND OF BUS	INESS/INDL		ite						
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+	life	ve kind of v Do NOT us	vork done during m e retired.)	ost of working	g											
AP	11	- 540		HOUS	EWIFE				Own	Home	2							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAM	AE (First, I	Middle, Maiden									
BE	George Barrett	Sr.				St	ella	a Bi	ridde:	11								
2	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street						Code)							
-	Mrs. Bonnie Adk	ins		2808	1 Wall	er R	oad	. Sa	alisbu	ırv.	Md	21801						
	20e. MPTHOD OF DISPOSITION 1 @PSurial 2 Cramation 3 Ramo	val from State	cemetery cres	metory or of	F DISPOSITION (N			DAT		CATION — C								
	4 Donation 5 Other (Specify) Beechwood Cemetery 1/5 Pr. Anne, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY																	
	21. SIGNATURE OF PONERAL SERVICE LICENSEE																	
James J. Horning to MOD 295 Princess Appe Md 21853																		
	23. PARO i. Entar the diseases, or co shock, or heart failure. L	iat only one caus	Causad tha dea	ath. Do n	ot anter tha me	oda of dyli	ng, such	as card	liac or reapi	ratory srre	st,	Approximsta interval Between						
	IMMEDIATE CAUSE (Final disease or condition											Onsat and Death						
	resulting in death) a. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):																	
_	The state of the s																	
	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):																	
NO	Sequantially list conditions, b.		OR AS A CONSEQ	UENCE OF	1:				cause. Entar UNDERLYING									
SATION	if sny, leading to immediate cause. Enter UNDERLYING		OR AS A CONSEQ	UENCE OF):							- I						
IFICATION	If sny, leading to immediate	DUE TO (OR AS A CONSEC								-							
ERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (12-															
L CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):	O Childre	ivan in S	Part i	24a WAC AN	AHTOBEV	245	WERE ALTODRY ENDANGE						
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A CONSEC	UENCE OF):	g causa g	iven in F	Part i.	24a. WAS AN. PERFOR	MEO?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE						
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):	g causa g	iven in F	Part i.		MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?						
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other aignificant conditions	DUE TO (OR AS A CONSEC	DUENCE OF): n the underlylr				PERFOR	MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditional DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL	DUE TO (on as a consecutive death but not re	DUENCE OF): n the underlylr		iven in F		PERFOR	MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?						
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditional DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (DUE TO (contributing to (IBUTE TO CAL	OR AS A CONSECUTION OF THE PROPERTY OF DEAT 28. PLACE	eauiting i	n the underlylr S NO [H (Check only one,	UNC	ERTAIN		PERFORI	MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?						
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditional DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (DUE TO (Contributing to (IBUTE TO CAL HOSPITAL: 1 (Inpetiant 2	JSE OF DEA	E OF DEAT	The underlying NO THER: A Unusung Hore OF 28c. IN.	UNC	ERTAIN	I Other	PERFORI	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?						
PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (DUE TO (Contributing to (IBUTE TO CAL HOSPITAL: 1 (Tinpetlant 2 ())	JSE OF DEA	DEAUTING I	n the underlyin S NO [H (Check only one, OTHER: 4 Nursing Hor	UNC	ERTAIN	I Other	PERFORI	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?						
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (DUE TO (Contributing to contributi	JSE OF DEAT 28. PLACE ER/Outpetlent 3 NJURY y, Year)	DUENCE OF DEAT	n the underlying S NO THER: 4 Nursing Hor 28c. IN. JRY M 1	UNC	ERTAIN	8 Other 28d. DES	PERFORI	MEO?	JRED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO						
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (DUE TO (Contributing to contributi	JSE OF DEA 28. PLACE ER/Outpatient 3 INJURY (x, 'bear)	DUENCE OF DEAT	n the underlying S NO THER: 4 Nursing Hor 28c. IN. JRY M 1	UNC	ERTAIN	8 Other 28d. DES	PERFOR	MEO?	JRED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO						
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditiona DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (DUE	JSE OF DEAT 28. PLACE ER/Outpetlent 3 NJURY y, Year) INJURY — At horotic. (Specify)	PUENCE OF PARTIES OF DEAT DOA 20b. TIMI	The underlying one of the control of the control on t	UNC	ERTAIN eldence 6	B Other	PERFORI 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street e or Town, State)	MEO?	JRED W Rural R	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO						
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending investigation 2 Accident Science	DUE TO (DUE TO (DUE TO (Contributing to con	JSE OF DEAT 28. PLACE ER/Outpatient 3 NJURY y, 'ber') FINJURY — At horote. (Specify) my knowledge, dea	PUENCE OF DEAT DOA DOA INJURIES FORTING BETTING BETTIN	n the underlying the following series of the lime, det the time, det	UNCI	ERTAIN eldence 6	8 Other 28d. DES 28f. LOC. City	PERFOR 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street e or Town, State)	MEO? JUNO JUNY OCCU Ind Number of	JRED w Rural R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO						
COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Natural 5 Suicide Natural 5 Pending Investigation Natural 5	DUE TO (DUE TO (DUE TO (CONTributing to (CONTRIBUTE TO CAL HOSPITAL: 1 Dispetant 2 Di	JSE OF DEAT 28. PLACE ER/Outpetlent 3 INJURY y, 'ber') FINJURY — At horidic. (Specify) my knowledge, dealemination end/or in	PUENCE OF PEAT DOA 28b. TIME INJURIES STREET, and seth occurrent permanent occurrent permanent p	n the underlying S NO [] H (Check only one, OTHER: 4 Nursing Hore OF 28c. IN. WW 1] treet, factory, office of the time, date the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on the time, date of time, date on the time, da	UNCI	ERTAIN eldence 6 no n	28f. LOC. City of the country of the	PERFOR 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street e or Town, State) Ise(e) end man and place, and	JURY OCCI	JRED A Rural R ceuse(e)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Noute Number,						
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (DUE TO (DUE TO (CONTributing to (CONTRIBUTE TO CAL HOSPITAL: 1 Dispetant 2 Di	JSE OF DEAT 28. PLACE ER/Outpetlent 3 INJURY y, 'ber') FINJURY — At horidic. (Specify) my knowledge, dealemination end/or in	PUENCE OF PEAT DOA 28b. TIME INJURIES STREET, and seth occurrent permanent occurrent permanent p	n the underlying S NO [] H (Check only one, OTHER: 4 Nursing Hore OF 28c. IN. WW 1] treet, factory, office of the time, date the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on the time, date of time, date on the time, da	UNCI	ERTAIN eldence 6 no n	28f. LOC. City of the country of the	PERFOR 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street e or Town, State) Ise(e) end man and place, and	JURY OCCI	JRED A Rural R ceuse(e)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Noute Number,						
COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (DUE TO (DUE TO (CONTributing to (CONTRIBUTE TO CAL HOSPITAL: 1 Dispetant 2 Di	JSE OF DEAT 28. PLACE ER/Outpetlent 3 INJURY y, 'ber') FINJURY — At horidic. (Specify) my knowledge, dealemination end/or in	PUENCE OF PEAT DOA 28b. TIME INJURIES STREET, and seth occurrent permanent occurrent permanent p	n the underlying S NO [] H (Check only one, OTHER: 4 Nursing Hore OF 28c. IN. WW 1] treet, factory, office of the time, date the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on the time, date of time, date on the time, da	UNCI	ERTAIN eldence 6 no n	28f. LOC. City of the country of the	PERFOR 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street e or Town, State) Ise(e) end man and place, and	JURY OCCI	JRED A Rural R ceuse(e)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Noute Number,						
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TULE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (DUE TO (DUE TO (CONTributing to (CONTRIBUTE TO CAL HOSPITAL: 1 Dispetant 2 Di	JSE OF DEAT 28. PLACE ER/Outpetlent 3 NJURY y, Year) FINJURY — At hor refer, (Specify) my knowledge, dealermination end/or in	PUENCE OF PEAT DOA 28b. TIME INJURIES STREET, and seth occurrent permanent occurrent permanent p	n the underlying S NO [] H (Check only one, OTHER: 4 Nursing Hore OF 28c. IN. WW 1] treet, factory, office of the time, date the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on the time, date of time, date on the time, da	UNCI	ERTAIN eldence 6 no n	28f. LOC. City of the country of the	PERFOR 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street e or Town, State) Ise(e) end man and place, and	JURY OCCI	JRED A Rural R ceuse(e)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Noute Number,						
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (DUE TO (DUE TO (CONTributing to (CONTRIBUTE TO CAL HOSPITAL: 1 Dispetant 2 Di	JSE OF DEAT 28. PLACE ER/Outpetlent 3 NJURY ny knowledge, dealermination end/or in E OF OEATH (ITEM ATS SIGNATURE	PUENCE OF PEAT DOA 28b. TIME INJURIES STREET, and seth occurrent permanent occurrent permanent p	n the underlying S NO [] H (Check only one, OTHER: 4 Nursing Hore OF 28c. IN. WW 1] treet, factory, office of the time, date the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on, in my opinion, or series of the time, date on the time, date of time, date on the time, da	UNCI	ERTAIN eldence 6 no n	28f. LOC. City of the country of the	PERFOR 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street e or Town, State) Ise(e) end man and place, and	JURY OCCI	JRED A Rural R ceuse(e)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Noute Number,						



FOR

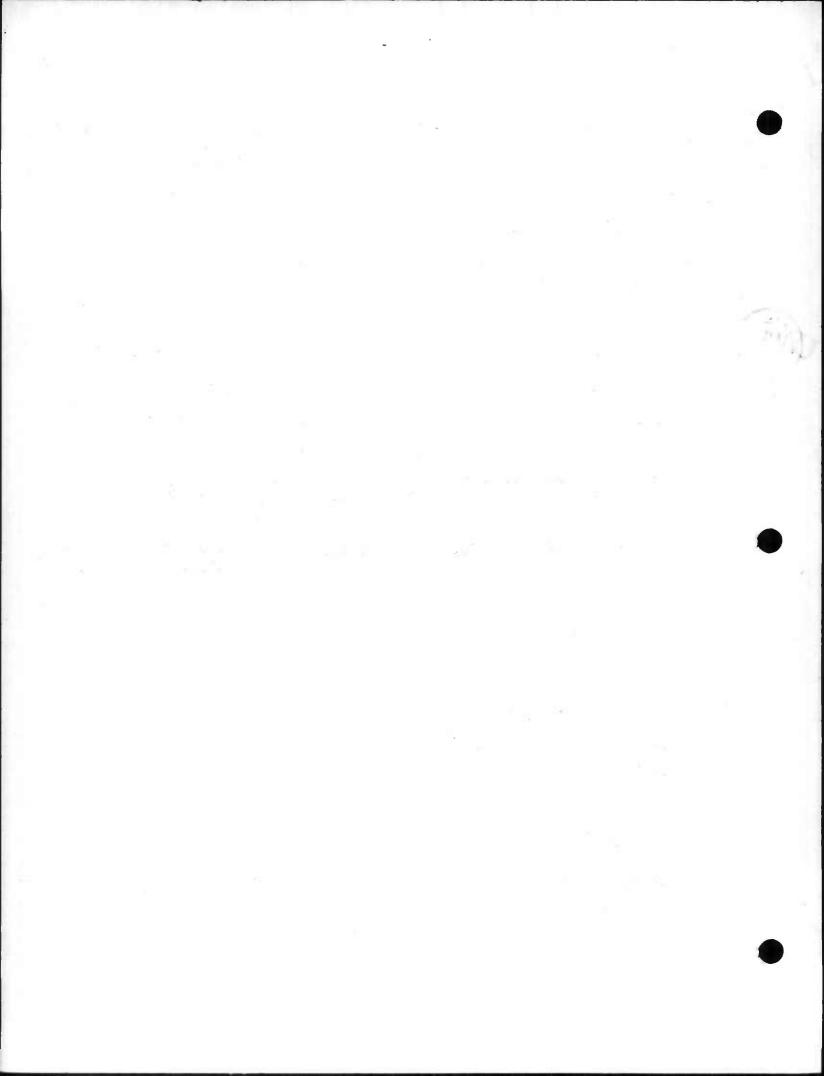
	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)	JUDD	Carter				2. DATE OF CEATH MONTH DAY ANDRY				3. TIME OF DEATH 5044 M		
	4. SOCIAL SECURITY NUMBER	5. SEX (AGE (In yrs. lest birthd		R 1 YEAR	IF UNDER		7. DATE OF		11/1	8. BIRTH	HPLACE (State or Foreign	
	226-32-8117	1 M 2 - F	6.2 YR	B. MONTHS	DAYS	HOURS	MIN.	SEPT.	20,1	1932		RGINIA	
~	9a. FACILITY NAME (If not institution, give s	e. FACILITY NAME (If not institution, give street and number)			96. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
Ď.	FORT WASHINGTON N	NTER	FORT WASHINGTON PRINCE GEORGE							EORGE			
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c.	CITY, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
	MARYLAND PRINC	CE GEORGE	A	CCOKE	ΞK							LIMITS?	
AL	10e. STREET AND NUMBER			101	ZIP CODE	E	10g. CITIZEN				WHAT COUNTRY?		
FUNERAL	#1305 FARMINGTON					607	UNITE				TATES		
ᆵ	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEOENT FORCES? 1 V IF YES, OIVE WA	EVER IN U.S. ARMED	13.	WAS DEC	ENGENT C	F HISPAN n, Maxico	NC ORIGIN?	(Specify Yes	or No-	14. RACI	E — American Indian, k, White, atc.	
BY	3 Widowed 4 Olvorced	1952-19	FOR DATES		1 TYES	2 (X NO	Specify	r:			Speci	"y: BLACK	
0	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN	T'S USUAL (OCCUPATIO	ON.	_	16b, K	IND OF BUS	SINESS/INC	DUSTRY		
L L	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	IT use retired.)			rg						
COMPL	,	2 YEARS	DRIVII	NG IN	STRUC				DUCA				
	17. FATHER'S NAME (First, Middle, Lest) JUDGE CARTER							ME (First, Mic					
B	19a. INFORMANT'S NAME (Type/Print)		105 MAII	INO ADDRES	C /Danas a			SEE C			0.41		
임	TREASA DONIVER CA	ARTER		5 FARI								20607	
	20e. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISPO	SITION (Na	me of		DATE		CATION -	_		
	1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ARLINGTO	NAT	LONAL	CEM	1. 1/	5/95	ARL	INGTO	N, V	IRGINIA	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JULIA C. MONTON FUNERAL HOME, P.A.												
	LYDIA C. THORN	NTON JOHNS	ON M00583					IARYLA		20640)		
NCAL CERTIFICATION	Interval Between Onset and Death Interval Between Onset and Death Onset and De												
MED								_ '	YES 1	NO.		OF DEATH?	
	DID TOBACCO USE	CONTRIBUTE	TO CAUSE C	OF DEA	TH Y	ES 🗌	NO						
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/	OTHE		ACE OF D	EATH (Che	ock only one)					
IXS	1 YES 2 NO 27. MANNER OF DEATH		R/Outpetient 3 DO	A 4 II Nu	rsing Hom	_	sidenca	6 Other (
	1 Natural 5 Pending	(Month, Day,		TIME OF INJURY		RK?	- ON -	28d. DESCI	RIBE HOW I	NJURY OC	CURED		
2 Accident Investigation 28e PLACE OF INJURY At home farm stread factors office								26f. LOCATION (Street and Number or Rural Route Number,				Route Number,	
u I	4 Homicide determined	City or Town State											
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m											
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE								p.200, a				
8	Augus PR	dishus	m			121	D 3	0		Land.	2 SIUNEO	(Month, Day, Year)	
2	Tudes to P. Roll	O COMPLETED CAUSE	OF DEATH (ITEM 27) (1	rpe, Print	n to	1 100	0	- W	. 5.	. W	4).	207.16	
1	31. DATE FILED (MORTH, Day, Year) 32. ABBIGSTRARIS SIGNATURE JAN 0 3 1998 Julia a Russian Randall									170			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYL DIVISION OF VITAL RECORDS, P.O. BOX 68760

Im burial-transit permit. Pages 1, 2, 3 should

DHMH-16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 222

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

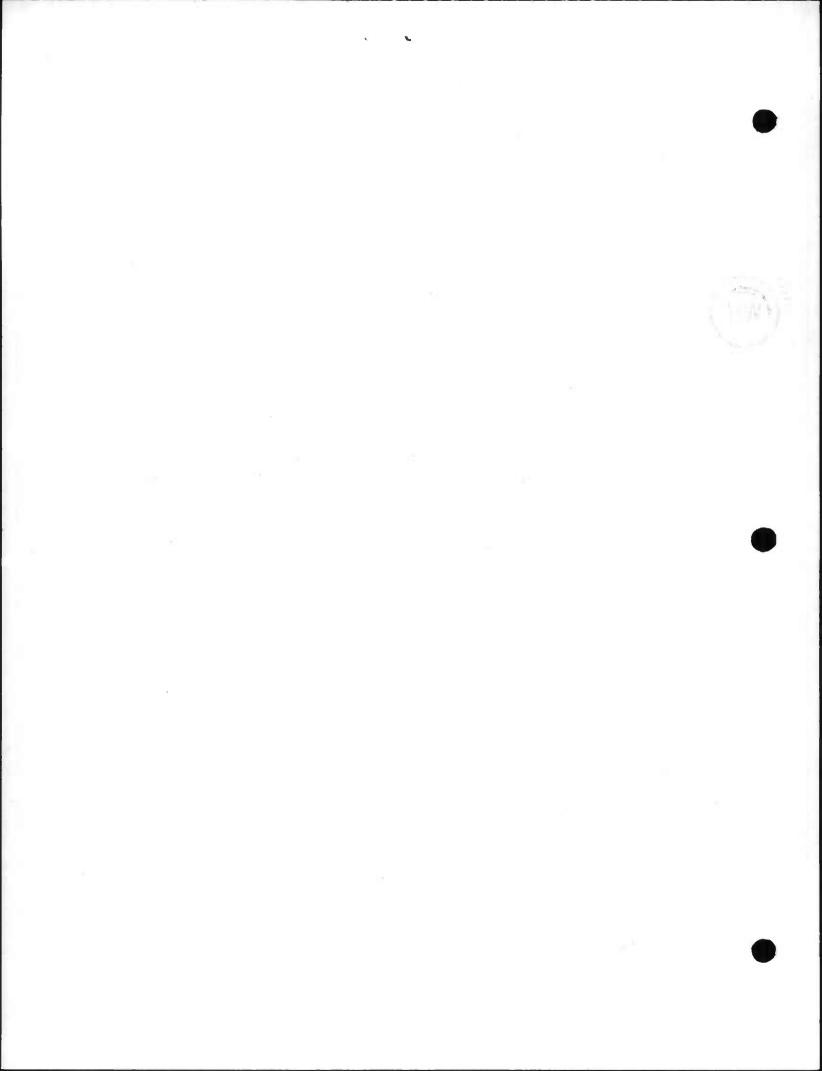
permit. Pages 1, 2, 3 should

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

	REGISTRAR	CERTI	FICATE O	F DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	AY	3. TIM	AE OF DEATH					
1	Edward		Coop	er	January 6		5 8	:15 P M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday			7. DATE OF BIRTH			(State or Foreign			
	213-42-0124 ¹ ¹	51 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)				
1	9a. FACILITY NAME (If not institution, give street and number)	<u>J1</u>	AL CITY TOW	N OR LOCATION OF DE	JULY 23, 1		MARYLAI	עא			
œ					ATH	9c. COUNT	TY OF OEATH				
2	EASTON MEMORIAL HOSPITAL EASTON CAROLINE										
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
<u>=</u>	MARYLAND DORCHESTER		ST NEW				Li	IMITS?			
	100. STREET AND NUMBER			YES 2 NO							
× I	Control of		- 1	10f. ZIP CODE		10g. CITIZI	IZEN OF WHAT COUNTRY?				
FUNERAL	P.O. BOX 383			21631		US	A				
5		EVER IN U.S. ARMED	13. WAS D	ECENDENT OF HISPAN	IC ORIGIN? (Specify Ye	a or No- 1	14. RACE — Ame Black, White	erican Indian,			
BY I	1 Never Merried 2 Merried FORCES? 1 3 Widowed 4 Divorced IF YES, GIVE W	AR OR DATES		specify Cuben, Maxicar ES 2 D NO Specify.							
	3 Wildowed & Divolced			Λ			Specify: BL	ACK			
Ĕ	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	16a. DECEDENT	S USUAL OCCUPA work done during	TION	16b. KIND OF BU	SINESS/INDU	STRY				
9 1	Elementary/Secondary (0-12) College (1-4 or 5+	Hite Do NOT	use retired.)	most or working							
핕	6th	SAW MI	LL		LABORER	?					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NAM	ME (First, Middle, Malden	Surname)					
BE 0	GILBERT COOPER			EMMA .	JANE CEPHA	AS					
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Stree	at and Number or Rural R	loute Number, City or Tow	n. State. Zio C	Codel				
2	CLIFFORD D. CAMPER				NEW MARKET						
İ	20e. METHOD OF DISPOSITION	20b. PLACE AND DATE					ity or Town, Star				
	1 X Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 6 ☐ Other (Specify)	cematery, crematory or MEEKINS	othar place)	EMEMODAY							
	21. SIGNATURE OF FUNEIAL SETWICE LICENSEE	MEEKINS			JAN.14,95			CK, MD.			
			BE	NNÎE SMITI	H FUNERAL	L SERVICES					
	1				87, EASTON						
	23. PART I. Enter the diseases, or complications that	causad tha death. Do						Approximata			
	snock, or naart fallura. List only one csu	se on aach lina.					, le	Interval Batween			
	IMMEDIATE CAUSE (Finel disease or condition										
ı	disease or condition resulting in death) a. Now Swall call lung cancer with 10 moest DUE TO (OR AS A CONSEQUENCE OF): water last										
_	metas lases										
CERTIFICATION	Sequentially list conditions, OUE TO	OR AS A CONSEQUENCE (OFI:								
Ä	cause. Entar UNDERLYING										
	CAUSE (Disease or injury that initiated eventa DUE TO	OR AS A CONSEQUENCE	OF):								
E	resulting in death) LAST										
빙	a.										
7	PART II. Other algnificant conditions contributing to	death but not resulting	in the underly	ing cause given in f				AUTOPSY FINDINGS			
DICAL					PERFOR	1	COMPL	BLE PRIOR TO LETION OF CAUSE			
MEC					' ' ' ' ' ' ' ' '	, no	OF DEA	2.0			
2	DID TORACCO LISE CONTRIBLITE TO CAL	ISE OF DEATH V	EC M NO	LINICEDTAIN			1 1 V	ES 2 NO			
¥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH (Check only one)										
PHYSICIAN:	EXAMINER? HOSPITAL:		OTHER:								
<u>ĕ</u>		ER/Outpetient 3 DOA		ome 5 - Residence							
	27. MANNER OF GEATH 1 Netural 5 Pending		JURY	NJURY AT YORK?	28d. OEŞCRIBE HOW I	NJURY OCCU	REO				
à	2 Accident Investigation			YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	INJURY — At home, farm, itc. (Specify)	street, factory, of	fice	26f. LOCATION (Street in City or Town, State)	and Number or	r Rural Route Nu	mber,			
COMPLETED	4 Hornicide detarmined										
2	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of	ny knowledge, death occur	red at the time, di	its and place, end due t	to the cause(s) and mer	nner sa stated	1.				
M	one) 2 MEDICAL EXAMINER: On the besis of ax							enner se stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER							-			
BE	A A	3(1011.	M	29c. LICENSE NUM	o 9		SIGNED (Month,	Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS		_	12214	0 1	/-	8-95				
	GOG Determan	UP DEATH (ITEM 27) (Typ		LI NIT	21121						
-			EASTO	0 141	21601						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAI										
	JAN - 9 1995 Jada	dear Kardall									



JOH N

31. DATE FILEO (Month, Day, Year)

10 N - 6 1995

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.— Jours after death. Page 6 may be retained by the hospital DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached thours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	-	- 765		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.— Fours after death. Page 6 may be retained by the hosp DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached hours after death with the State Dept, of Health and Mental Myglene prior to burial, cremation, or removal.	123	all p		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Curs after death. Page 6 may be retained by the higher property filed in by the funeral director, page 5 should be detain the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain hours after death with the State Dept, of Health and Mental Hygiere prior to burist, creation. Or removal.	dso	\$		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-refurs after death. Page 6 may be retained by the DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be di hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	9	eta		0
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2007 after death. Page 6 may be retained by DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	£	9		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7-75 urs after death. Page 6 may be retained DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should how after death with the State Dent, of Health and Mental Hyglene prior to burial, cremation, or removal.	3	D		3
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2: — Jurs after death. Page 6 may be retail DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh hours after death with the State Dept, of Health and Mental Hygiere prior to burial, cremation, or removal.	9	충		in the
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riburs after death. Page 6 may be n DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	etaii	S		979
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2007 after death. Page 6 may b DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	9	6.5		6
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7-75 us after death. Page 6 ma DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, shours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	y b	990		2
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Curs after death. Page 6 DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct hours after death with the State Dept, of Health and Mental Hygiere prior to burial, cremation, or removal.	Ë	7.		9
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riburs after death. Page DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or emoral.	9	ectr		i
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-Fours after death. PINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral mours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	oge.	- G		-
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functions after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	G.	E		al a
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Curs after of DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept, of Health and Mental Hyglere prior to burial, cremation, or removal.	aat	5		5
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riburs after DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the open safter death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or remove	0	10	· e	9
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-Fours DIRECTOR: After this certificate has been signed by the attending physician and completely filled in brours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or ret	afte	N th	10V	100
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mon DIRECTOR: After this certificate has been signed by the attending physician and completely filled in hours after death with the State Dept, of Health and Mental Hyglene prior to burial, reemadon, or	23	0	ē	Popular
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 DIRECTOR: After this certificate has been signed by the attending physician and completely fill hours after death with the State Dept, of Health and Mental Hygiere prior to burial, cremation,	ě.	2	9	8
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely nours after death with the State Dept. of Health and Mental Hygene prior burial, cemating	24	ij.	ON.	4
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIRECTOR: After this certificate has been signed by the attending physician and complet hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cre-	u.	ely	nat	-
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to DIRECTOR: After this certificate has been signed by the attending physician and comhours after death with the State Dent, of Health and Mental Hyglene prior to burial, to	量	哥	Sref	-
OR ATTENDING PHYSIGIAN: The law requires that the death certificate be executed DIRECTOR: After this certificate has been signed by the attending physician and chours after death with the State Dept, of Health and Mental Hyglene prior to burish	8	mo	-	i
OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe DIRECTOR: After this certificate has been signed by the attending physician an one attending physician an one attending physician and neural hygiene prior to be a controlled to the part of the part of the property of the part of th	crt	P	uni:	414
OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIRECTOR: After this certificate has been signed by the attending physician nounce after death with the State Dept. of Health and Mental Hygiere prior to the state of t	exe	8	0 0	1
OR ATTENDING PHYSICIAN: The law requires that the death certificate DIRECTOR: After this certificate has been signed by the attending physichours after death with the State Degr, of health and Mental Hyglene prid	9	ign.	10	-
OR ATTENDING PHYSICIAN: The law requires that the death certifics DIRECTOR: After this certificate has been signed by the attending photous after death with the State Dept, of Health and Mental Hygiene	ate	ysic	P.	4
OR ATTENDING PHYSICIAN: The law requires that the death cert DIRECTOR: After this certificate has been signed by the attending hours after death with the State Dept. of Health and Mental Hygic No. 1	ige.	듄	ale In	3
OR ATTENDING PHYSICIAN: The law requires that the death of DIRECTOR: After this certificate has been signed by the aftend hours after death with the State Dept. of Health and Mental H	Der.	100	Ě	900
OR ATTENDING PHYSICIAN: The law requires that the dea DIRECTOR: After this certificate has been signed by the att hours after death with the State Dept, of Health and Menta	5	pue	Ī	-
OR ATTENDING PHYSICIAN: The law requires that the DIRECTOR: After this certificate has been signed by the hours after death with the State Dept, of Health and M.	dea	F	PH2	ì
OR ATTENDING PHYSICIAN: The law requires that it DIRECTOR: After this certificate hear been signed by hours after death with the State Dept. of Health and	he	the	ž	-
OR ATTENDING PHYSICIAN: The law requires the DIRECTOR: After this certificate has been signed brours after death with the State Dept. of Health in the State Dept	at t	3	pug	2
OR ATTENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been sign bours after death with the State Dept. of Heal hours after death with the State Dept. of Heal	£	pa	45	
OR ATTENDING PHYSICIAN: The law requibiRECTOR: After this certificate has been hours after death with the State Dept. of Process.	ires	sign	ea	1
OR ATTENDING PHYSICIAN: The law n DIRECTOR: After this certificate has be hours after death with the State Dept.	마	Ua.	10	3
OR ATTENDING PHYSICIAN: The la DIRECTOR: After this certificate has hours after death with the State Del	W	2	H.	
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate I hours after death with the State	10	185	8	è
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St.	Ĕ	9	ate	1
OR ATTENDING PHYSICIA DIRECTOR: After this certi hours after death with the	ż	fica	S	3.8
OR ATTENDING PHYS DIRECTOR: After this o hours after death with	증	enti	the	i
OR ATTENDING PH DIRECTOR: After thi hours after death w	3	S	5	3
OR ATTENDING DIRECTOR: After hours after death	Τ	=	W.	1
OR ATTENDI DIRECTOR: A hours after d	NG	fter	eath	i
OR ATTE	S	3: A	P	
OR AI DIREC	H	TOF	afte	0
0 00	A	3EC	8	1
	9	DIE	Por	TA.

nit. Pages 1, 2, 3 should

	FOR 1 STATE REGISTRAR	STATE OF N			RTMENT				MENTAL HYGIE				
Į.	1. DECEDENT'S NAME (First, Middle, Lest) GLADYS I. CH	ANCE			TOATE	0.	DLA				95	3. TIME OF 1 1:20	
	4. SOCIAL SECURITY NUMBER 397-20-3349	5. SEX 1 M 2 F	6. AGE (In yrs. las	l birthday) YRS.	IF UNDER	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) APR. 15		8. BIRTI Count WI	HPLACE (State by) SCONS	or Foreign
TOR	9a. FACILITY NAME (If not institution, give str MERIDIAN NURSI RESIDENCE OF DECEDENT		TER-COR	RSIC			TRE				UEE	N ANN	E'S
DIRECTOR	10a. STATE 10b. COUNTY	27 227777	l a		TY, TOWN O		70					10d. INSIDE	
	MARYLAND QUEE	N ANNE	S	<u> </u>	CENT		ZIP COD			40a CIT	TITEN OF	1 XYES 2	
HA	RT.213 & ARMST	PONC				100		617			USA	WHAI COUNTY	47
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	T EVER IN U.S. AR YES 2	MED To	11	yes, sp	ENDENT C	F HISPA	NIC ORIGIN? (Specify 'on, Puerto Rican, etc.)			E — American ik, White, etc.		
	15. DECEDENT'S EDUC	ATION	16a DE	CEDENT	B USUAL OC	CUPATIO	NA.		18b. KIND OF E	I I I I I I I I I I I I I I I I I I I	OUSTRY	MITT	115
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	(G	ive kind of	work done d ise retired.)			ng	TOOL KIND OF E	O SINE SO / IN	DOGINI		
APL	12	2	′	EAM	STRE	SS			GARM	ENT	FAC	TORY	
SON	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First, Middle, Maid	en Surname)			
BE (ROY DELABARRE						_		LA SATER				
TO 1	199. INFORMANT'S NAME (TyperPrint) WILLIAM R. CHANCE 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 710 LANDSEND RD., CENTREVILLE, MD												
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 Remo 4 Donellon 5 Other (Specify)	val from State			FIEL			TER	1	ENTR		own, State	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE		ROA	CFS	NE	WNA	M F	UNE	RAL HOME	, P.	A.	N MD	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line.												ximata al Between and Death
	disease or condition resulting in death)	DUE TO	(OR AS A CONSE	OUENCE (OF):	5 6	0	<u>U</u>			111	5	yes
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentielly list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):											
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE (OF):								
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	e contributing to	death but not i	resulting	In the un	derlyin	g ceuse	given in	PERF	AN AUTOPSY CORMED?	24	b. WERE AUTOP AVAILABLE P COMPLETION OF DEATH?	RIOR TO OF CAUSE
AN:	25. WAS CASE REFERRED TO MEDICAL					26 P	ACE OF I	SEATH /C	heck only one)				
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA.	OTHER	t:		-	8 Other (Specify)		480		
BY PHY	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28c. IN.	IURY AT ORK? YES 2		26d. DESCRIBE HO	W INJURY O	CCURED	5 10					
ED									26f. LOCATION (Stre City or Town, Str	et and Numb	er or Rural	Route Number,	4
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE								e to the cause(a) and a			(s) end manner	es stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	RA	med	d)		29#C\LIC	ENSE NU				D (Maylin, Day,	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

-		
88		
USe		
ğ		
uneral director, page 5 should be detached for use as t		1000
eq.		1
亨		7
Shor		1919
S		6
page		94
director,		- cm 110
funeral	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked or item 23 shows any injury or other traumatic event the medical evamines must be notified as once
ag	mal.	-
à	E/I	dia
5	5	9
1	00	4
te/	mat	
싎	Cre	9
5	लं	ě
9	Ĕ	die
5	2	8
SICI	nio	1
È	96	1
g	giei	40
end	£	6
all a	nta	2
Ę,	ž	aju
à	and	2
Ded	Ę	2
Sign	He	The same
Deen	t. of	ehe
has	å	23
cate	State	iten
ertit	the	G
NIS C	with	head
ter	ath	mar

1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAI					MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE	OF DEATN	AY		3. TIME OF DEATH
		RISS, SE	₹.						JANI	JARY 8	, 199	5 YEAR	8:55 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In	yrs. last birthday)	IF UNDE	DAYS		R 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
	215-01-9048	1 💢 M 2 🗌 F	80) YRS.	MUNITIO	DAYS	HOURS	Mills.	FEB	23, 1	"PA.		
~	9a. FACILITY NAME (If not institution, give				9b. CIT		OR LOCAT		EATH		9c. COU	NTY OF D	EATN
5	GARRETT COUNTY	TAL		OA.	KLAN	D			(GARRE	ETT		
DIRECTOR	10a. STATE 10b. COUNT	10c. Cf	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY		
2	MARYLAND G.	ARRETT		M'	r. L	AKE :	PARK						LIMITS?
AL	10a. STREET AND NUMBER					10	. ZIP COD	θĘ			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	607 "N" STREET						21.	550			US	SA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U	S. ARMED	13.	WAS DEC	ENDENT (OF NISPA	NIC ORIGI	N? (Specify Yes	or No-	14. RACE	— American Indian, c, White, atc.
ВУ													
	15. DECEOENT'S EOL	ICATION	1 10	8a. DECEDENT'S	I USUAL C	CCUPATION	ON		161	. KIND OF BU	INE CO /IN	MICTRY	***************************************
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worki	ing	1.00	. KIND OF BU	JINE 33/INI	JUSTRY	
릴	12			OWNER .	- OPI	ERAT	OR			SERV	ICE S	STATI	ON
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BE	CHARLES WESLEY	CRISS					ELI			FLANAG			
ဠ	19a. INFORMANT'S NAME (Type/Print)	TD								ber, City or Tow			
	JOHN W. CRISS,	JK.		328			-/	E	(DAKLAN			
20a. METHOD OF DISPOSITION DATE 20c. LOCATION - City or Town, State													
	I Lou NY L	0	_	0167							.O. I		
	22 DADT I Enter the diseases on	· ·		0167									ID 21550
	23. PART I. Enter the diseases, or ahock, or heart fellure.	Liet only one cau	ne on each	h line.	not enter	the mo	de of dy	ing, auc	h aa cer	diec or reapi	ratory an	reet,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition						_						Onset and Death
ł	resulting in death)	Athero	scler	OTIC CA	rdic	vasc	ular	dis	sease	, arre	sat		
z													
음	Sequentially list conditions, if any, leading to immediate	∿ Golog _{e Մ}	(OH AS A CO	NSEQUENCE O	#1. &I.D.1 F):								1
S	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	c											
	that initiated events resulting in death) LAST	OUE TO	(OR AS A CO	ONSEQUENCE O	的 :								
CERTIFICATION	Control of the contro	d											
_	PART II. Other aignificant condition	ne contributing to	deeth but	not reaulting	In the u	nderlyln	ceuse	given in	Part I.			24b.	WERE AUTOPSY FINDINGS
	history of hype	ortension								PERFOR			COMPLETION OF CAUSE
WE	history of prop	state can	cer_										DF OEATH?
PHYSICIAN: MEDICA													
증	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF 0	EATH (Ch	eck only or	10)			
ıXs	1 VES 2 NO	1 - Inpetient 2X			4 🗆 Nur		e 5 □ Re	esidence	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, D		286. TIN	JURY M	-	PK?		28d. OES	CRIBE HOW II	JURY OC	CURED	
à	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY _	At home, farm,	mirant for		/ES 2 [NO	****				
	4 Nomicide 8 Could not be	building,	etc. (Specify)	ra manne, mantil	mireer, rec	iory, offic			City	ATION (Street a or Town, State)	na Number	or Hural H	oute Number,
COMPLETED	29a. CERTIFIER	ICIAN: To the heat of	man has a suit a di	4.46								_	
ξ	(Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE												end menner as stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE		41	0		,,,,,,,,,				and place, and			
₩	Dava 1	HE	MA	UX)				ENSE NUN	ABER				(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	SE OF GEATH	(ITEM 27) (7/De	, Print)		D3(0035			- 01	-09-	90
	Donald R. Richte					aklaı	nd. N	MD 2	1550				
	31. DATE FILED (Ant. Day, Year) 199	32. FEGISTRA	R'S SIGNATU	IRE	1		, -					_	
17	AUI4 T II 1993	3 Salud	Auction	Jack									

Delegation of the second second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the turner to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF M			TMENT OF			MENTAL HYGIE!			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATN		95	3. TIME OF DEATH
	Theodore	R	C	arrol	1			Jan !	D 4	95 year 994	6:00P M
	4. SOCIAL SECURITY NUMBER	100	6. AGE (In yrs. lesi		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)		
	213-14-8737	1 X M 2 🗆 F	80	YRS.				Aug 22 1			
œ	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
6	RESIDENCE OF DECEDENT	Anne Arundel Medical Center							Ar	nne A	rundel
DIRECTOR	10a. STATE 10b. COUNT		-	10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
		Arundel			Annapol	is					1 TES 2 NO
BY FUNERAL	100. STREET AND NUMBER	a la constant			10	f. ZIP COD			7 TO 10 TO 10		VHAT COUNTRY?
N	1808 Generals Hi						401			Jnite -	d States
.E	1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 N	0 O	If yes, s	ecify Cube	n, Mexicer	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No—	14. RACE Black	E — American Indian, t, White, etc.
	3 Widowed 4 Divorced	1943 -	1946		1 L YE	2 × NO	Specify	rr		Speci	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE0	CEDENT'S	USUAL OCCUPAT	ON ost of working	eri e	16b. KIND OF BU	SINESS/IN	OUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)		•				
MP	12 17. FATNER'S NAME (First, Middle, Last)		Civ	ii Se	rvice W	Y		Gover		t	
E C	David Carroll					18. MOT		ME (First, Middle, Maider Ara Thomas			
00	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	and Number		Route Number, City or Tox		ip Code)	
2	Walter Chitwood	i						Ave. Anna			21401
	20e, METNOD OF DISPOSITION 1 X Burlei 2 Cremetion 3 Rem	ovel from State	20b. PLACE A	NOOATEC	E DISPOSITION A	ama al		DATE 200 10	CATION	City on To	State
	4 Donetion 5 Other (Specify)		Lake	mont	Memor	al Ga	arder	ns 1/7/95 [David	Isonvi	IIe, MD
	21. SIMMATURE OF STINERAL SERVIPE DE	ZENSEE			22. NAME A	NO ADDRES	SS OF FAC	John M.	Tay	lor F	uneral Home
	LID MEXX	AM						Gloucester			oolis, MD
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that List only one caus	caused the de-	eth. Do n	ot enter the m	ode of dyl	ng, auch	as cardiac or raap	iratory a	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	L) 1	1.1			-1	1 ,	0 0		Onset and Death
	resulting in death)		OR AS A CONSEC	UENCE OF	re !	while	Mul	ment of	Julin	2	
z					Reno	1 8-	ilea	e heart of			İ
5	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEO	UENCE OF):					-	
2	CAUSE (Disease or Injury	C. OHE TO //	OR AS A CONSEO	UENOE OF							
CERTIFICATION	that initiated events resulting in death) LAST		ON AS A CONSEC	OENCE OF).						
	DART II Oshan significana as alli	σ									
CAL	PART II. Other algnificant condition	COP I		0 1		g cause g	iven in i	Part I. 24s. WAS AN PERFO		246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICA	- House for) -011	-	M	mion	wen	2	1 TES	5 XHO		OF DEATH?
Σ	DID TOBACCO USE CONTI	PIRLITE TO CAL	ISE OF DEAT	H VE	S II NO I	T UNC	ERTAIN				1 YE\$ 2 NO
NA N	25. WAS CASE REFERRED TO MEDICAL	LIBOTE TO CAU			H (Check only one		EKIMI	-			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlent 3	DOA	OTHER: 4 Nursing Hor	10 5 Re	sidence (6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF III (Month, Day		26b. TIME INJ		JURY AT		28d. DESCRIBE NOW	INJURY OC	CURED	
B	Accident Investigation	20. 51.105.05				YES 2	NO NO				
	3 Suicide a Could not be 4 Homicide determined	building, at	INJURY — At hor ic. (Specify)	ne, term, a	treet, fectory, offic	:0		281. LOCATION (Street City or Town, State		or Rural R	loute Number,
9	290. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the heat of m	w knowledge des	th accurre	d at the time, dat	and steel					
COMPLETED	(Check only one) 2 MEDICAL EXAMINE) end menner ee stated.
Ĭ U	296. SIGNATURE AND TITLE OF CERTIFIER						NSE NUM				(Month, Day, Year)
m	James Haymel	MO					25499				y 6 1995
2	30. NAME AND ADDRESS OF PERSON WHO										
	James W. Ruppel,			al C	ochrane	Dr. /	Anna	polis, MD	2140	1 (41	0-266-3733)
	31. DATE FILED (Month, Day, Year) JAN 11 1995	32. REGISTRAR		-4							
	OHN TT 1939	Helia diane	dear Rendo	Ц							

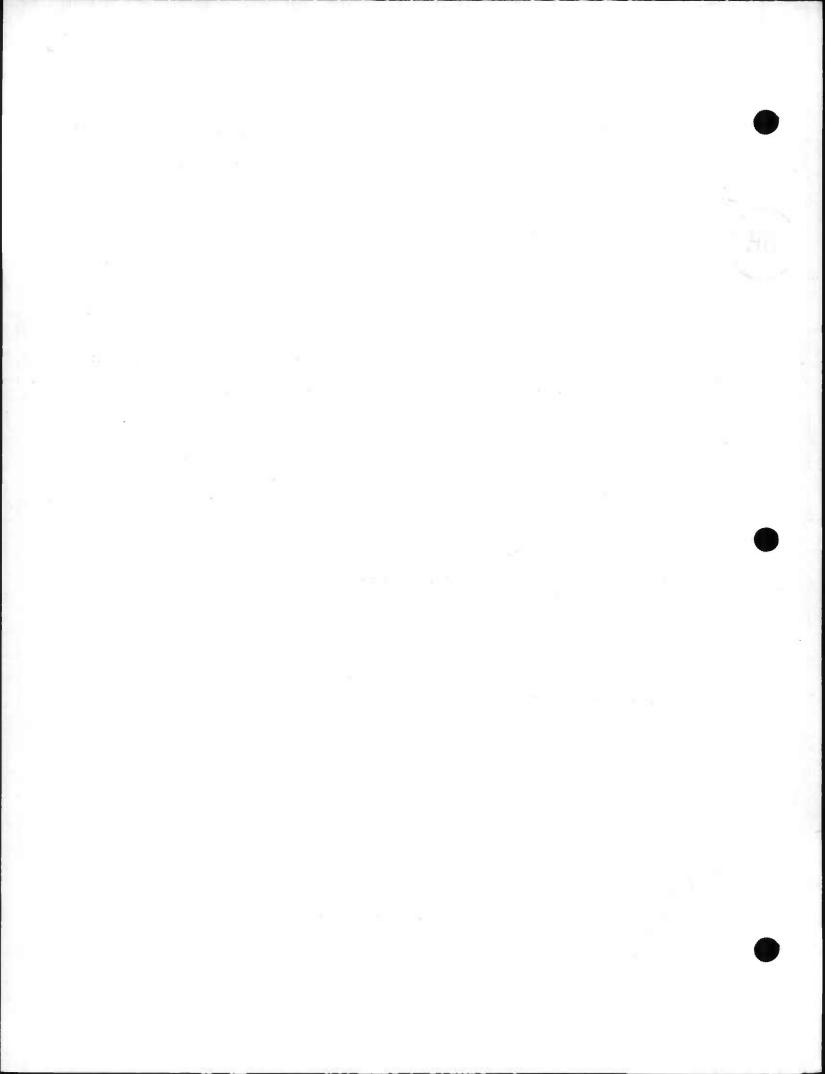


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attinuous physics	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning of the complete of the burning of the complete o	be med whim! ? I hours after used it with the State Orght. Of regalit and wenter hypere profits, defined, of relating and wenter the medical examiner must be notified at once.
---	--	---

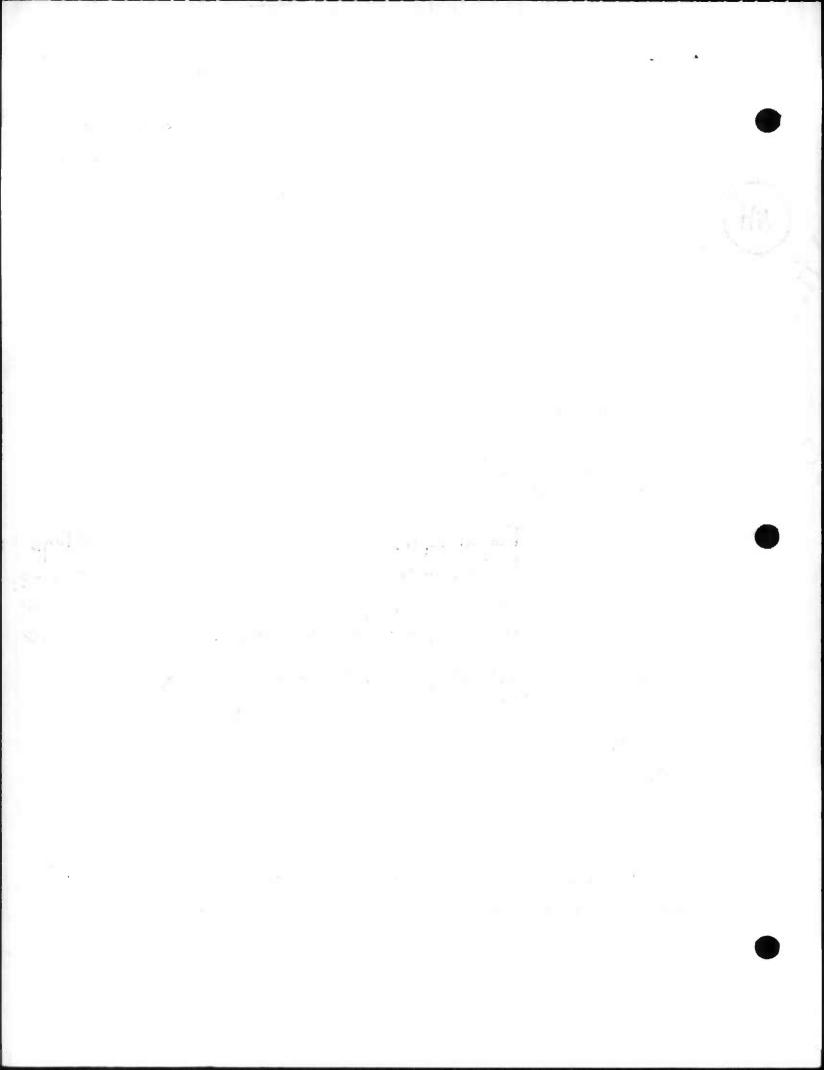
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR		STATE OF M	IARYLAN	D / DEPAR CERTIF					MENTA	IL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First,	Middle, Last)			02.111.11	TOAT		DEA			E OF DEATH			3. TIME OF OEATH	
	Mary Libbie	Dryde	en							Jai		1995	YEAR	11:50 p	. N
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR						OF BIRTH		8. BIRT	HPLACE (State or Forei	
	578-64-6315		1 □ M 2 🔀 F	97	7 YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	1897 Maryland			
	9e. FACILITY NAME (If not in:	stitution, give s	street and number)			9b, CIT	Y, TOWN C	R LOCATI	ON OF DE				c. COUNTY OF DEATH		
FUNERAL DIRECTOR	Shady Grove	Adver	itist Nur	sing (Center	Roc	kvil	le				Mont	gome	erv	
ן ק	RESIDENCE OF DEC	10b. COUNT					OR LOCAT								
<u> </u>	Maryland		•			kvil		ION						10d, INSIDE CITY LIMITS?	
ايا	10a STREET AND NUMBER	HOHE	gomery		Roc	KVII		. ZIP COD	-			T 40 - 017		1 ☐ YES 2 📉 NO	0
RA	4601 Hallet	D1 200						20853				,			
× I	11. MARITAL STATUS	TTace	12. WAS DECEDEN	T EVER IN U.S	S ARMED	13				NIC OBIG	N? (Specify Yes			States	
I	1 Never Merried 2		FORCES? 1 IF YES, GIVE W	YES 2	X NO	13.	If yes, sp	ecity Cuba	n, Mexice	n, Puerto	Rican, etc.)	or No-	Blac	ok, White, etc.	,
B											White				
COMPLETED		EDENT'S EDU		16	a. DECEDENT'S					16	b. KIND OF BU	SINESS/IN	DUSTRY		
<u> </u>	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.]														
<u> </u>	12				Execut	ive	Secr	etar	У		Crown	, Cor	ck &	Seal	
ខ្ល	17. FATHER'S NAME (First, MI	iddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Melden	Sumame)			
BE	Frank Hooper Travers Ida Eugenia Beatley														
2	19e. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural i	Route Nun	nber, City or Tow	n, Stete, Z	ip Code)		
	Nancy Dryde				4601	Hall	let I	lace	, Ro	ckv:	ille, N	Mary1	Land	20853	
	20e. METHOD OF DISPOSITI		noval from State	20b. PL.	ACE AND DATE	OF DISPO	SITION (Na	me of		DA				own, State	
	4 Donetion 6 Other			Woo	dlawn		-			1/	5 Ba	ltim	ore,	Maryland	1
J	21. SIGNATURE OF FUNERAL	L SERVICE O	CENSEE					Fune			9				
	1.0	2)			- 1						the	cahun	rg, MD 208	277
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):									weeks years					
MEDICAL	Rheumatoid Glucose In	Arthr	itis, At					g cause (given in	Part i.	24a. WAS AN PERFOR	RMEO?	241	b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	USE
Ž	25. WAS CASE REFERRED TO	O MEOICAL					26. PL	ACE OF D	EATH (Ch	eck nalv o	0001				_
2	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outnatie	of 3 DOA	OTHE	R:								
PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF		26b, TIN	4.4	28c. INJ		sidence		er (Specify) SCRIBE HOW I	NJURY OF	CLIBED		
		Pending investigation	(Month, De	sy, Year)		JURY	WO	RK?	□ NO				JOUNES		
ED BY	2 Accident 3 Suicide 6 4 Homicide	At home, ferm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,				
COMPLETED			ER: On the basis of ex											(e) end manner ee stat	ted.
	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICI	ENSE NU	WBER		29d. DA	TE SIGNE	O (Month, Day, Year)	_
H H	13 ml 0.	Johnson	M.S.					D1	9042	2		•		4, 1995	
2	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	, Print)		21	20.14				Jan	. ,, 1,,,,	_
	Byrl D. John		M.D. 9		ussell	Ave.	, Ga	ithe	rsbu	ırg,	Maryla	and 2	20879	9	
	JAN 5 199		Il Shooten	Rosda	ll,										



	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME			IENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)				T	2. DATE OF DEATH		3. TIME OF DEATH		
	AUSTIN E. DA	VIS				JANUARY 6	,1995 YEAR	3:08 рм		
		. SEX 6. AGE (In yrs. lest		IF UNDER 24 HRS.	F UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State					
	220-28-0997	₂ X _{11 2 □ F} 65	YRS. MONT	HS DAYE	HOURS MIN.	(Month, Day, Year) 1-29-29	Golts, Md.			
~	9e. FACILITY NAME (If not institution, give street		9b. (CITY, TOWN O	R LOCATION OF DEA	тн	9c. COUNTY OF DEATH			
DIRECTOR	JOHNS HOPKINS HOS	PITAL	BA	ALTIMOF	RE CITY					
EC	10e. STATE 10b. COUNTY		10c. CITY, TOY	VN OR LOCATI	ON			10d. INSIDE CITY		
D	Maryland Kent		Golt	s				LIMITS?		
.W	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL		re Line Rd.			21637		US			
FU	11. MARITAL STATUS 12 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN U.S. ARK FORCES? 1 TYES 2 THE	MED O	If yes, spe	cify Cuben, Mexican,	C ORIGIN? (Specify Yee, Puerto Rican, atc.)	or No- 14, RACI Blac	E — American Indian, k, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2X NO Specify:		Spec	white		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	noleted) /G/s	CEDENT'S USUA	one during mos	N t of wadding	16b. KIND OF BUS	INESS/INDUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Do NOT use retin	ed.)		IIG D				
MP	12	I Ple	ail Ca	rrier			stal Se	rvice		
8	17. FATHER'S NAME (First, Middle, Last) Augustus Davis			ĺ		E (First, Middle, Meiden				
R	19e. INFORMANT'S NAME (Type/Print)	19h	MAILING AGO	RESS /Street on		Bennett				
5	Michelene Davis					ne Rd.,		d 21637		
	20e. METHOD OF DISPOSITION	20b, PLACE A	ND DATE OF DIS	POSITION (Nan			CATION — City or To			
	1 Secretary 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	Towns	natory or other place of C	emete	ry 1	/11/95	Townse	nd, Delawar		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	THE			LS & HUT	LITY		Broad St.		
	- Later	/ Noteta)	Dimi	DO WITOI			own, De.		
	23. PART I. Enter the diseeses, or com	polications that caused the and tonly one cause on each line.	th. Do not er	nier the mod	le ot dying, such	as cardiac or respir	ratory arrest,	Approximate		
	IMMEDIATE CAUSE (Final	T 1	0					Onset and Death		
	disease or condition resulting in death) a	tungal seps	15					3 days		
		DUECT (OR AS A CONSEC	UENCE OF):					101		
ON	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF):					10 days		
CAT	cause. Enter UNDERLYING	Chemothe	ans					lodans		
E	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A CONSECU	UENCE OF):		1 -1 -			2.0		
CERTIFICATION	resulting in deeth) LAST	reuse myse	ageno	us J	llukin	na		2 years		
AL C	PART II. Other aignificent conditione c	ontributing to death but not re	sulting in the	underlying	ceuee given in P	art i. 24a. WAS AN		. WERE AUTOPSY FINDINGS		
	cardine amh	Ahmas, 1	knal	fail	ure	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEC		0				_ /		1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DEAT	TH YES] NO []	UNCERTAIN	X				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	9SPITAL:		eck only one)						
ΗXS	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY	28b. TIME OF	Nursing Home 28c. INJU	5 Residence 6					
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR	IK7	28d. OESCRIBE HOW IN	IJUHY OCCURED			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At horr	ne, ferm, street,			28f. LOCATION (Street or	nd Number or Rural I	Route Number,		
COMPLETED	4 Homicide determined	building, etc. (Specify)				City or Town, Stete)				
7	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, dear	th occurred at t	he time, date e	and place, and due to	the cause(s) and man	ner es stated.			
WO	and the same of th	On the besis of examination end/or in						s) end menner as stated.		
	IGNATURE AND TITLE OF CERTIFIER	at 1. A 1	ra		29c. LICENSE NUMB	BER	29d. DATE SIGNED	(Month, Day, Year)		
O BE	jude 10.	Medical house o	thur	- - - - -	M0982		▶Jan. (0,1995		
2	30. NAME AND ADDRESS OF PERSON WHO CO Katherine C. Wu, M. D.	OMPLETED CAUSE OF DEATH (ITEM	Nolfe S	4 Ba	Ulimbre,	MP 212	05			
	31. DATE FILED Month, Day, Charg QQ5	32. AFGISTRAR'S SIGNATURE	40				-			
	VAII 0 0 1333	Henry a manier hards	i.U.							

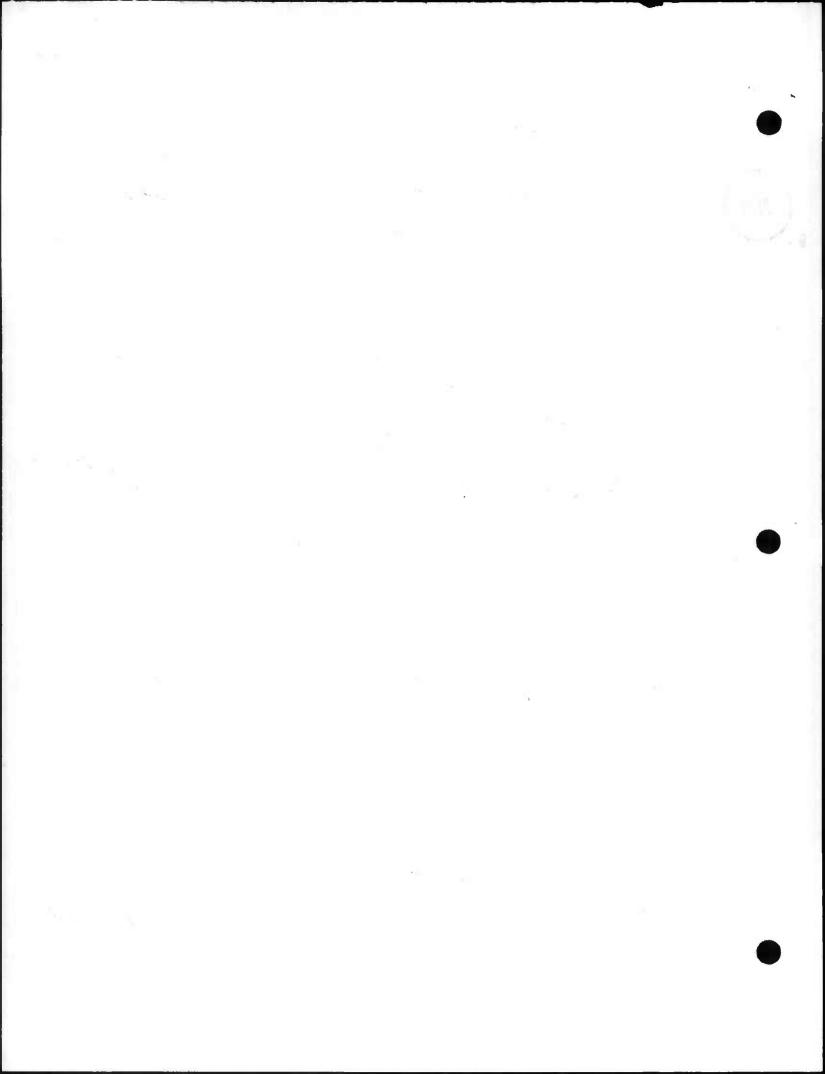


-	
-	•
0	
9/	
<u></u>	
m	
~~	
68	
BOX	
\simeq	
O	
m	
1	
_ •	
\circ	
٠.	
P.0	
-0	
S	
\circ	
=	
RECORDS	
0	
\sim	
$^{\circ}$	
111	
ш	
Œ	
_	
1	
-	
_	
_	
VITAL	
P	
0	
_	
7	
~	
U	
_	
S	
>	
_	
\cap	

•			NT OF HEALTH AND MENTAL HYGIENE TE OF DEATH REG. NO.										
•		1. DECEDENT'S NAME (First, Middle, Last) MARY E. DEVILBISS	2. DATE OF DEATH DAY YEAR 95 12:35	PM									
_ 2		214-36-8590 1 □ M 2 🕅 F 94 YRS. MONTE	HOER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (MONTH, Dep. Year) NOV-19, 1900 MARYILAND	sign									
WILL.	TOR R	90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH WESTMINSTER NURSING & CCNV. CENTER WESRMINSTER CARROLL											
WH	DIRECTOR	RESIDENCE OF DECEDENT 10c. STATE 10c. CITY, TOW MARYLAND CARROLL KEYMAR	VN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 \(\)	NO.									
nsit perm	FUNERAL		101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21757 USA	19									
215-0020 attending physician. ise as the burial-transit	BY FUN	3 Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yee, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: CAUCASTAN	٦,									
21 al or bor u	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) 8th HOMEMAKER	L OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 16d.) 16b. KIND OF BUSINESS/INDUSTRY										
5 8 6	ш	PETER (NMI) BAUMGARDNER	18. MOTHER'S NAME (First, Middle, Meiden Surneme) ANNIE K. NAIL										
E, MARYL y be retained by to	TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PAUL B. DEVILBISS 7029 KEYSVILLE ROAD KEYMAR, MARYLAND											
M > 8 •		20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DIST Cemetery, cremetery, cremetery or other pla	ON CEMETERY 1/11 KEYMAR, MARYLAND 217	757									
		P. Kevin Judy	22. NAME AND ADDRESS OF FACILITY 136 EAST BALTIMORE STREE SKILES FUNERAL HOME TANEYTOWN, MD 21787										
nin 24 hours at ely filled in by nation, or rem		23. PART i. Enter the diseases, Dr complications that caused the deeth. Do not an shock, Dr heart fallure. List pniy Dne cause Dn each line. IMMEDIATE CAUSE (Final disease Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	Interval Bat	tween Death									
.O. BOX 68 certificate be executing physician and lygiene prior to burn other traumatife.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
CORDS irres that the signed by the Health and Mi	MEDICAL CE	PART ii. Other significant conditions contributing to deeth but not resulting in the	underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 60 24b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA DE DEATHY 1 YES 2 NO	O WSE									
Law law		DID TODACCO LICE CONTRIBUTE TO CALICE OF DEATH. VEC											
# # # # E	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 In Inpetient 2 ER/Outpetient 3 DOA 4 In Inpetient 2 ER/Outpetient 3 DOA 4 In Inpetient 2 DOA 4 In Inpetient 2 DOA 4 In Inpetient 3 DOA 4 In Inpetient 2 DOA 4 In Inpetient 3 DOA 4 In Inpetient 3 DOA 4 In Inpetient 2 DOA 4 In Inpetient 3 DOA 4 In Inpetient 2 DOA 4 In Inpetient 3 DOA 4 IN Inpetient 3 DOA 4 IN INPETIENT											
ON OF VIDING PHYSICIAN: After this certifica death with the St marked, or It	ву Рн	1 Natural 5 Pending 2 Accident Investigation	28c. INJURY AT WORK? 1										
ATTEN ATTEN ECTOR: S after 28 is	ETED.	4 Homicide distarmined	fectory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)										
E 24 F	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in m	ne time, date end place, and due to the cause(e) end menner ae stated. The properties of the time, data end place, end due to the cause(e) end manner ee state.	ted.									
TO THE HOSPI TO THE FUNER be filed within	O BE	29b. SIGNATURE AND TITLE OF CERTIFIER J. Mors, M.D.	29c. LICENSE NUMBER 032882 ≥ 1-9-95										
	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH-(ITEM 27) (Type, Print)	0	1.									

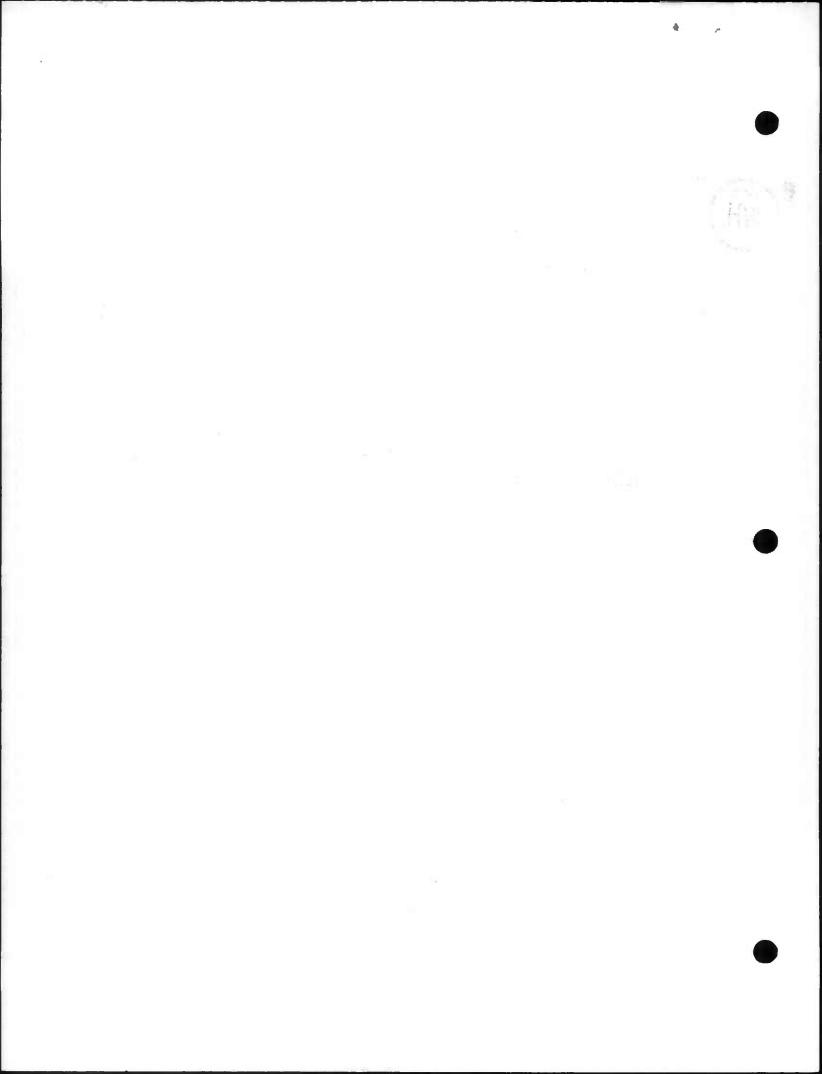
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
055 IV BUSINUS5

DHMH-16 Rev 1/89



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAL

	1 - STATE REGISTRAR	OINIE OI III	CE		ICATE O				EG. NO.	5				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH	Y 200	TYEAR	3. TIME OF OEATH		
		Mae			Demarr			Januar	y 57	, 199	5"	18:47 _M		
(%)	A SOURCE CONTRACTOR OF STREET	5. SEX	8. AGE (In yrs. last		IF UNDER 1 YEAR		MIN.	7. DATE OF B (Month, Day			6. BIRTH	PLACE (State or Foreign		
-	217-32-2219 9e. FACILITY NAME (If not institution, give stre	1 M 2 F	62	YRS.				May 5	193			yland		
쬏			1		9b. CITY, TOW						NTY OF D			
D.	Calvert Memorial	Hospita	1		Pri	nce Fi	rede:	rick		Ca	alver	t		
DIRECTOR	10a. STATE 10b. COUNTY	0			Y, TOWN OR LOC	CATION					10d. INSIDE CITY LIMITS?			
		e George:	S	Aqı	asco						1 TES 2 NO			
FUNERAL	10e. STREET AND NUMBER					10f. ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?		
E	23500 Aquasco Road						2060				USA			
	1 Never Married 2 Married		YES 2 N		If yes,	specify Cube	n, Mexica	NIC ORIGIN? (Sp in, Puerto Ricen	ectfy Yea etc.)	or No-	Black	— American Indian, White, atc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WI	AR OR DATES		1 Y	ES 2 NO	Specif	у:			Specii Wh	ite		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION			USUAL OCCUPA			16b. KINE	OF BUS	INESS/INI				
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life	Do NOT u	se retired.)	most or works	ny .							
MP	12			Cle	erk						ompan	У		
	17. FATHER'S NAME (First, Middle, Last)					18. MOT		ME (First, Middle		,				
BE	John H. Grimes 190. INFORMANT'S NAME (Type/Print)		105	54 A II 4940	ADDRESS (Stree			ise L.						
2	William R. DeMarr,	Sr	190		0 Aquas									
1	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOSITION			DATE	_		City or Tox	wn, State		
	1 N Buriet 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)		DeMar	natory or o	ther place) emetery	ery 1-9-95					Aquasco, Maryland			
	21. SIGNATURE OF EUNERAL SERVICE LICE	NSEE	22. NAME AND ADDRESS OF FACILITY											
	Benjamin Mat	thews #N	100658					, Waldo	rf	MD 2	0604	_0156		
	23. PART I. Entar the diseases, or co shock, or heart fallure. Li	mplications that	caused the dea	ith. Do i	not antar tha n	noda of dy	ing, suc	h sa cardiac	or reapi	ratory an	rast,	Approximata		
	IMMEDIATE CAUSE (Final	at Dilly Dife Caus	e on each line.					1	0	-		Interval Between Onast and Death		
	disease or condition reaulting in death)	Car	dio-	PU	mer.	lus	1	71100	N	-				
		DUE TO (OR AS A CONSECUTION OF AS	UENCE O	F):	a D al	1 10	0 1	705	30.	then			
0 N	Sequantially list conditions, b.	DUE TO	OR AS A CONSEQ	UENCE O	F):				10		TOTA	, ,		
SAT	if any, leading to immediata cause. Enter UNDERLYING				,					U		İ		
Ě	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEO	UENCE O	F):									
CERTIFICATION	resulting in death) LAST													
٦	PART II. Other significant conditions	contributing to	death but not re	aulting	in the undarly	ing cause	given in	Part I. 24s.	WAS AN		Z4b.	WERE AUTOPSY FINDINGS		
MEDICAL	Inrulia.	Depe	del	0	ialee		lell	D	PERFOR		1	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
ME		U						_ ' `	, , , , ,	-		OF DEATH? 1 YES 2 NO		
	DID TOBACCO USE CONTRI	BUTE TO CAL	JSE OF DEAT	TH YE	S 🗆 NO	□ UNC	ERTAII	NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEA	TH (Check only on OTHER:	•)	/							
KSI	1 VES 2 NAO	Inpetient 2			4 - Nursing He		aldence	8 Other (Spe	cify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I (Month, Day		28b. TIM	IURY \	NJURY AT YORK? YES 2	7 40	28d. DEŞCRIB	E HOW IN	JURY OC	CURED			
B	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF	INJURY — At hon	ne, ferm.			NO	28f. LOCATION	(Street a	nd Number	or Burnt B	nuto Mumbar		
COMPLETED	4 Homicide determined	building, e	etc. (Specify)					City or Tow			Or Horer 74	oute Marriage,		
ا ت	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of r	TV knowledge, des	th occum	ed at the time de	te and place	and due	to the councie	and man					
N N	(Check only one) 2 MEDICAL EXAMINER:											end menner as stated.		
Ŭ U	29b. SIGNATURE AND TITLE OF CERTIFIER	a		01			ENSE NUI		Т			(Month, Day, Year)		
œ	ATMUM	K. Ar	le-de	1	you -	1	15-	427		•	1/6	155		
임	30. NAME AND ADDRESS OF PERSON WHO										1	. , ,		
	DR. Anwar Munshi					78								
	JAN 0 9 1995	JULYA d	S SIGNATURE	rdall										



1 - FOR STATE REGISTRAR		STATE OF MARYL		DEPART					MENTA	L HYGIEN			
1. DECEDENT'S NAME (Flist,		zabeth Da	wsor	1					MONT	of DEATH		5 YEAR	3. TIME OF DEATH 7:55A M
4. SOCIAL SECURITY NUME 212-32-2404		1 🗆 M 2 💢 F	in yrs. les 93		IF UNDER 1 1	EAR DAYS	IF UNDER	24 HRS.	7. DATE	of BIRTH th, Day, Year) 24 19	901 Maryland		
90. FACILITY NAME (# not in Anne Arund	lel Medi				9b. CITY, T		POLIS		Per County of Death Anne Arundel				
10e. STATE	10b. COUNTY	e Arundel		10c. CITY,	TOWN OR		non polis						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. Street and Number 101. zip code 1 Tiburon Court 21403										States			
11. MARITAL STATUS 1 Never Merried 2 Married FORCES? 1 YES 2 OO IF YES, GIVE WAR OR DATES 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 OO If yes, specify Cuben, Mexican, Puarto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puarto Rican, etc.) 1 YES 2 NO Specify: W													
	EOENT'S EDUCAT y highest grade co		(GI	ve kind of wo Do NOT use	rk done dur	ing mo		ng	160	b. KIND OF BUS	ome	DUSTRY	
17. FATHER'S NAME (First, M Charles As	shby Ow	vens						Alic	е Ве	Middle, Melden	osby		
Sherie D. C	annon			3345	Q St	re	et, N	I.W.	Was	hington	, D.	0. 20	
20a METHOD OF DISPOSITE 1 Departer 2 Cremetlo 4 Donation 5 Other	n 3 🗆 Remove (Specify)	Cen	PLACE A letery, crei	nd date of matory or other Unite	ed M	eth	odist	Ch	urch	Cem.	Mayo	. Ma	arvland
21. SIGNATURE OF FUNERA	L SERVICE LICEN	Phili	in	0	22. NA	me an 7 [d adore Duke	of of	Glou	ohn M. cester	Tay St. A	lor F Annap	uneral Home polis, MD
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	s.	DUE TO (OR AS A	CONSEC	M CO.		е то	de of dy	ng, auc	haacen	diac or reapi	retory ar	reat,	Approximata Interval Between Onset and Daath
if any, leading to immedicause. Enter UNDERLYI CAUSE (Disease or Inju that initieted events resulting in deeth) LAS	ng c.	DUE TO (OR AS A	1										
PART II. Other significe	nt conditions	contributing to death b	ut not re	esuiting in	the Unde	rlying	cause (jiven in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 XNO	MEDICAL F	BUTE TO CAUSE O	28. PLAC	E OF DEATH	(Check only	(one)		ERTAII					1 YES 2 NO
27. MANNER OF DEATH 1 Natural 5	Pending nvestigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME INJUI	M M	c. INJI WO	URY AT RK? 'ES 2			SCRIBE HOW II	NJURY OC	CUREO	
4 Homicide	Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At hor	ne, farm, str	eet, factory	office				ATION (Street e or Town, State)	nd Number	or Rural R	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) end menner es stated.													
29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	6, W	Kinż	~					5928					(Month, Day, Year) y 2, 1995
		r, M.D. 1833			,	/e	Anna	polis	s, Mil	D 2140	1 (41	0-26	7-9211)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the brospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

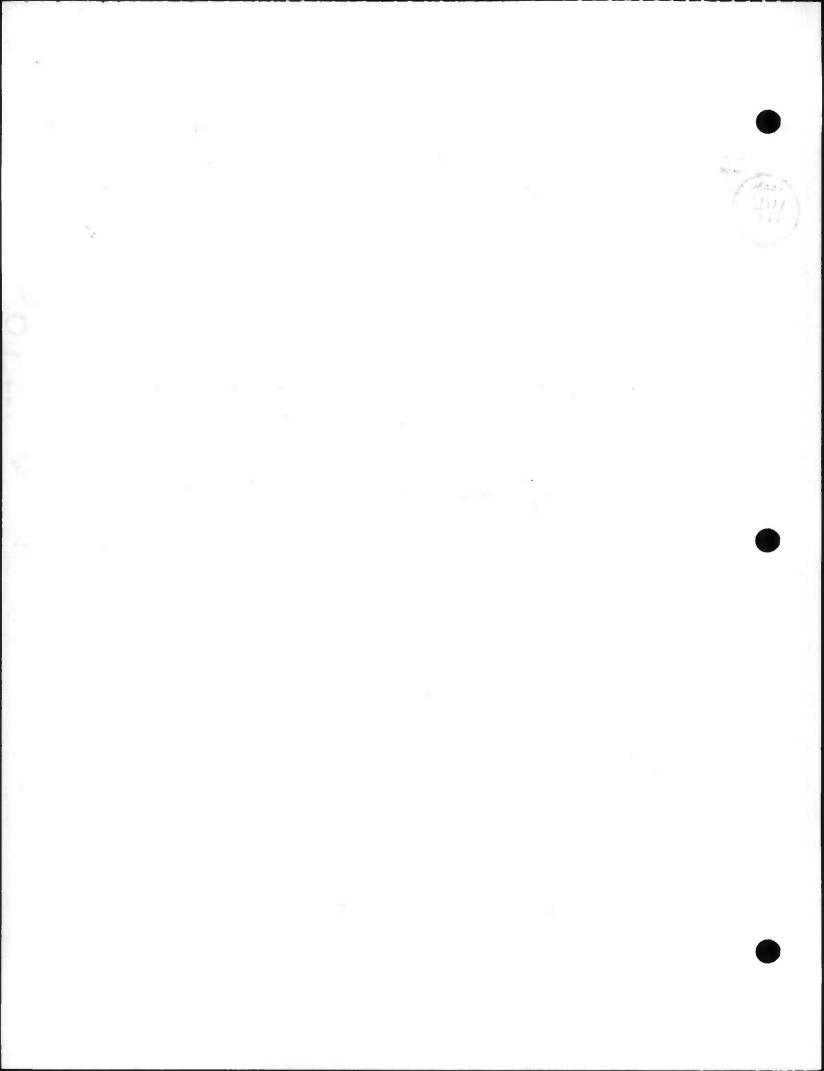
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JAN 03

32. REGISTRAN'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1 - STATE REGISTRAR			JINIE OI II	MILLER	CERTII					MENIA	REG. NO.	Ľ		
1. DECEDENT'S NAME (First	, Middle, Le	st)									E OF DEATH			3. TIME OF DEATH
	larga	ret	Jane	DAVI	S					Je	20,6	199	SYEAR !	1100 A M
4. SOCIAL SECURITY NUM			SEX		rs. last birthday	MONT.	NDER 1 YEAR		MIN.	7. DATE	OF BIRTH		Country	PLACE (State or Foreign
214~09636	02		☐ M 2 😿 F		86 YRS.	MONT	HS DAYS	HOURS	MIN.	Dec	th, Day, Year)	908	West	Virginia
Se. FACILITY NAME (If not in		ve street	end number)			9b. 0	CITY, TOWN	OR LOCATI	ION OF D	EATH		1	INTY OF DE	
Avalon Ma							Hager	stown	1			Was	shing	ton
10e. STATE	10b. COU	NTY			10c. CI	TY, TOV	VN OR LOC	ATION						10d, INSIDE CITY
Maryland	1	lash	nington			Hag	ersto	wn					- 1	LIMITS?
10e. STREET AND NUMBER							1	of, ZIP COD	E			10g. CIT		HAT COUNTRY?
12 South	Walnı	ut						217	740				U.S	. A.
11. MARITAL STATUS		12.	WAS DECEDENT FORCES? 1								N? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Merried 2 3 Nidowed 4 Divo			IF YES, GIVE W			- 1		specify Cube S 2 🔯 NO			Rican, etc.)		Specify	white, etc.
									_					wiite
(Specify on				16	Give kind of life. Do NOT	work do	one during r	TION nost of worki	ng	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (I	3-12)	Co	ollege (1-4 or 5 +)	hou		,				her h	OMA		
17. FATHER'S NAME (First, M	fiddin Last)				110 a			L se MOT	MED'S NA	NAF (First	Middle, Meiden			
		Roc	kwell					10. 1001	HEN S NA		ry McMu		a	
19e. INFORMANT'S NAME (Type/Print)				19b. MAILIN	G ADDR	RESS (Street	end Number	r or Rural		nber, City or Town			
Mr. Robert	W. Da	avis	S								rstown,			d 21740
209, METHOD OF DISPOSIT	ION		_	20b. PL	ACE AND DATE	OF DIS	POSITION (Name of					City or Tow	
1-Burlel 2 Cremetic		emoval	from State	Ced	ar Law	other of	emori	al Pa	ırk	1-9				Maryland
21. SIGNATURE OF FUNERA	L SERVICE	LICENS	EE	4 41		\Box	22. NAME	AND ADDRE	SS OF FA		Minnich			
	1 /3	1	nn	Maria	1.0	' '	415 E	Cast V	Vils	on B	lvd., H	lagei	cstown	n, MD 21740
23. PART I. Enter tha d	iseases.	or comi	plications that	caused th	ne death Do	not en	tor the m	ode of du	Ing eue	h aa aa	dian ar mont			1 Annualment
snock, or h	eart failur	e. List	only one cau	se on each	ine.	not en	iter the ir	lode or dy	ing, auc	in as car	orac or respir	ratory ar	reat,	Approximate Interval Between
IMMEDIATE CAUSE (Fir disease or condition	nal				2			,	_					Onsat and Death
resulting in death)	→	a	DUE TO	OR AS A CO	ONSECULENCE (200	1	سعب		20,74	u			2 weeks
		- 00	502.10	(011 70 71 00	A . 1		111.	1=	0	1	name of ander	7.1		
Sequentially list condit if any, leading to imme		b			INSEQUENCE (40.5		Maria.	Marter	120	- Con	34
cause. Entar UNDERLY	ING	c												
CAUSE (Disesse or Inju- that initiated events		-	DUE TO	OR AS A CO	NSEQUENCE (OF):								
resulting in death) LAS	T (d												
PART II. Other algorifica	nt condit	lona co	ontributing to	death but	not reaulting	in the	underlyl	na causa (niven in	Dart I	24s, WAS AN	AUTOBEV	Laus	WERE AUTOPSY FINDINGS
Dictity 1					Ren						PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Periphene											1 TYES 2	NO		OF DEATH?
DID TOBACCO U	SE CON	ITDIRI	ITE TO CA	ISE OF I	DEATH V	EC F	J NO I	T LINE	EDTAI	N []				1 YES 2 NO
25. WAS CASE REFERRED T		_	OIL TO CA		PLACE OF DE				EKIAII					
EXAMINER?			SPITAL:			OTH	IER:	ma 5 □ Re	aldanaa	4 🗆 Out	(0			
27. MANNER OF DEATH			28e. DATE OF	INJURY	26b. TII	ME OF	_	JURY AT	raidence		SCRIBE HOW IN	JURY OC	CURED	
Giran Control	Pending Investigatio	_	(Month, De	ly, Year)	IN	JURY N		YES 2	NO					
2 Cutatta	Could not I		26e. PLACE OF	F INJURY —	At home, ferm,	street,	fectory, off	Ice		28f. LO	CATION (Street e.	nd Numbe	r or Rural Ro	ute Number,
	datermined		bullding,	etc. (Specify)						City	or Town, State)			
29e. CERTIFIER	IFYING PH	YSICIAN	: To the best of	my knowlede	ne death occur	red at 1	he time de	te and place	and due	to the ee	usofo) and man		1-4	
														end manner es stated.
29b. SIGNATURE AND TITLE						7			ENSE NUI		1,223,311			
	-		mo		1	1			80				ST-	Month, Day, Year)
30. NAME AND ADDRESS OF	F PERSON 1	WHO CO	MPLETED CAUS	E OF DEATH	(ITEM 27) (Typ	e, Print)			_				-	
VASAWA :	DAT	7/3	mo :	33 h	MIL	۷.	5-6	MAK	ERJ-	Tom	~ MD	2	1742	
31. DATE FILED (Month, Day,			32. REGISTRA											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

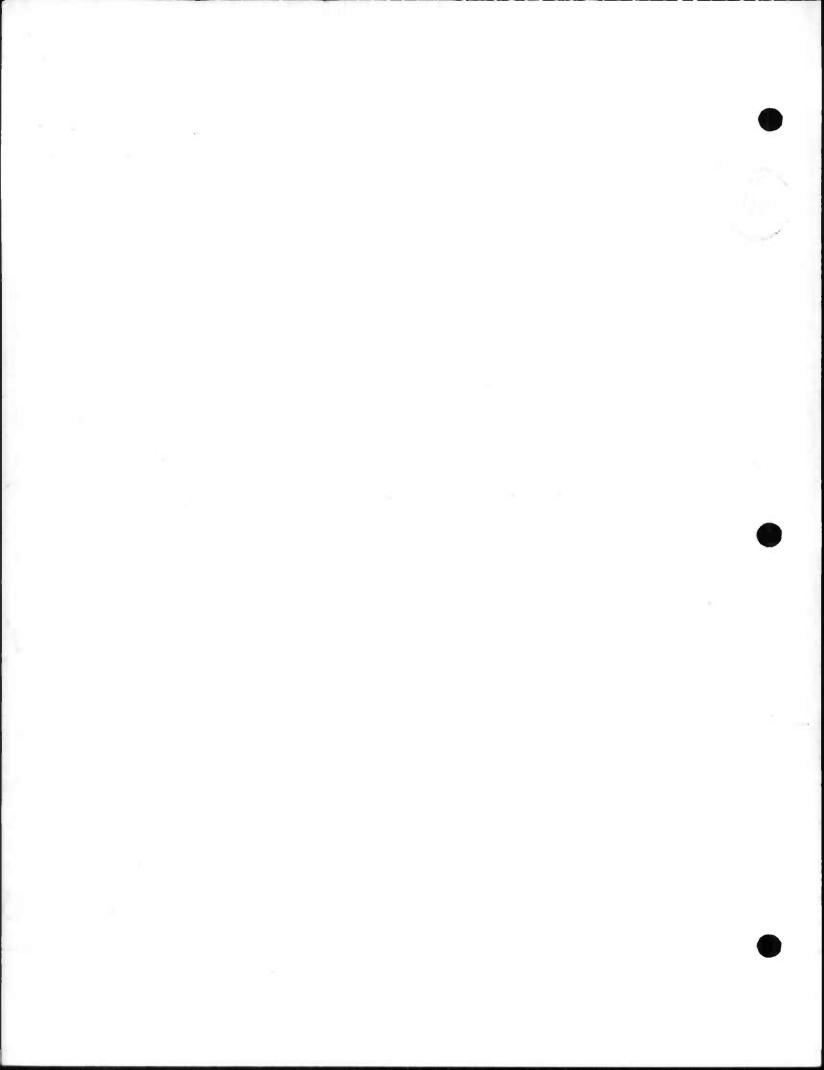
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9 1995

OHMH-16 Rev 1/89



FOR

	1 - STATE REGISTRAR	AL OF MARTIE	CERTIF	ICATE O	F DEATH	MENIAL HIGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)			TOATE O	DEATH	2. DATE OF DEATH).	3. TIME OF DEATH			
	Hilda Margaret DEAN					January	2. 1	YEAR			
	4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH	2, I	8. BIRTHPLACE (State or Foreign			
	206-18-6353	M 2 XF 68	YRS.	MONTHS DAYS	HOURS MIN	(Month, Day, Year)	026	Country)			
	9e. FACILITY NAME (# not institution, give street an	nd number)		9h CITY TOW	OR LOCATION OF	Feb. 12,1		Pennsylvania			
OR	11 W. Baltimore St.	, Apt. 321		-37	gerstown		9c. COUNTY OF DEATH Washington				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100								
DIRECTOR	Maryland Washing	ton		y, town or Local				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	-	1 110		101. ZIP CODE		100 017	1 X YES 2 NO			
FUNERAL	11 West Baltimore St., Apt. 321 21740 USA										
5	11. MARITAL STATUS 12. W	WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D	ECENDENT OF HIS	PANIC ORIGIN? (Specify Ye	e or No-	14. RACE — American Indian, Black, White, atc.			
ВУ Е		2 ₹NO	If yes,	specify Cuben, Mex ES 2 X NO Spe	ricen, Puerto Rican, etc.)		Specify:				
03	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	USUAL OCCUPA	TION	16b, KIND OF BU	SINESS/IN	White			
E	(Specify only highest grade completing (Specify only 1) (Colling Colling ege (1-4 or 5+)		work done during		No. KIND OF BO	ONE 39/114	DOSINI				
COMPLETED	12	0	seam	stress		garme	ent				
0	17. FATHER'S NAME (First, Middle, Last)			· · · · ·	18. MOTHER'S	NAME (First, Middle, Meiden					
BE C	Joseph Veltum				Anna	Katherine	Klin	ger			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t end Number or Rui	ral Route Number, City or Tox	vn, State, Zij	p Code)			
5	Barbara Barber		213 1	N. Mulb	erry St.	, Hagerstow	m, M	d. 21740			
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal for		PLACE AND DATE		Neme of	DATE 20c. LC	CATION -	City or Town, State			
	4 🗆 Donetfor: 5 🗆 Other (Specify)	R	tery, crematory or o		tery 1	-5+95 Hag	erst	own, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Rest Haven Cemetery 1-5+95 Hagerstown, Maryland 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME										
	CHITTY	MINKI.	el				CATC	town, Md. 21740			
	23. PART I. Enter the diseasea, or compli	cations that caused	the death. Do r	not enter the r	node of dying, a	uch as cardiac or resp	ratory er	reat, Approximate			
	snock, or neert failure. List of	nly one cause on each	th line.	-1/-	/ /	7 /	2	Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	150001. 1	0/sery	OPITU	othe /	U/0- 9,80/	PAUSE	Onset and Death			
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	F):	V	101	11-	17			
z						/		1			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):		-1					
3	cause. Enter UNDERLYING		/								
国	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
	PART II. Other significant conditions con-	tributing to death bu	A met moulding l	- 4b d - d -							
DICAL	The significant conditions con	anddang to deeth bu	t not resulting i	n the underly	ng cause given	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
ă						1 TES :	LINO	COMPLETION OF CAUSE OF DEATH?			
ME	DID TOPACCO LICE CON	ITDIDITE TO	CALICE OF	DEATH	VEC ET A			1 TYES 2 NO			
PHYSICIAN:	DID TOBACCO USE CON	TIRIBUTE TO	CAUSE OF			10 🗆					
C		SPITAL:		26. OTHER:	PLACE OF DEATH	Check only one)					
I X		Inpetient 2 ER/Outpet		4 - Nursing H		ce 6 C Other (Specify)					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM tNJ	URY	YJURY AT	28d. DESCRIBE HOW	NJURY OC	CURED			
à	2 Accident Investigation	OF DUACE OF IN HIM		- 1	YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Specify	At home, tarm, s	treet, fectory, of	ice	261. LOCATION (Street City or Town, State)	and Number	r or Rural Route Number,			
9	298. CERTIFIER										
COMPLET						lus to the cause(e) end ma					
8	MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(s) and mennar ee stated.										
H H	296. SUMATURE AND TITLE OF CERTIFIER 29c. IJCENSE NUMBER 29d. DATE SIGNED (Month, Day, Your)										
6	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CALLED OF DEATH WITHIN THE										
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH NITEM 27/(Type, Print) ER LOS A(2.45 BL 782 C) O. M. C. NUCL FOR DEADLESTEWARD M. A. 2.170 L.										
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNAT	TURE		,	1 -1010	6	(1)			
	JAN 05 1995 del: 1	. 0				1					

BALTIMORE, MARYLAND 21215-0020, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four sher death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fluctual be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



FOR

STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HYCICHE

1 - STATE REGISTRAR		SIAIL OF I	C	ERTIF	ICATE C			MENIAL DI	B. NO.			
1. DECEDENT'S NAME (First,	, Middle, Last)				TOATE	, DE		2. DATE OF DE		_	3. TIME OF DEATH	
Joseph Gary	WOLF	ENSBERGE	2					MONTH	ry 2,	1995	Fin Au	
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. Id	est birthday)	IF UNDER 1 YEA	AR IF UND	ER 24 HRS.	7. DATE OF BIR			HPLACE (State or Foreign	
218-50-4552		1 🕱 M 2 🗆 F	45	YRS.	MONTHS DAY			(Month, Day, 1	bar)	Coun	try)	
9e. FACILITY NAME (If not in	-	street and number)	7.5		9b, CITY, TOV	AN OB LOCAL	TION OF D	Oct. 4			ryland	
446 Mitchel								EAIN		% COUNTY OF DEATH Washington		
RESIDENCE OF DEC		liue			па	gersto	WII		W	asnın	gron	
t0e. STATE	10b. COUNT	Υ		10c, C/1	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
Maryland	Wash	ington		н	agersto	wn					LIMITS?	
10e. STREET AND NUMBER						101. ZIP COI	DE		10g. C	ITIZEN OF	WHAT COUNTRY?	
446 Mitchel	1 Ave	nue			1	21	740			US	A	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS			NIC ORIGIN? (Spec	Ify Yea or No.		E — American Indian,	
1 Never Married 2 🛣		FORCES? 1	YES 2 X	NO	If yes		en, Mexico	n, Puerto Ricen, e		Spec	ck, White, etc.	
		1									ite	
(Specify only	EDENT'S EDU y highest grade	completed)	(Work done during		dng	16b. KIND	OF BUSINESS!	INDUSTRY		
Elementery/Secondary (0	1-12)	College (1-4 or 5	·) "		e sales	man		200	tata a	h f n mf		
12		0		TOUT	e sares				tato c	_	8.	
17. FATHER'S NAME (First, M		0.000						ME (First, Middle, I)		
Richard Wol		erger						Mary Sa				
190. INFORMANT'S NAME (7) Linda Wolfe		ger	1					Route Number, City			d 21740	
20e. METHOD OF DISPOSIT		0	20h PI ACE	_	OF DISPOSITION		,		Oc. LOCATION			
1 or Buriel 2 Cremation 4 Donetion 5 Other	n 3 🗆 Rem	oval from State	cemetery, ci	rematory or c	en Ceme	tory	1	-5-95			, Maryland	
21. SIGNATURE OF FUNERAL		CENSEE	Rest	. Hav					nager	SLOWII	, marytanu	
	- /		7	1				AL HOME				
1 3 C	201.	7///	enne	ch	415	E. Wi	.1son	Blvd.,	Hager	stown	, Md. 21740	
23. PART I. Enter the di	iseases, or	complications the	t ceused the d	leath. Do	not enter the	mode of d	ying, auc	h as cardiac or	respiratory	arrest,	Approximata	
IMMEDIATE CAUSE (Fin		Liet only one cat	on each iin	10.	1	1.					Interval Batween Onset and Death	
disease or condition	→		Sude	den	do	oth	1					
resulting in death)		a. DUE TO	OR AS A CONSE	EQUENCE O	P):							
		. Co	0100		12 A 0	the.					Jucer	
Sequentially list conditi if any, leading to immed	iona,	DUE TO	(OR AS A CONSE	EQUENCE O	10 Am		T				101-	
cause, Entar UNDERLYI	NG	c.										
CAUSE (Diseese or inju that initieted evente	ry	DUE TO	(OR AS A CONSE	EOUENCE O	F):							
resulting in death) LAS	т [d.										
DADE II OIL III III												
PART II. Other algolitice	nt condition	e contributing to	deeth but not	reculting	In the under	dng cause	given in	Part i. 24s. W	AS AN AUTOPS ERFORMED2	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Breve	unt	relle	Lul	17	rei	no	Da.	10	ES 2 NO		COMPLETION OF CAUSE OF DEATH?	
			('						1 TYES 2 NO	
DID TOBACC	O USE	CONTRIBUT	E TO CA	USE O	F DEATH	YES [T N					
25. WAS CASE REFERRED TO						PLACE OF						
1 YES 2 700	S.C.	HOSPITAL:	ER/Outpetlent	3 II DOA	OTHER:		_	6 Other (Speci	w.			
27. MANHER OF DEATH		28s. DATE OF		280. TIN	-	DIJURY AT		28d. DESCRIBE		OCCURED		
	Pending	(Month, D	ey; Year)		JURY	WORKY YES 2	TNO					
a C Contain	investigation	25e. PLACE O	F INJURY — AI h	ome, facer			-100	281. LOCATION (Otracal and Ali-	has no Direct	Doube Mumbes	
The second secon	Could not be determined	building,	ets. (Specify)		and the second second	0.50		City or Town,		on or nurei	riodio (raniDBI,	
29e. CERTIFIER		7								-		
(Check only		CIAN: To the best of										
a L MEDI	CAL EXAMINE	on the basis of a	xemination end/or	Investigation	on, in my opinio	n, death occi	ured at the	time, date and pla	ica, and due to	the cause(e) end manner ee stated.	
296. SIGNATURE AND TITLE	OF CERTIFIE	4		1	h h	29c. LIC	ENSE NUI	WBER	29d. D	ATE SIGNE	(Month, Day, Year)	
Mell	18		- "	/ '	M7		63	623	•	(12)	2-3	
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (IT)	ЕМ 27) (Туре	, Print)	21/		1 1 1	11		, 1	
reduce	C 1+	Kas	7-1-1	has	179	1 40	wel	l Kel	100	(er)	town hel	
PHM GEOMISS	Julia Julia	SZ. REGISTRA	AS SIGNATURE							•		

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a fround after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

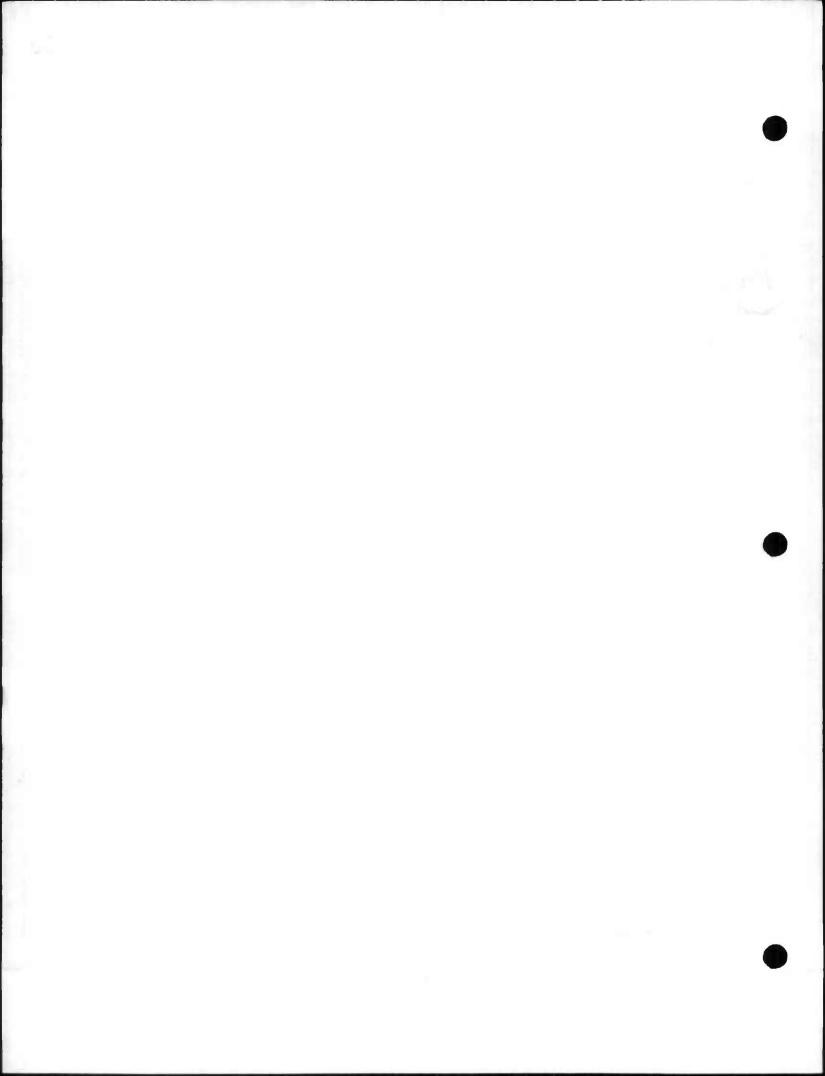
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

In State of the second

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at ence.	
	e retained	5 should		notified	
•	may be	or, page		ust be	
	Page 6	al direct		iner m	l
	or death.	he funer	A.	exam	l
	ours afte	I In by t	or remov	nedica	I
	In 24 n	ety filled	nation,	t, the	
	ted with	complet	ial, crer	even	
	De execu	lan and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	aumatic	
	Tificate	g physic	iene pric	ther tr	
	ath cer	tlandin	al Hyg	0 10 '	
	the de	y the a	nd Ment	injury	l
	res that	igned b	ealth ar	rs amy	l
	w requi	been s	of H	3 show	l
	The la	ate has	ate De	em 2	ı
	ICIAN:	certifica	the St	10 ·	ŀ
	G PHYS	er this (th with	narked	l
	ENDIN	OR: Aft	ter dea	B is n	
	OR ATT	DIRECTL	nours at	tem 2	
	SPITAL	VERAL I	1 27 hr	(H. H.)	
	F F F	THE FUN	led with	ORTAN	
	5	10	9	M	

Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPA	RTMENT OF H	IEALTH AND	MENTAL HYGIEN		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Rahmen	I.		DAHBURA	1		3 1995	9:15 p.m. M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cour	HPLACE (State or Foreign
	213-96-2759 So. FACILITY NAME (If not institution, give	1 🗆 M 2 💢	98 YRS.			Nov. 5, 18		alestine
e e	Avalon Manor Home			Hagerst	OR LOCATION OF D	EATH	eton	
اق	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV.	I m. o					
DIRECTOR		shington	10c, C	ry, town on Local Hager	stown		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
A	10e. STREET AND NUMBER			101	. ZIP CODE		WHAT COUNTRY?	
FUNERAL	103 Northern Ave	nue			21742			
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EN	YER IN U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No- 14. RAC	CE — American Indian, ck, White, etc.
₽¥	3 Midowed 4 Divorced	IF YES, GIVE WAR			2 NO Speci		Spe	
							SINESS/INDUSTRY	ASIGII
E	(Specify only highest grade completed) Elementary/Secondary (0-12) O Years (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Personal Resider							
鱼								ence
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-			AME (First, Middle, Malden	Surname)	
BE	Isaac Hazbun				Nijma S	-		
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		2 21740
	Bud Dahbura 20s, METHOD OF DISPOSITION					Hagerstown,		
	1 A Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	cemetery, crematory or	other place)	meor rszTan	5 1995 Ha	CATION — City or 1	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ttese nave	22. NAME A	ND ADDRESS OF, F	ery Funera.	iger 3 cown	, raryrand
	Douglas A. Fie	ery Llau	alm A.F	111 1331 E	Eastern 1	Blvd. North	n, Hagers	stown, MD
1	23. PART I. Enter the diseases, or shock, or heart failure.	complications that ca List only one cause	used the death. Do on each line.	not enter the mo	de of dying, suc	ch as cardiac or resp	iratory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
	resulting in desth)	s. Congest	ive Heart					72 hours
,	_			/-		D.		
흔	Sequentially list conditions, if any, leading to immediate	b. and Arter	AS A CONSEQUENCE	1C Cardio	vasura	r Disease		years
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	Senile Dem						vears
CERTIFICATION	that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):				
빙		d						
甘	PART II. Other significant condition	ns contributing to dea	th but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN	DAMESO	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC						1 YES	A. Carlotte and Ca	COMPLETION OF CAUSE OF DEATH?
M						_		1 TYES 2 NO
Ä	25 WAS 0405 DESTRUCTOR TO 44500A1							
i)	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 00710	OTHER:	ACE OF DEATH (C)			
Η¥	27. MANNER OF DEATH	1 Inpatient 2 ER	JRY 26b. TI			6 Other (Specify) 28d, OESCRIBE HOW I	INJURY OCCURED	
	Natural 5 Pending	(Month, Day, Y		IJURY WO	PRK?	200. OLGONIBE NOW	INSUNT OCCURED	
р Вү	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE QF IN building, etc.	JURY — At home, farm	, street, factory, offic	•	28t. LOCATION (Street	end Number or Rural	Route Number,
COMPLETED	4 Homicide determined	Dattoring, etc.	(Gpecny)			City or Town, State)		
PLE	290. CERTIFIER (Check only	SICIAN: To the best of my	knowledge, death occu	rred at the time, date	and place, and due	to the cause(e) and ma	nner as stated.	
O.	one) 2 MEDICAL EXAMIN	ER: On the basis of exami	nation end/or investigat	lon, in my opinion, d	leath occured at the	time, date and place, ar	nd due to the cause	(a) and manner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R S	2/		29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)
TO B	(awal	W 619	4cc		D01062		Janua	ry 4, 1995
	30. NAME AND ADDRESS OF PERSON WI							
	Edward W. Ditto,	111, M.D.	217 W. T	Washingto	n St. I	Hagerstown,	Md. 2	740
,	JAN 05 1995 Jul	32. REGISTRARIS	call					
	11							



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
i	#	e d		5
	P	P		-
	aine	hou		=
	ret	5 5		10
r	2	90	,	
	Пау	r p		75
ı	9	cto		Ë
	206	dire		-
	H.	eral		를
	leat	fu		Xa
	ter (the	Mal.	9
	Sal	á	PETT(de
	1000	ui p	0	Ë
	12	file	6	2
ļ	F	tely	mati	t, t
	Wit	nple	Cre	Ne.
	rted	00	rial,	es U
	хес	and	ձ	at
	9	ian	N to	Ĕ
	ate	ysic	pric	=
	tifica	F	ene	he
	Cer	ding	Š	0
	ath	tten	ta	0 '
	e de	he	Men	5
	it th	by	pu	트
	tha	ped	th a	an
	ires	Sigi	Hea	*
	regu	Ben	0	9
	W.	SP	ept.	23
	he	e ha	le D	E
	Z.	ficat	Stal	ie
	CPA	erti	the	0
	H.S	JIS (VIET I	ed
	G P	er th	ith v	Jan
	DIN	Aft	dea	5
	TEN	9	after	82
	A AT	JEC.	IIS S	E
	0	ā	Pol	5
	ITAL	R	2	=
	OSP	JNE	thin	N
	Ĭ	ಹ	×	Ĕ
	w	w		
	THE.	THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2

Dennis C.

31. DATE FILED (Month, Day, Maer)

JAN 05 1995

							20	0,00.		
	REGISTRAR	STATE OF MARYLA	CERTIFIC	MENT OF H		REG. NO				
		JAMES WILLI	AM DIZE			2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH		
		SZIGMAI.				January	1 199			
	217-30-9667	1 M M 2 □ F 59	YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTLE (Month, Day, Year) June 14, 1	1935	SIRTHPLACE (State or Foreign Country) Maryland		
œ	9e. FACILITY NAME (If not institution, give stree				OR LOCATION OF OE	ATH	9c. COUNTY			
5	PENINSULA REGION	NAL MEDICAL	CENTER	SALIS	BUKY		MICC	OMICO		
DIRECTOR	10e. STATE 10b. COUNTY	omerset	10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 3427 Lawsonia I	Road		101	21817		10g. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	2. WAS DECEDENT EVER IN FORCES? VE YES IF YES, GIVE WAR OR DAT 1956—58	U.S. ARMED 2 NO 1ES	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexicer 2 NO Specify.	IC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	3	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementery/Secondary (0-12) H.S. Graduate		life. Do NOT use	ork done durina ma	DN st of working	186. KIND OF BUS	siness/industripht Car			
	17. FATHER'S NAME (First, Middle, Last) Theo Dize		11 ack	DIIVEL		ME (First, Middle, Maiden				
BE	19e. INFORMANT'S NAME (Type/Print)		1			ra Justice				
5	James William Dize		6898 B	loggs Sc	hoolhous		lestove	r, MD 21871		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	of from State ceme	tery, crematory or other Ce	er plece) metery	1	/4/95 Cr	cation — city cisfiel			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home									
	23. PART i. Enter the diseasea, or con	mplications that caused	the deeth. Do no	t enter the mo	de of dying, auch	as cerdiac or reepl	retory arrest,	Approximate		
	ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	RESIA DUE TO (OR AS A C		FAI	LURE			Interval Between Onaet and Daath		
Z		AROS	The same of the sa					3-4 ml		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	PNEUN						3-4 WY		
ERTIF	thet initiated eventa reaulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF):							
Ť.	PART II. Other significant conditions of	contributing to death bu	t not reaulting in	the underlying	Cause given in F	Part I. 24e. WAS AN	AUTOREY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	PULMONARY	FIBROS		10~5)		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	DID TOBACCO USE CONTRIB	PLITE TO CAUSE OF	DEATH VEC	DNOF	LINICEDTAIN	1 Nove		1 NES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH	(Check only one)	UNCERTAIN	Mar				
Sic	EXAMINER?	OSPITAL:		OTHER:	e 5 🗆 Reeldence 8	D C C C C C C C C C C C C C C C C C C C				
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURE	ED .		
BY P	Natural 5 Pending	(Month, Day, Year)	INJUI		RK? (ES 2 NO					
	2 Accident towartigation 3 Suicide 6 Could not be determined to building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner se stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Charland	h		29c. LICENSE NUMI	BER 2	29d. DATE SIG	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dennis Chodnicki M.D. Quincy & Locust St. Salisbury, Md.									
	31. DATE FILED (Month, Day, Year)	R. REGISTRARY SIGNAT	TURE	- 01/1	9		suus DL	y y, rea.		

20 0 0 0 000 , a finite BENE and a recent and the second of the second o The state of the s

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Wours after death. Page 6 may be retained by the hospital or attending physic	wours after death. Page 6 may be retained by the hospital or attending phy-
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning the filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	led in by the funeral director, page 5 should be detached for use as the burnal, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	s medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA				OF DEA			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			July .		J. D		2. DATE OF	F DEATN			3. TIME OF DEATH
		MELORA F	RANCES	ELL	TS			JAN	DV		995	4 . 4 .
	4. SOCIAL SECURITY NUMBER					AR IF UNDE	R 24 HRS.					HPLACE (State or Foreign
	219-30-4978	1 M 2 XXX	86	YRS.		YS HOURS	MIN.	(Month, L	Day, Year)	-00	Coun	ntry)
	9a. FACILITY NAME (If not institution, give st	med and number)			AL CITY TO	WN OR LOCAT			21 .	- 68		MD.
œ	MERIDAN NURSING CA		1	- 1				AIN			INTY OF I	
18	RESIDENCE OF DECEDENT	RE CENTER			ANNA	POLIS	, MD			ANNE	ARI	UNDEL
DIRECTOR	100. STATE 100. COUNTY ANNE A			10c. CITY, TOWN OR LOCATION ANNAPOLIS								10d. INSIDE CITY UMITS? 1 Dayes 2 No
FUNERAL	23 BLOOMSBURY SQU.	ARE		101, ZIP CODE 21401					10g. CITIZEN OF WHAT COUNTY			
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2				13. WAS	DECENDENT	OF NISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian.
1 11	1 Never Married 2 Married	FORCES? 1 L	YES 2 YO	IRMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14. RACE — A Black, Whit 1 — Yes 2 — MO Specify: Specify: Specify:						ck, White, etc.		
1 2 1	I DIVICED						ороси				AFRO	AMERICAN
8	15. DECEDENT'S EDUC	CEDENT'S	USUAL OCCU	PATION		16b. K	IND OF BUS	SINESS/IND				
	(Ghe kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5 +) HOMEMAKER T. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)											
₫								H				
ō	17. FATHER'S NAME (First, Middle, Last)					18. MO	HER'S NA	ME (First, Mid	idle. Maiden	Sumame)		
	BENJAMIN SIMMS					ELOR		LBERT				
0	19a. INFORMANT'S NAME (Type/Print)	191	MAILING	ADODESS /S	reet and Numbe					o Codel		
유	DOLORES E. JENKINS	S										20002
	METHOD OF DISPOSITION						oT Ma					
	Burial 2 Cremetion 3 Ramo	val from Stata	cemetery, cre-			N (Name of		DATE	20c. LO	CATION —	City or T	fown, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A STRIA DOT TO THE SERVICE LICENSEE											
	CHARLES E. HICKS 111 HOUSE OF HICKS-1922 FOREST DRIVE 21401											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory except											21401
	23. PART I. Enter the diseases, or co	omplications that	coused the de	ath. Do no						ST D	RIVE	
	anock, or neert fellure. L	omplications that calls only one cause	coused the de	ath. Do no						ST D	RIVE	Approximata Interval Between
	23. PART I. Enter the diseasea, or cahock, or heert feilure. LIMMEDIATE CAUSE (Finel disease or condition	omplications that class only one couse	coused the de e on each line	ath. Do no	ot enter the	mode of dy	/ing, auci			ST D	RIVE	Approximata
	IMMEDIATE CAUSE (Finel	let only one couse	olou		ot enter the		/ing, auci			ST D	RIVE	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	let only one couse	couped the de		ot enter the	mode of dy	/ing, auci			ST D	RIVE	Approximata Interval Between
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	I. DUE TO (O	R AS A CONSEC	HUENCE OF	ot enter the	mode of dy	/ing, auci			ST D	RIVE	Approximata Interval Between
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	I. DUE TO (O	olou	HUENCE OF	ot enter the	mode of dy	/ing, auci			ST D	RIVE	Approximata Interval Between
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (O	R AS A CONSECURA AS A CONSECUR	DUENCE OF	ot enter the	mode of dy	/ing, auci			ST D	RIVE	Approximata Interval Between
TIFICATION	snock, or neer reliure. I	DUE TO (O	R AS A CONSEC	DUENCE OF	ot enter the	mode of dy	/ing, auci			ST D	RIVE	Approximata Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSECURA AS A CONSECUR	DUENCE OF	ot enter the	mode of dy	/ing, auci			ST D	RIVE	Approximata Interval Between
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF	ot enter the	mode of dy	ring, auci	l as cardia	c or respi	ST D	RI VE	Approximata Interval Between Onset and Death
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF	ot enter the	mode of dy	ring, auci	h ae cardla	C OF respi	AUTOPSY MED?	RI VE	Approximata Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Onset and Death D
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF	ot enter the	mode of dy	ring, auci	h ae cardla	c or respi	AUTOPSY MED?	RI VE	Approximata Interval Between Onart and Death
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF	ot enter the	mode of dy	ring, auci	h ae cardla	C OF respi	AUTOPSY MED?	RI VE	Approximata Interval Between Onayt and Death O
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF	ot enter the	mode of dy	ring, auci	h ae cardla	C OF respi	AUTOPSY MED?	RI VE	Approximata Interval Between Onayt and Death O
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF	ot enter the	mode of dy	given in	Part i. 2	C OF respi	AUTOPSY MED?	RI VE	Approximata Interval Between Onayt and Death O
SICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	DUE TO (O	PR AS A CONSECUTOR AS A CONSEC	DUENCE OF	ot enter the	mode of dy	given in	Part i. 2	4a. WAS AN PERFOR	AUTOPSY MED?	RI VE	Approximata Interval Between Onayt and Death O
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No. NO.	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF	ot enter the	tying cause 6. PLACE OF 6 Home 5 R. INJURY AT	given in	Part i. 2	4a. WAS AN PERFOR	AUTOPSY MED?	RI VE	Approximata Interval Between Onayt and Death O
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF	ot enter the	iying cause 6. PLACE OF 6	given in	Part i. 2	4a. WAS AN PERFOR	AUTOPSY MED?	RI VE	Approximata Interval Between Onayt and Death O
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO (O DUE TO (O	R AS A CONSECUTOR AS A CONSECU	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME	ot enter the	iying cause 6. PLACE OF 6 Home 5 R INJURY AT WORK?	given in	Part i. 2/ 1 Other (S 28d, DESCR	4a. WAS AN PERFOR YES 1	AUTOPSY MED?	RI VE	Approximata Interval Between Onayt and Death O
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSECUTOR AS A CONSECU	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME	ot enter the	iying cause 6. PLACE OF 6 Home 5 R INJURY AT WORK?	given in	Part i. 2/ 1 Other (S 28d, DESCR	4a. WAS AN PERFOR	AUTOPSY MED?	RI VE	Approximata Interval Between Ons it and Death Ons it and Death Ons it and Death Ons it and Death Ons it and Death Ons it and Death Ons it of Death?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (O DUE TO (O	e on each line R AS A CONSEC R AS A CONSEC R AS A CONSEC ER/Outpetient 3 JURY (bar) INJURY — At hor (Specify)	DUENCE OF	ot enter the	lying cause 6. PLACE OF 6 Nome 5 R INJURY AT WORK? YES 2 {	given in	Part I. 2. 1 1 B Other (S 28d, DESCR	4a. WAS AN PERFOR YES 2 Specify) ON (Street a Town, State)	AUTOPSY MED?	24t	Approximata Interval Between Ons it and Death Ons it and Death Ons it and Death Ons it and Death Ons it and Death Ons it and Death Ons it of Death?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	DUE TO (O DUE TO (O	R AS A CONSECTOR AS A	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJU	ot enter the	fying cause 6. PLACE OF 6 Home 5 R .INJURY AT WORK? YES 2 { office	given in	Part I. 2. Part I. 2. 1 Other (S 28d. DESCR	4a. WAS AN PERFOR YES 2	AUTOPSY MED? NURY OCHANIC AND AUTOPSY MED?	24t	Approximata Interval Between Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart Ona
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not ba determined 29a. CERTIFIER (Check only) 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	DUE TO (O DUE TO (O	R AS A CONSECTOR AS A	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJU	ot enter the	fying cause 6. PLACE OF 6 Home 5 R .INJURY AT WORK? YES 2 { office	given in	Part I. 2. Part I. 2. 1 Other (S 28d. DESCR	4a. WAS AN PERFOR YES 2	AUTOPSY MED? NURY OCHANIC AND AUTOPSY MED?	24t	Approximata Interval Between Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart Ona
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	DUE TO (O DUE TO (O	R AS A CONSECTOR AS A	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJU	ot enter the	tying cause 6. PLACE OF 6 Home 5 R INJURY AT WORK? YES 2 [office date and place on, death occur	given in	Part i. 2. Part i. 2. Other (S 28d, DESCR 28f, LOCATI City or 1	4a. WAS AN PERFOR YES 2	AUTOPSY MED? NO NJURY Octored Number as stated dies to the	CURED or Rural	Approximata Interval Between Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart and Death Onart Ona
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (O DUE TO (O	R AS A CONSECTOR AS A	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJU	ot enter the	tying cause 6. PLACE OF 6 Home 5 R INJURY AT WORK? YES 2 [office date and place on, death occur	given in DEATH (Chi anidence NO	Part i. 2. Part i. 2. Other (S 28d, DESCR 28f, LOCATI City or 1	4a. WAS AN PERFOR YES 2	AUTOPSY MED? NO NJURY Octored Number as stated dies to the	CURED or Rural	Approximata Interval Between Ons at and Death Ons at and Death Ons at and Death Ons at an Ose of Death? 1 VES 2 NO Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (O DUE TO (O	R AS A CONSECTION OF AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJU	ot enter the	tying cause 6. PLACE OF 6 Home 5 R INJURY AT WORK? YES 2 [office date and place on, death occur	given in DEATH (Chi anidence NO	Part i. 2. Part i. 2. Other (S 28d, DESCR 28f, LOCATI City or 1	4a. WAS AN PERFOR YES 2	AUTOPSY MED? NO NJURY Octored Number as stated dies to the	CURED or Rural	Approximata Interval Between Ons at and Death Ons at and Death Ons at and Death Ons at an Ose of Death? 1 VES 2 NO Route Number,
TO BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 Investigation 1 Investigation 2 Accident 3 Suicide 8 Could not be determined 2 Certifier (Check only one) 2 MEDICAL EXAMINER 286. EIGNATURE AND TITLE OF EEPTHER	DUE TO (O DUE TO (O	R AS A CONSECTION OF AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJU	ot enter the	tying cause 6. PLACE OF 6 Home 5 R INJURY AT WORK? YES 2 [office date and place on, death occur	given in DEATH (Chi anidence NO	Part i. 2. Part i. 2. Other (S 28d, DESCR 28f, LOCATI City or 1	4a. WAS AN PERFOR YES 2	AUTOPSY MED? NO NJURY Octored Number as stated dies to the	CURED or Rural	Approximata Interval Between Ons at and Death Ons at and Death Ons at and Death Ons at an Ose of Death? 1 VES 2 NO Route Number,

Amended # 1, 1/3/95, J.W., Montgomery C.95

1 -	FOR STATE REGISTRAR	ST
-----	---------------------------	----

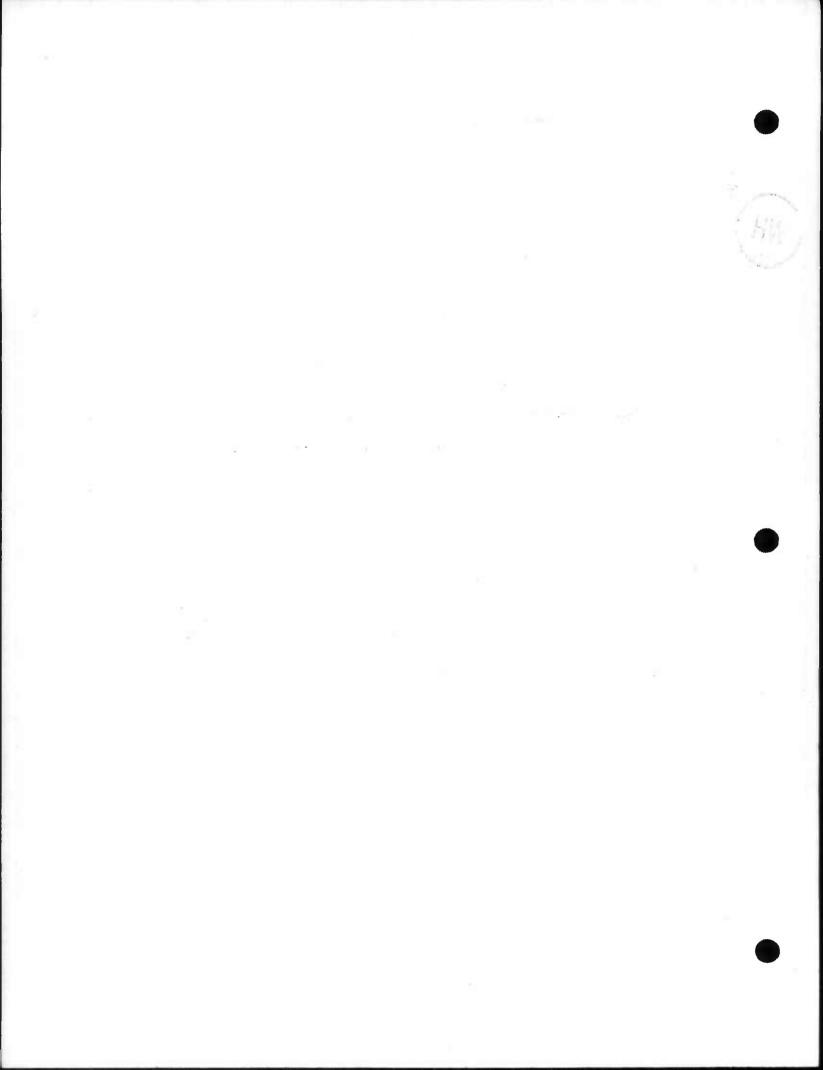
	1 - FOR STATE REGISTRAR	STATE OF MARYI			F HEALTH AND OF DEATH	MEN	TAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Sylvia Sylivi	a M.	Fitzgera	1d			DATE OF DEATH DAY	1995	YEAR	3. TIME OF DEATH 8:24 A. M	
		SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YE		. 7. t	PATE OF BIRTH	5	8. BIFTH	PLACE (State or Foreign Britain	
ВО	90. FACILITY NAME (If not institution, give street Laurel Regional Ho			96. CITY, TOY	MN OR LOCATION OF	DEATH		oc. COUNTY OF DEATH Prince George's			
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY										
FUNERAL DIRECTOR	Maryland Prince	George's	10c. CIT	10c. CITY, TOWN OR LOCATION Beltsville 101. ZIP CODE					10d. INS LIN 1 — Y6		
HAL	100. STREET AND NUMBER 11905 Holly Tree	Court.				10g. CITIZEN OF WHAT United Sta					
N		IN U.S. ARMED	13. WAS	20705	PANIC O	RIGIN? (Specify Vec			- American Indian.		
ВУ	1 Never Married 2 Married 3 XXVIIIdowed 4 Divorced	FORCES? 1 YES	27/AO	IRMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify to the control of the contr					Black	White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	16a. DECEDENT'S (Give kind of life. Do NOT us	work done during	PATION g most of working		16b. KIND OF BUS	INESS/INI	DUSTRY			
MPLE	Elementary/Secondary (0-12) C 12 Years	Data En				Privat	-				
BE CO	Thomas Samuel Na	17. FATHER'S NAME (First, Middle, Last)				h		ward			
10	190. INFORMANT'S NAME (Type/Print) Jennifer A. Hurloc	k			eet and Number or Run t Drive					0723	
	20s. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal	from State 20	b. PLACE AND DATE	OF DISPOSITION			DATE 20c. LOC	ATION	City or To	wn, State	
	4 ☐ Donation 5 ☐ Other (Specify)		eorge wasni		E AND AGGRESS OF			ipni,	Mary.	Land	
	· Duald V	(Dan)	Donald V. Borgwardt Funeral Home 4400 Powder Mill Rd. Beltsville,								
	23. PART I. Enter the diseasea, or complications (that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										
CERTIFICATION											
PHYSICIAN: MEDICAL C	PART II Other algorificant conditions co	a fat	almon	PERFORMED?			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEAT	OTHER:							
Ξ̈́	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF	Home 5 Residence	_	Other (Specify) OESCRIBE HOW IN	JUBY OO	CURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY 1	WORK?			/			
	3 Suicide 6 Could not be 4 Homicide datermined	Y — At home, berm, socily)	street, factory, (offica	281.	LOCATION (Street or City or Town, State)	t end Number or Rural Route Number, (a)				
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O	: To the beat of my known the basis of examination) end manner se stated.	
BEC	290. BIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month)								(Month, Day, Year)		
TO B	Genma / 1/2/9.1								195		
	Dennis & Schunce 1420 (Gove Park P) #102 CAURE MD 20707										
JAN 3 1995 June January Roy 1997								-			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed withing a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bra be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

10



Amended # 1, MRT 1/9/95 Montgomery Co

	95		0	1	
u	ntu	1			

(W	H	Phone 1 Spool	W
	BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit goval.	and accomplished the matter of the contract of

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR		STATE UP I	IARTLAND /	RTIF	ICATE (OF DE	IN AND	ME	REG. NO.	E	0	
1. DECEDENT'S NAME (First,		· · · · · · · · · · · · · · · · · · ·							DATE OF DEATH			3. TIME OF DEATH
Christel G	Frey	'er						Ja	anuary 4	199	95	2:14 P M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YE		NDER 24 HRS	7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign
219-19-168	0	1 🗌 M 2 💢 F	80	YRS.	MONTHS D	AYS HOU	RS MIN.	1	Aug. 22,1	1914	Ge1	many
9a. FACILITY NAME (If not in	stitution, give st	treet and number)			96. CITY, TO	WN OR LO	CATION OF				INTY OF DE	
8600 - 16t		et			Silv	ver S	pring	5		Mor	ntgome	ery
RESIDENCE OF DEC	10b. COUNTY	,		100 CIT	Y, TOWN OR L	OCATION						
Maryland		gomery			lver S		C.					LIMITS?
10e. STREET AND NUMBER	110116	Bomery		51	TAGE	10f, ZIP				10= CIT		IAT COUNTRY?
8600 - 16th	Stree	t, #305					910				German	
11. MARITAL STATUS 1 Never Married 2 3 XWidowed 4 Divo			TEVER IN U.S. ARI		If ye	s, specify	NT OF HISP Cuban, Mexi NO Spe	can, Pt	RIGIN? (Specify Yearsto Rican, etc.)	or No—	Black, Specify	- American Indian, White, etc.
15. DEC (Specify only	EDENT'S EOUC y highest grade	CATION completed)	18a. DEC	EDENT'S	USUAL OCCU	PATION	endrina		18b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5 a	r) Ilfe.	Do NOT us	e retired.)	ig mode of t	orang					
12			Hot	ısewi	lfe				Own H			
17. FATHER'S NAME (First, M									First, Middle, Maiden	Sumame)		
Wilhelm Bo							Marg					
Jutta Pric									Number City or Town			20910
20a. METHOD OF DISPOSIT	ION		20b. PLACE A	ND DATE C	F DISPOSITIO			1			City or Tow	
1 Burial 2 Crematto		ovat from State	Raltir			Cre	nator	v 1	/5/95 La	urel	. Mar	vland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. NAN	E AND AD	DRESS OF	ACILIT	Υ			7
1 hory	110	11/	m		Mc()	Guire 00 Ge	Fune orgia	ra]	Service	, Ir Was	nc. Shingt	on, D.C.
23. PART t. Enter the di	seesas, or c	complications that List only one cau	t ceused the dar	th. Do n	ot anter the	moda of	dying, au	ch as	cardlec or reapi	retory er	reat,	Approximata
IMMEDIATE CAUSE (Findisease or condition resulting in death)				211	mand	ny	D	hy	est eye = Mo			Interval Between Onset and Death
		OUE TO	(OR AS A CONSEO	UENCE OF	7):		16	L	11	4 +		2
Sequentielly list conditi	ona,	. Inali	"hdh/	The	lan on	hA a	1 /19	U	eye a me	141	165	ogrs
If any, leading to immediates. Enter UNDERLYI		DUE TO	(OH AS A CONSEO	UENCE OF	·);	'						
CAUSE (Disease or Inju		DUE TO	(OR AS A CONSEO	UENCE OF):							
resulting in death) LAS	7				,							
		1										
PART II. Other significe	nt conditions	s contributing to	deeth but not re	sulting i	n the under	lying ceu	se given i	n Part	I. 24a. WAS AN PERFOR		24b. V	WERE AUTOPSY FINDINGS
									1 YE\$ 2	CNO		OMPLETION OF CAUSE OF DEATH?
											- 1	☐ YES 2 ☐ NO
DID TOBACCO U		RIBUTE TO CA	USE OF DEAT	TH YE	S NO	D U	NCERTA	IN [
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	28. PLACE	OF DEAT	H (Check only OTHER:	one)						
1 YES 2 NO		1 Inpetient 2			4 - Nursing			_	Other (Specify)			
	Pending	28a. DATE OF (Month, Da	ay, Year)	26b. TIME INJ	URY	WORK?		28d	. DESCRIBE HOW II	UURY OC	CURED	
- Codem	Investigation II YES 2 NO											
	Could not be fatarmined	building,	atc. (Specify)	no, marri, e	ireat, tectory,	ornee		281	LOCATION (Street a City or Town, State)	na Numbe	r or Hurai Hoi	ite Number,
29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, der	th occurre	d at the time.	date and p	laca, and de	e to th	e cause(s) and men	ner se ste	ted	
												and manner as stated.
294 SIGNATURE AND TITLE			da				LICENSE N					fonth, Day, Year)
1/listan		1)-frul	5				100	1	35	•	1-5	- 45
Montan	ALT	completed caus			Print) S- LK	OB/B.	erto	h :	Dr Sil	vera	Sprin	+ Moroso
JAN 6 1	995	32. REGISTRA	ASSIGNATURE								V	



1 - FOR STATE REGISTRAR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withher hours after death. Page is may be retained by the hospital or annufung physician and completely filled in by the furnal directs, page 5 should be detached for use as the human be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

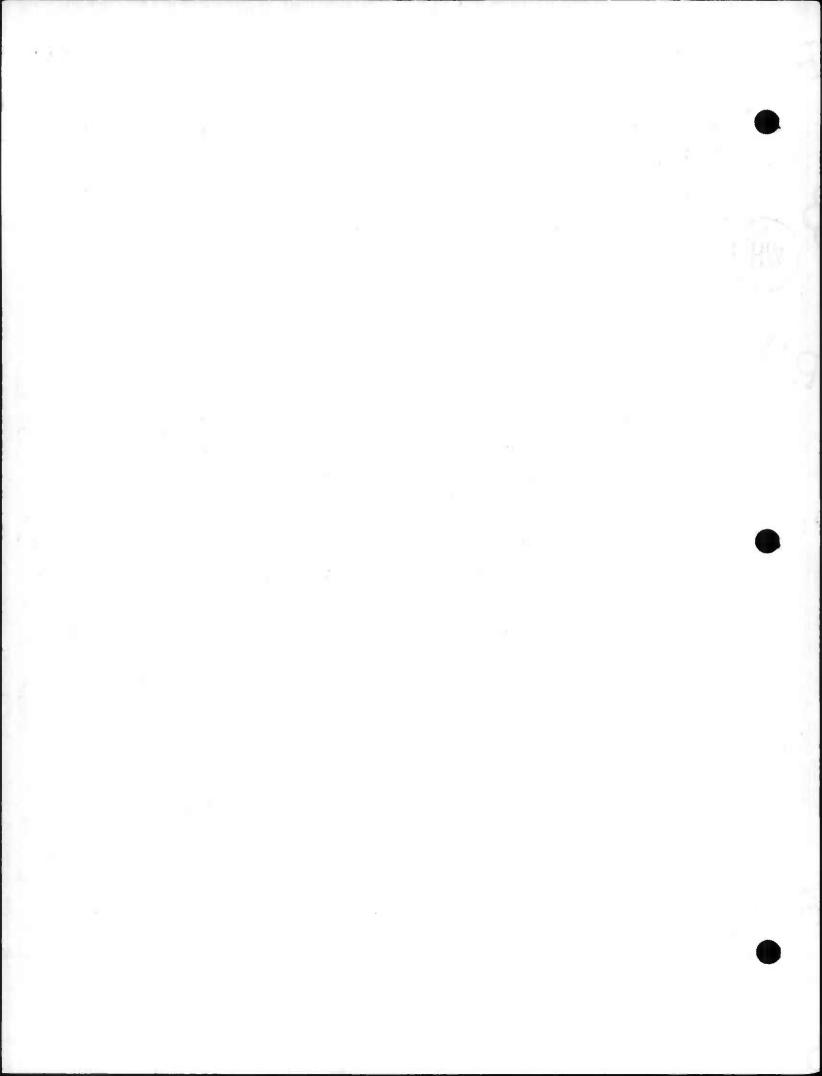
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-00

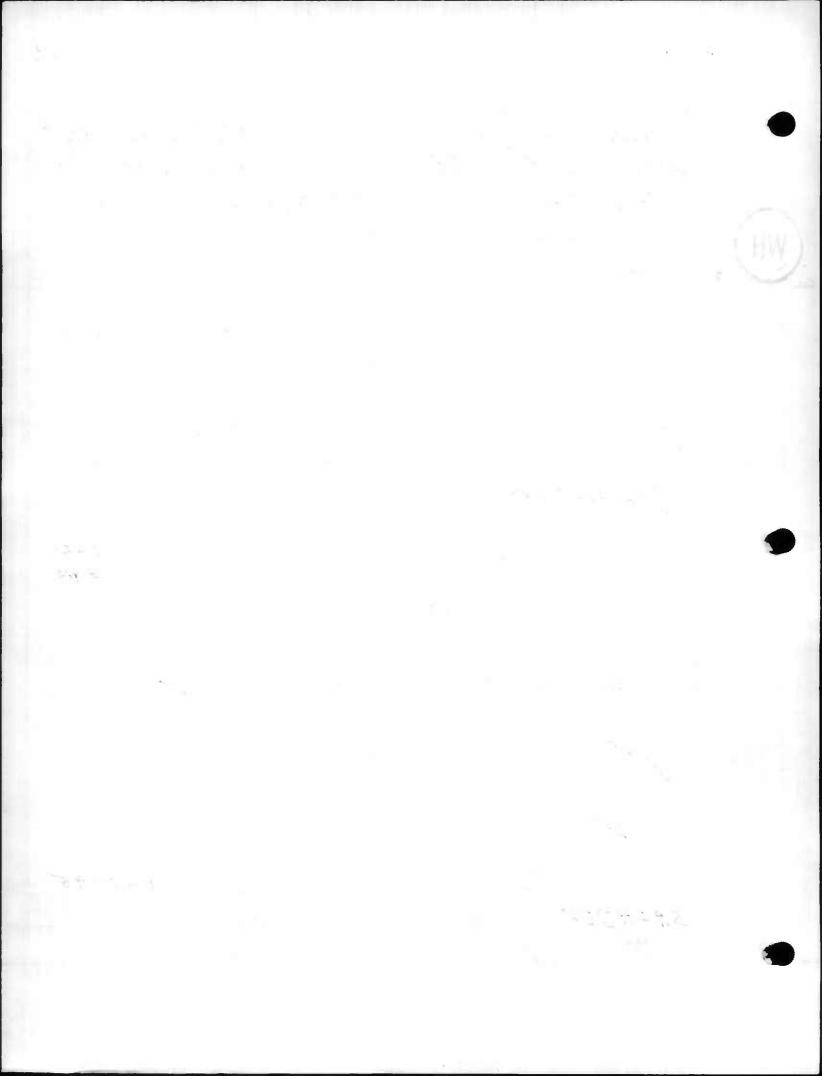
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	REGISTRAR			C	CHIII	ICALI	CUF	DEA	111	REG.	NO.		
8	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEAT		YEAR	3. TIME OF DEATH
14	ROBERT HENRY FLYNN									January 4, 1995			0045 M
				6. AGE (In yrs. Is	st birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	19 22		HPLACE (State or Foreign
	050 01 050/		1 🔲 M 2 🗆 F	0.0	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Yea		Count	(1/1)
	050-01-0534		A	90						June 2,1			York
	9e. FACILITY NAME (If not in	nstitution, give s	treet end number)			9b. CITY	, TOWN	OR LOCATI	ION OF D	EATH	9c. CC	OUNTY OF E	EATH
DIAFOLOR	Montgomery	Montgomery General Hospital					01	lney			M	ontgo	mery
5	RESIDENCE OF DE												
2	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
5	Maryland	Mo	ntgomery			Si1	ver	Spri	ng				1 YES 2 NO
4	10e. STREET AND NUMBER	2					_	t. ZIP COD			10a, C	ITIZEN OF	WHAT COUNTRY?
LONEDAL	aron Fores	Flan	Dandage #1	E					25/19/20				
	3500 Foredt	Lage							20906			U.S.	
2	11. MARITAL STATUS	Terrani la	12. WAS DECEDEN FORCES? 1	YES 2	RMED					NIC ORIGIN? (Specify on, Puerto Rican, etc.		14. RAC Blac	E — Americen Indien, k, White, etc.
5	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES				2 🔀 NO			1	Spec	elfy:
	3 Widowed 4 Divi	этсва				- 1						Whi	.te
		CEDENT'S EDUC		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND OF	BUSINESS/I	NDUSTRY	
:	Elementary/Secondary (I	T	College (1-4 or 5 -	iii.	Give kind of le. Do NOT u	work done se retired.)	aunng ma	OST OF WORK	ng				
1	,	,	5+		torne	177				Law			
١	17. FATHER'S NAME (First, M	Aiddle Leet)	J1	AL	COLITE	. у	-						
								-		ME (First, Middle, Me)	
	_ John J. F1							Ma	ıry	Coat	es		
5	19a, INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRES	S (Street e	and Numbe	r or Rural	Route Number, City or	Town, State,	Zip Code)	20906
-	Mary G. Fl	vnn		13.	500 E	ores	t Ed	lge I	rive	#1-E Si	lver	Sprin	ng, Maryland
	200. METHOD OF DISPOSIT			20b. PLACE	_						LOCATION		
	1½ Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from State	cemetery, cr	remetory or o	ther place)			0.				
- 1	21. SIGNATURE OF FUNERA		ENGEE	Gate	of He			<u>neter</u> ND ADDRE			lver	Spr1r	ng,Maryland
1	II. SIGNATURE OF POWERS	A SERVICE LIC	1.	. 9						llins Fun	eral	Home.	Inc
	Linnat	July O	4 (0.	hu	X							_	
-	23. PART I. Enter the d	VVVV X	·/· COO!	VISIO									,MD 20901
- 1	shock, or h	eart fallure.	Liet only one cau	se on each lin	ezin. Do i e.	not enter	tne mo	ode or dy	ing, auc	h aa cardiac or n	apiratory	arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. Congestive Afaut Fulling L. L. Aschewer Cardenay of L.									1 week			
	reading in death)	DUE TO (OR AS A CONSEQUENCE OF):											
.		_	Corn	car 1	Boto	us !	Le	Lew	20				17 colley
Non-way		Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
	If any, leeding to imme cause. Enter UNDERLY		Puo	unen	4	. ,.							1 week
2	CAUSE (Disease or Inju		C. DUE TO	(OR AS A CONSE	incurries o	es.	_	-					1 CO EAC
	that initiated events resulting in death) LAS	T.	Ω.	(ON AS A COMBE	1	7							11 ande
	Tourning III deathly Exte		d. /	net -	tw	wu	-						1 well
	PART II Other elapition	ant condition	a contribution to	dooth but ant	en nudél na	In the co	and a selection			D-11			
	PART II. Other eignifica	ant condition	s contributing to	deeth but not	raauiting	in the ur	nderlyin	g ceuse	given in	Part I. 24e. WAS	AN AUTOPS FORMEO?	Y 248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 YE	2 710		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 AO
	DID TORACC	O LICE	CONTRIBUT	- TO CAL	ICE O	E DEA	711 1	VEC	7 N				I D TES 2 DANG
	DID TOBACC 25. WAS CASE REFERRED T		CONTRIBUT	E TO CAL	JOE O	r DEA			N				
TO COLONIA	EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	DEATH (Ch	eck only one)			
	1 TYES 2 MO		1 Impatient 2	ER/Outpatient	3 DOA			ne 5 🗆 R	eeldence	6 - Other (Specify)			
	27. MANNER OF OEATH		28e. OATE OF (Month, D		26b. TIN	IE OF JURY		JURY AT		28d. OEŞCRIBE HO	W INJURY C	CCURED	
		Pending Investigation	(Month, D	ay, reary	l in	M		YES 2	NO				
1	2 Accident 3 Suicide		28e. PLACE O	F INJURY — At h	ome, farm.	atreat, feci	tory offic			261. LOCATION (St	net and Numi	her or Burel	Dougla Mumbar
	4 Homicide	Could not be determined	building,	atc. (Specify)	,		,	-		City or Town, S	ate)	Jor or Profes	TODIO TIUTIDAI,
	/				_								
	29e. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best of	my knowledge, d	leath occum	red at the t	ime, date	end place	, and dus	to the cause(e) end	manner se s	tated.	
	nnal												e) end menner ee stated.
											-		
	296. SIGNATURE AND TITLE	A .	ma					29c. LIC	ENSE NU	. 9	29d. D.	ATE SIGNE	(Month, Day, Year)
	V . U . Je	mi						115	160	- 7		171	75
	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUS	SE OF DEATHLITE	EM 27) (Type	, Print)		-		2	-		
	MININEN	U-PX	- RACS 1	1113	305	NEL	eese	ul	UN	el 21/00 -	when	Pr	agrif 20806
	31. DATE FILED (Month, Day,	Ybar)	32. REGISTRA	R'S SIGNATURE	7-3		7		- V	/		V	1-7-190
	JAN 6 19	205	11. 12 1	P	,								
	Aug 0 13	CCC	who wille	or mardall									



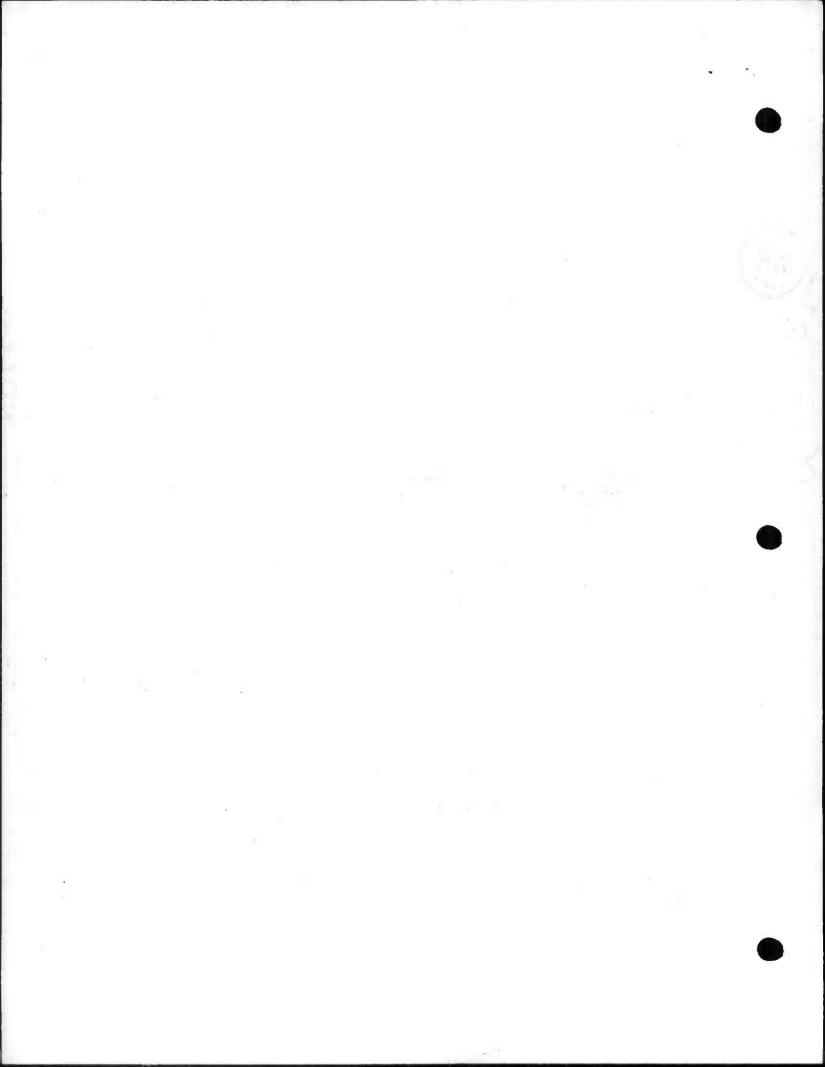
	=
	0
	4
6)	within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L. Cours
×	2
8	aficate
O	93
9	death
S	the
문	hal
0	es
EC	requir
	ME
M	The state of
Ξ	AN:
11	SICI
0	PHY
Z	iNG
0	S
115	AT
3	DR
	_

ulb	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) TO GO DO VE	Fish				2. DATE OF DEATH	500	XEAR 3	OLOGS AM		
	384-07-8437	5. SEX 1 W M 2 F	n yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BHRTHPLACE (State or Foreign Country) MIChigan				
TOR	9a. FACILITY NAME (II not institution, give street of the pointenance of decement	et and number)		EIKT	OR LOCATION OF DEA	n D	9c. COUN	OF DEATH S			
DIRECTOR	10a. STATE 10b. COUNTY Cec:	i1		10c. CITY, TOWN OR LOCATION Chesapeake City					10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO		
FUNERAL	601 Biddle St			101. ZIP CODE 10g. CITIZE 21915 USA					EN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecify Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Year, Puarto Rican, atc.)		Specify: White			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION WORK done during me se retired.)	ON set of working	16b. KIND OF BUS		ISTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) Unknown				18. MOTHER'S NAM Unknow	E (First, Middle, Maiden	-				
TO B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow					
	Ron Fish					eake City					
	20a. METHOD OF DISPOSITION 1	val from Stata	other place)		metery, cremetory or		CATION — C				
	21. SIGNATURE OF FUNERAL BERNICE LICE	Low	Jan 10	R T	nd address of fac Foard Fun	eral Home					
	318 George St Chesapeake City MD 21915 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Substant Death August Augus										
CERTIFICATION	disease or condition resulting in death) a. Substant hereafted 2 WKS DUE TO (OR AS A CONSEQUENCE OF): Lany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAL CE	PART II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?								24b. WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO		
- 1	- Seval	insuffic	ing,	1 VES 20 M				COMPLETION DF CAUSE OF DEATH? 1 YES 2/10			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO 1 Input lent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
ву РНУ	27. MANNEY OF DEATH 27. MANNEY OF DEATH 28. DATE OF INJURY WORK? 1 Netural 5 Pending Investigation 2 Accident Investigation										
ETED	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, Chiru or Faver, State)									
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	(MASO	and	20c. LICENSE NUMBER D26183			29d. DATE	SIGNED (Month, Day, Year)		
1	30. NAME AND ADDRESS OF PERSON WHO SACHDEV 31. DATE FILED (Month), Day, Year)	322 E Ceci	11 Ave N		t, MD 21	1901					
	JAN 0 9 1995	Julia d'human	Rardall						DHMH-18 Rev 1/		



BALTIMORE, MARYLAND 21215-0	retained by the hospital or attending in	5 should be detached for use as the bu	notified at once.
BALTIMORE,	nin 24 hours after death. Page 6 may be	ely filled in by the funeral director, page nation, or removal.	, the medical examiner must be a
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the law be filed within 72 hours after death with the State Dept. of Health and Mental Hydere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N			TMENT (MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		TEM OF						2. DATE	E OF DEATH	NA.	YEAR	3. TIME OF DEATN
	BYRON MITCH		EET SR							N 02	199		2:30 A ^M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is		IF UNDER 1 Y	YEAR DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH th, Day, Year) 7/55		Countr	
	217 68 9137 9e. FACILITY NAME (If not institution, give s	1½ XM 2 □ F	39	YRS.						// '55			yland
DIRECTOR	CEDARVILLE RD		RD RD.	_	BRAN				EATN		PRI	NCE	GEORGES
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR I	LOCAT	ION						10d. INSIDE CITY
	Maryland Prin	ce Geor	ge's	Br	andy						,		X X LIMITS?
FUNERAL	12806 Martin R	oad				101.	206						States
5	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AI	RMED						N? (Specify Yes Rican, etc.)	or No-	14. RACE	— American Indian,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	YES 2				X X NO			Thousand, Group	- 1	Speci	ty:
	15. DECEDENT'S EDU	CATION	16a, Di	ECEDENT'S	USUAL OCCL	UPATIO	IN .		164	b. KIND OF BUS	INESS/INF	HISTOV	Black
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(0	Bive kind of a Do NOT us	work done duri	ing mos	st of working	og .	100	S. KIND OF BUS	MAESSAIME	OSINI	
COMPLETED	12th			Cust	odia	n				oard		Educ	ation
BE CO	17. FATHER'S NAME (First, Middle, Last) Stanley R.	Fleet,	Sr.							Middle, Malden a 11 w o			
TO B	19a. INFORMANT'S NAME (Type/Print)	ot In	19	b. MAILING	ADDRESS (S	Street ar	nd Number	or Rural F	Poute Num	nber, City or Town	n, Statu, Zip	Code)	Hts., MD.
	Stanley R. Fle	et, JI.	1	_				y					
	X1 X Buriel 2 Cremation 3 Rem	oval from State	cemeter, co	ematory or o	of disposition of the UM C	h u	rch		1/		Bran		ine, MD.
	21. SIGNATURE OF TONERAL SERVICE LIC	CENSEE	00		22. NAI	ME AN	D ADDRES	S OF FAC	ra1	Home	PΛ		
	Lloyd	M.	Este	_ /	/					Aqua	-		. 20608
				12	Λ	qua	asco	O N O	au,	Aqua	sco,	riu	. 20000
	23. PART I. Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	E COMPRE	se on each iM	e. AS1	PHYX(e mod	de of dyl	ng, such	h aa can	diac or respir	ratory arr	vest,	Approximata Interval Between Onset and Death
RTIFICATION	IMMEDIATE CAUSE (Finel	B. COM P Res DUE TO (SSION	OUENCE OF	PHYX() P:	e mod	a S C C	O KO	ad Car	A q u a	ratory arr	est,	Approximata Interval Between
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSE	OUENCE OF	PHYX()	A Moc	de of dyl	ng, such	h aa cam	A q u a	ratory arr	est,	Approximata Interval Between
اب	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A CONSE	OUENCE OF	PHYX()	A Moc	de of dyl	ng, such	h aa cam	24a. WAS AN PERFORM	AUTOPSY MED?	est,	Approximata Interval Between
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSE	OUENCE OF	P H X ()- F): F):	∆ rrlying	de of dyl	ng, suci	Part I.	diac or respiration of the control o	AUTOPSY MED?	est,	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition DID TOBACCO USE CONTE	b. DUE TO (OR AS A CONSE	OUENCE OF	PHYX() F): F): In the under	rfyIng	de of dyl	ng, such	Part I.	diac or respiration of the control o	AUTOPSY MED?	est,	Approximate interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause Of Death?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificent condition DID TOBACCO USE CONTI	DUE TO (DUE	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE USE OF DEA	OUENCE OF DEATH YE	in the under	A refyling	ceuse g	given in	Part I.	24s. WAS AN PERFORM	AUTOPSY MED?	est,	Approximate interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause Of Death?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificent condition DID TOBACCO USE CONTI	DUE TO (DUE	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE USE OF DEA ER/Outpatient 3	OUENCE OF DEAT	The under the un	orfying	UNC	given in	Part I.	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	est,	Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition DID TOBACCO USE CONTI	DUE TO (DUE	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	OUENCE OF DEAT INJURY	THER: 4 Nursing E OF 28-	e mod	UNC	given in	Part I.	24s. WAS AN PERFORM 1 YES 2	AUTOPSY MEO? NO ENE	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition DID TOBACCO USE CONTI	BUTE TO CAL HOSPITAL: Dispatient 2 280. DATE OF (Admin), Day 280. PLACE OF 280. PLACE OF 280.	OR AS A CONSE OR AS	OUENCE OF DEAT TIME	The under the un	e mod	UNC	given in	Part I.	24a. WAS AN PERFORM 1 YES 2 PERFORM 1 YES 2	AUTOPSY MED? NO ENE	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition DID TOBACCO USE CONTI	b. DUE TO (C. DUE TO (DUE TO (OR AS A CONSE OR AS	OUENCE OF DEAT TIME	The under the un	e mod	UNC	given in	Part I. B M Other 28d. DE: DC \Ux	24a. WAS AN. PERFORM 1 YES 2 OF (Specify) S CRIBE NOW IN EVE OF CATION (Street e	AUTOPSY MED? NO ENE	24b. CURED WHICH OF Rurel R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition DID TOBACCO USE CONTINUE CAMBRICATION OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1) YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined	BUTE TO CAL HOSPITAL: 1 Inpution 2 28e. DATE OF (Month), De color 28e. DATE OF (Month), De color 28e. PLACE OF Duliding, a color 28e. PLAC	USE OF DEA 28. PLAC ER/Outpetlent 3 INJURY — At hotel, (Specify) W. W. W. W. W. W. W. W. W. W. W. W. W. W	OUENCE OF DEAT IN THE PROPERTY OF THE PROPERTY	The street, factory,	A home	UNC	ERTAIN	Part I. S M Other 28d. DE: DC \ Ucc 28f. Loc 28f. Loc 28f. Loc	24a. WAS AN PERFORM 1 YES 2 OF (Specify) S C SCRIBE NOW IN 27 OF C AATION (Street e of Rown, Stelle) 0 CD ARIO	AUTOPSY MEO? NO ENE HUMBERY OCC NOR WINDER NUMBER OCC NOR WINDER NUMBER OCC NOR NUMBER OCC NOR NUMBER OCC NOR NUMBER NU	24b. 24b. 24b. 24b. 27h Cid or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition DID TOBACCO USE CONTINE CAMBRICATE IN THE CONTINE CAUSE REFERRED TO MEDICAL EXAMINER? 1) YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PNYSK	BUTE TO CAL HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month), De 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e. DATE OF (Month), DE 28e	OR AS A CONSE OR AS	OUENCE OF OUENCE OF DEAT INJURY OF THE PROPERT	The street of sectory, and at the time, and at the time, sector the sector that the sector tha	A home	UNC S G Ra PRY AT TRY? ES 2	ERTAIN sidence	Part I. S M Other 28d. DE: DC 1 Ucc 28f. Loc City It 9 0	24a. WAS AN PERFORM 1 YES 2 or (Specify) S C SCRIBE NOW IN CONTROL (Street e or fown, Stelle) CONTROL (Street) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STRE	AUTOPSY MEO? NO ENE L JURY OCC NO Number NO Number oc et et et et et et et et et et et et et	24b. 24b. WHICH OF Rural R D PR4	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition DID TOBACCO USE CONTI	BLEET OF TO CAL RIBUTE TO CAL CAN PROPERTY OF THE CALL RIBUTE TO CALL RIBUTE TO CALL A CONTRIBUTE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month, Dall) 28e. PLACE OF (Month)	OR AS A CONSE OR AS	OUENCE OF OUENCE OF DEAT INJURY OF THE PROPERT	The street of sectory, and at the time, and at the time, sector the sector that the sector tha	orfying one) Home Hom	UNC S G Ra PRY AT TRY? ES 2	ERTAIN Sidence NO end due	Part I. S M Other 28d. DE: Chy I 9 0 to the ceitime, dete	24a. WAS AN PERFORM 1 YES 2 or (Specify) S C SCRIBE NOW IN CONTROL (Street e or fown, Stelle) CONTROL (Street) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STRE	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. WHICH OF RURAL R D PRA e cause(e)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO HIM. POLLED O VER butte Number, WE GERRIS U.) end manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1) Ves 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation investigation determined 2 Accident Investigation investiga	BIBUTE TO CAL CIAN: To the basic of ex.	OR AS A CONSE OR AS	OUENCE OF DEAT SOME PROPERTY OF THE PROPERTY O	The street, factory, and at the time, n, in my opinion of the street of	orfying one) Home Hom	UNC S GRA PRY AT ARRY end place, ath occur 29c. LICE	ERTAIN Sidence NO end due	Part I. S M Other 28d. DE: DC \Ut 28f. Loc C/0 I 0 0 to the ceitima, date	24a. WAS AN PERFORM 1 YES 2 or (Specify) S C SCRIBE NOW IN CONTROL (Street e or fown, Stelle) CONTROL (Street) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STREET) CONTROL (STRE	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. WH CH or Rural R D P R ed. e cause(e)	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition DID TOBACCO USE CONTINE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X) YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only one) XX MEDICAL EXAMINER 29h. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	BIBUTE TO CAL RIBUTE TO CAL CIAN: To the best of ex.	OR AS A CONSE OR AS	OUENCE OF OUENCE OF OUENCE OF OUENCE OF DEAT OF DEAT OF DEAT OF DEAT OF DEAT OF OUENCE OF DEAT OF DEAT OF OUENCE OF DEAT OF DEAT OF OUENCE OF DEAT OF OUENCE OF DEAT OF OUENCE OF DEAT OF OUENCE OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT	The under the un	oritying or one) a Home c. (NJU YOF) or office	UNC 5 Ra PRY AT RK? end place, with occur 29c. LICE O . (ERTAIN sidence end due end due end at the	Part I. 8 M Other 28d. Det City 11 9 00 to the certime, date	24a. WAS AN. PERFORM 1 YES 2 or (Specify) S C SCRIBE NOW IN ETC OF C ATTON (Street e) O C O O O O Use (e) and place, and	AUTOPSY MED? NO ENE LIJURY OCC NO WARREN AND MANUAL STATE of the dother and the	24b. 24b. 24b. 24b. 24b. 24c. 24c. 24c. 24c. 24c. 24c. 24c. 24c.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO HIM. POLLED O VER boute Number, WE GEORGE U.) end manner as stated. (Month, Day, Year)



ON OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pane 6 may be remained by the breaded or strenden or executed within 24 hours.	ID 21215-0020
fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	ned for use as the burial-tran

	_	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /				EALTH DEAT		MENTAL	HYGIEN REG. NO	_		
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (lγ	YEAR	3. TIME OF DEATH
		DELMAR FITZARETI 4. SOCIAL SECURITY NUMBER									ARY 2	199	5	20:26 P
		C. III. W 11 III. COMP. I DATESTICAL	5. SEX	6. AGE (In yrs. les		IF UNDE	R 1 YEAR DAYS	IF UNDER 2	MIN.	7. DATE 0 (Month,	Day, Year)	- 1	8. BIFTHE Country	PLACE (State or Foreign
1	Mary Control	221-01-0102 90. FACILITY NAME (If not institution, give	1 M 2 XF	8 5	YRS.						21-19			yland
	α							R LOCATIO	111	ATH		9c. COUN	TY OF DE	ATH
WHI	1 6	St. Agnes Hos	pital				Balt	imor	ce			Bal	tim	ore
	DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
~			ltimore			C		svil						1 YES 2 NO
De La	FUNERAL	10e, STREET AND NUMBER					101.	ZIP CODE				10g. CITIZ	EN OF WI	HAT COUNTRY?
lan. transi	E E	Maiden Choice						212					L.S.	
_AND 21215-0020 the hospital or attending physician. detached for use as the bunal-transit	B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AR I YES 2 X I MAR OR DATES	MED IO	13.	If yes, spe	ENDENT OF Incify Cuben.	, Mexican	i, Puerto Ri	(Specify Yee ican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc.
MARYLAND 21215 retained by the hospital or attend 5 should be detached for use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL C	CCUPATIO	N st of working		16b.	KIND OF BUS	SINESS/INDU	JSTRY	WIIILE
21 tal or tal or	9	Elementary/Secondary (0-12)	College (1-4 or 5	Alfa	Do NOT us	e retired.)	during mod	a or working	'					
AND he hospit detached	¥ 5			Н	ome	nake	er				Hom			
LA de de	COM	17. FATHER'S NAME (First, Middle, Last)									ddle, Meiden			
MARYL, retained by the 5 should be d	TO BE	James Franci:	s Baldy		MAHINO	4 DDDCC	0.00	E 1	iza	hetl	H .	Ma	cNe	
MA retain 5 sho		Mrs. Margare	Normai											21146
ORE, No Gray be rector, page 5	8	20e. METHOD OF DISPOSITION		20b. PLACE	NDDATE	OF DISPO	SITION (Na		set	DATE		CATION - C		ark MD
OF OF THE	musi	1 🔀 Burlel 2 🗆 Cremetion 3 🗆 Rem 4 🗆 Donalion 🍜 Other (Specify)	noval from State	Bald	matory or ਹ। ਪਰ ਂ ਮ	M o 1	hod	ist	Com	11/7				lle. MD
ALTIM death. Page funeral dire		21. SIGNATURE OF VUHERAL SERVICE TO	PENSEE					D ADDRES		-				
BALTIMORE, ler death. Page 6 may be the funeral director, page	examine	*CALCIS	ar_			D.		~ ~ ~	F			49	5 R	itchieHwy
Rs after to by the removal	event, use mountained	23. PART Enter the disesses, or	complications the	it caused tha de	ath. Do n	ot ante	the mo	da of dyin	g, such	as cerdi	ac or respi	e Se	ver	na ParkMD
24 hours filled in t on, or re		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	use on each line										Interval Between Onset and Death
within 24 pletely fille cremation.		disesse or condition resulting in death)	. der	n tues	0	h	hul	labs	m					2 min
3760, ned within completely ial, cremati			DUE TO	(OR AS A CONSEC	DUENCE OF	7	1			,				- marc
		Sequentially list conditions,	b. U	OR AS A CONSECUTE	my	rea	rdi	il	w	yas	chi	m		2 min
BOX cate be ex hysician a	RTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF	ገ):				I				
.O. BOX certificate be ding physician lygiene prior to	FIC	CAUSE (Disease or injury that initiated events	CDUE TO	(OR AS A CONSEC	UENCE OF	Ð:								<u> </u>
, P.O. E eath certifica attending phy ntal Hygiene	RTIFI	resulting in death) LAST	4											İ
S, deat deat lental	i ö	DADT ii Other significant condition	u.											
RECORDS requires that the seen signed by the of Health and M	MEDICAL (PART ii. Other aignificant condition		daath but not r	asulting i	n tha u	ndariying	causa gi	van in F	Part I.	24a, WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ECORD quires that the signed by the Health and I	EDI	Diabli	6							-	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
RECC					_					- [T YES 2 NO
2	AN	25. WAS CASE REFERRED TO MEDICAL				_	24 PI	ACE OF DE	ATM /Cha	ak anti ana				
一 年 智智	SICIAN:	EXAMINER?	HOSPITAL:	ER/Oulpatient 3	12004	OTHE	R:						-	
다 오 호 현	ે ≿	27. MANNER OF OEATH	28e. DATE OF	INJURY	26b. TIMI	E OF	28c. INJU	JRY AT	-	_	(Specify)	JURY OCCI	JRED	
PHYS or this or with	BY P	1 Netural 5 Pending	(Month, D	Pay, Year)	INJ	URY M	1 Y	RK?	NO				AL MAN	
ATTENDING P ECTOR: After t s after death	ا ۾ اه	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE C	OF INJURY — At he etc. (Specify)	ne, farm, s	treet, fac	tory, office				TION (Street e	nd Number o	r Rural Ro	ute Number,
DIVISION OR ATTENDING DIRECTOR: After	히밀	4 Homicide determined	Januariy,	- And (almond)	X					Uny or	Town, State)			
DIV L OR A		290. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	nth occurre	d at the	time, date	end place, o	end due t	to the caus	e(e) end man	ner ee atate	d,	
HOSPITAL FUNERAL within 72 t	COMPL	one) 2 MEDICAL EXAMINI												end manner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	S W	29b. SIGNATURE AND TITLE OF CERTIFIE	R , /	7				29c. LICEN	ISE NUMI	BER		29d. DATE	SIGNED (Month, Day, Year)
F F 2 2	10 B	Rebicca W	/2 MY					D.	346	688		> /	12	195
	TEL	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALL	SE OF DEATH STEE	Am /T	Delet							-	

Rebecas Love MD: Emergency Dept 31. DATE FILED (MONTH, Day, Year) 32. REGISTBAT'S SIGNATURE JAN 10 1995 This Standark Randall

OHMH-18 Rev 1/89

1/2/95 900 Caton Ave

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH
DECEDENT'S NAME (First, Middle, Last)		

1 - STATE REGISTRAR		STATE OF N	MARYLAND (DEPAR	TMENT	OF H	EALTH	AND I	MENTA		E		
1. DECEDENT'S NAME (First,	Middle, Last)				Ortic	- 0.	DEAI	-	2. DATE	REG. NO.		_	3. TIME OF DEATH
Daniel	Herb		eeman						Jar	H DA	1995	YEAR	5:53P M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mon	OF BIRTH		Count	IPLACE (State or Foreign
520-44-2233		1 X M 2 F	73	YRS.						7. Day, Year)	21	Ne	ew York
9a. FACILITY NAME (If not in					9b. CITY		R LOCATIO		ATH		9c. COU	NTY OF D	EATH
Anne Aruno		lical Cer	iter			Anr	napol	is			An	ne A	rundel
10a. STATE	10b. COUNTY			10c. CITY	r, TOWN C	R LOCATI	ON						10d. INSIDE CITY
MD	Anne	Arundel				Anna	apolis	S					LIMITS?
104. STREET AND NUMBER 215 Provide	ence Ro	oad				101.	ZIP CODE	1401					States
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO	13. 1	MAS DECE	HDENT OF	F HISPAN	IIC ORIGI	V? (Spectfy Yea Rican, etc.)	or Ho—	14. RACE Black	— American Indian,
3 Widowed 4 Divo		1943	AR OR DATES - 1964			☐ YES		Specify		,		Speci	
15. DEC (Specify only	EDENT'S EDUCA	TION ompleted)	16a. Di	ECEDENT'S	USUAL OC	CUPATIO	N t of working		168	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0	-	College (1-4 or 5+)	Bive kind of w b. Do NOT us	•		t or worning						
		5	_	Cdr.	US N	lavy				G	overi	nmer	nt/Military
17. FATHER'S HAME (First, Mi							16. MOTH	ER'S HAR	WE (First,	Middle, Malden	Surname)		
Southgate	Bowne	Freemar								ine Sch			
190. IMFORMANT'S NAME (7) Mary V.F.		n								DOIIS, N			21401
20a, METHOD OF DISPOSITI	ON		20b. PLACE	AHD DATE O	F DISPOS	TION (Nan	ne of		DAT	7	ATION —		
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERAL	(Specify)		St. A	innes"						Anr	napol	is, N	laryland
· ·	SERVICE LICE	0 11	11		1/	17 D	ADDRES	of C	OLYTH	hn M.	Taylo	or Fu	uneral Home olis, MD
23. PART I Enter the di	10	Ph	lly	2-									ons, MD
ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST	ons, flete	DUE TO	OR AS A CONSE	OFFICE OF	J. K.	ec ly	lçu	te		not or respin	atory arr	vo. t,	Approximate interval Between Oneel and Death
PART II. Other eignifices	onditiona /	contributing to	deeth but not r	reaulting in	n the un	derlying	ceuse gi	iven in F	Part I.	24a. WAS AN A PERFORE	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		JOSPITAL:			07:1-		CE OF DE	ATH (Che	ck only or	e)			
1 TYES 2 NO		Inpatient 2	ER/Outpatient 3		OTHER 4 Hurs		5 🗆 Rea	idence 6	5 🗆 Othe	r (Specify)			
	Pending	200. DATE OF (Month, Da		26b. TIME IHJU	OF JRY M	28c. IHJU WOR	K?		28d. DES	CRIBE HOW IN	JURY OCC	URED	
3 Sulaida	ould not be	28e. PLACE OF	INJURY — At ho	ma, tarm, st	reet, facto		S 2 [_	261. LOC	ATION (Street ar	nd Number	or Rural A	oute Number,
4 Homictde d	letermined	Danieling, 1	itte (apacity)						City	or Town, State)			
29e. CERTIFIER (Check only one) 2 MEDIC	FYIHG PHYSICIAL EXAMINER:	AH: To the best of a	my knowledge, da	ath occurred	d at the tir	ne, date a	nd place, a	and due t	to the cau	rse(s) end mann and place, and	due to the	ed. s cause(s)	and menner as stated,
296 SIGNATURE AND TIPE	ellu	My,	ther	7			29c, LICEN	SE HUMI	BER 197		29d. DATE	SIGNED 3	(Month, Day, Year)
30 NAME AND ADDRESS OF	VERSON WHO	1.40-1	MULTI	19 (Type, 1	Au	0,4	linna	TA	9/15	Tuk	25	19	101
JAN 05 1	995	32. REGISTRAF	es signature Lar Randal	4		/		1	1		, ,		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

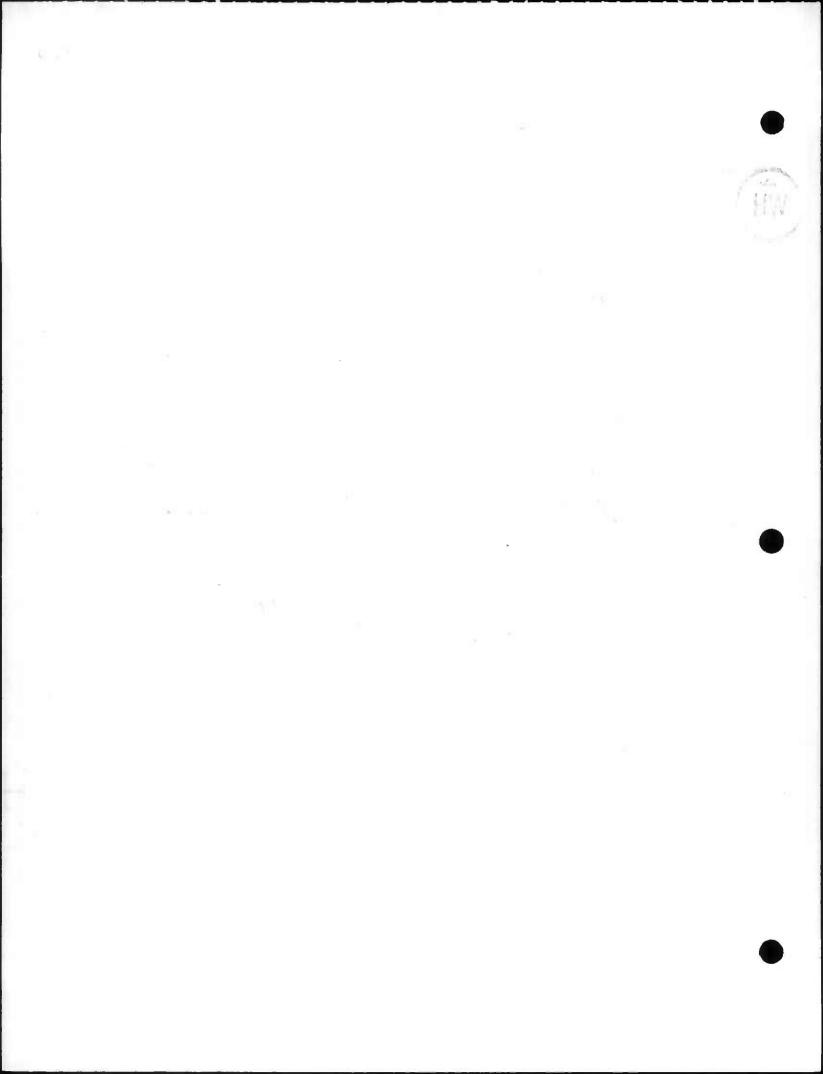
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be interest by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnishment be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neithed at once.

	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

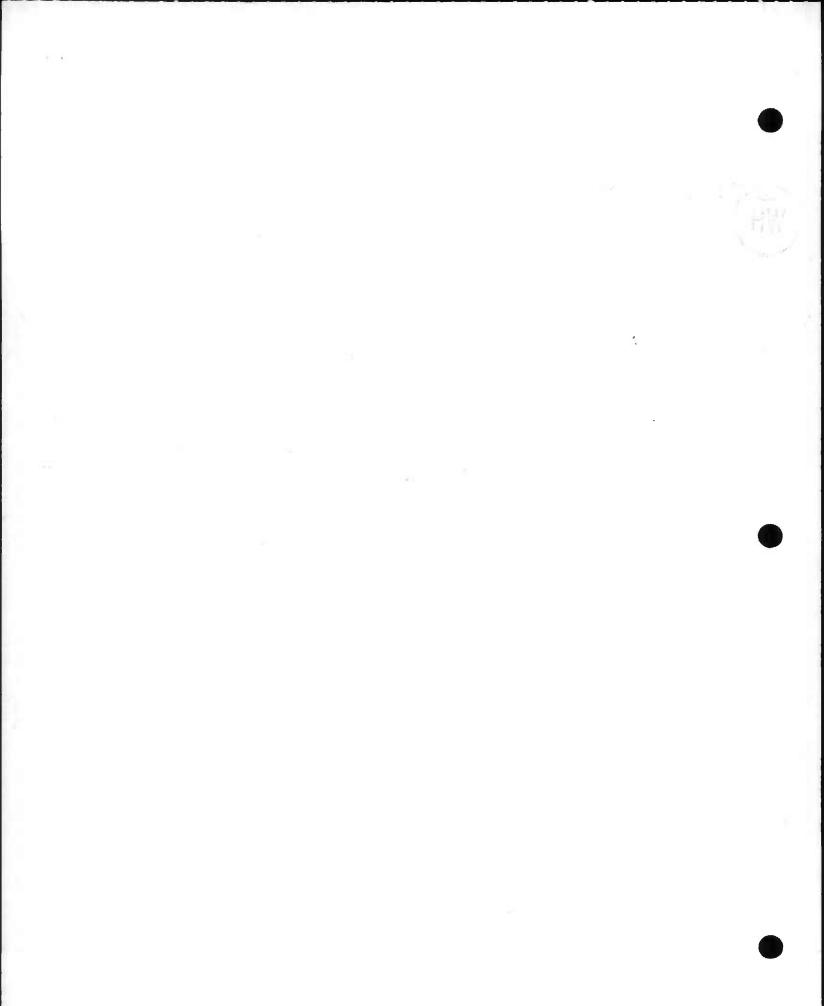
	1. DECEDENT'S NAME (First,	Middle Last)								2. DATE (HEG. NO.			
			Nova Ta	bler FOX						BACKS 1971 A		7 1	993	3. TIME OF DEATH 0330 M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7 DATE O	C DUTTE		A. BIRTHE	PLACE (State or Foreign
	232-28-238	-	1 😿 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV.	25,1	920	West	, Va.
œ	••. FACILITY NAME (II not in Washington		,	-1				OR LOCATI	ON OF DE	EATN			NTY OF DE	
DIRECTOR	RESIDENCE OF DEC		y nospit	d I		над	erst	own				Was	shing	ton
REC	10e. STATE	10b. COUNTY				Y, TOWN								10d, INSIDE CITY LIMITS?
	Maryland	Wash	<u>ington</u>		Ha	gers		_						1 YES 2 NO
FUNERAL	11532 Frei	och La	00				101	ZIP COD	-			10g. CITI		HAT COUNTRY?
NE I	11. MARITAL STATUS	ICII La		IT EVER IN U.S. ARI	4ED	13	WAS DEC	217		NIC OBIGINA	(Specify Yes	or No. I	USA	- American Indian,
F	1 Never Married 2		FORCES? 1	YES 2 XIN	0		II yes, sp	ecify Cube	n, Mexica	in, Puerto Ri	cen, etc.)	O NO.	Black, Specify	White, etc.
р Вү	3 Widowed 4 Divo							- 6					opeon)	White
COMPLETED	(Specify only	EDENT'S EDUC highest grade	completed)	(Gr	CEDENT'S We kind of the control of	Work done	CCUPATIO	ON est of working	ng	16b.	KIND OF BUS	SINESS/IND	USTRY	
PLE	Elementary/Secondary (0	-12)	College (1-4 or 5	+)		nten	dent			Ca	llas	Contr	racto	rs
Ö	17. FATNER'S NAME (First, M							_	NER'S NA		iddle, Maiden	_	4000	1.5
BE	Howard Fa		Fox						Viol	a Vir	ginia	Kese	ecker	
0	Edna J.										r, City or Town			
	EUIID J.		-	20b. PLACEA					е на	gerst	own,		21/40 City or Tow	
	1 M.Burlel 2 Cremetic 4 Donetion 5 Dother	n 3 🗆 Remo	oval from State	Zedar"	natory or o	ther place)	ial P	ark	Jan	10, 19			OWN,	
	21. SIGNATURE OF EUREDA	E BEIWICE LIG	abolis /	1				E FUN		-	-	290,00	Om 1, 1	
	1///9	10/	11. Ur	M							5 P.O.	BOX 3	1 12	
	23. PART I. Enter the di	seasea, or c	omplications the	t ceused the de	ith. Do r	not enter	the mo	de of dy	ng, auc	h as cardi	ec or respi	ratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Fin	al												Interval Between Onset and Daath
4	disease or condition	→ ,	OUE TO	rentic	Ca	ncel			_					6 months
_								1.1.						
5	Sequentleily ilst conditi If any, leading to immed	DIBILB III	DUE TO				11400	170	wol/	nage				
S	cause. Enter UNDERLY! CAUSE (Disease or Inju	ng 🖁 o	OUE TO	gulopat	hy									
CERTIFICATION	that initieted events resulting in death) LAS		Nut	ritional	DENCE OF	n:	ede a							
	BART II Oshu shuldin													
MEDICAL	PART ii. Other significe	nt condition	Contributing to	deeth but not re	sulting	In the ur	iderlylni	g ceuse (given in	Part I.	24a. WAS AN . PERFOR		1000	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED										-	1 YE\$ 2	NO		COMPLETION OF CAUSE OF DEATH?
2	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF DEAT	H YE	S 🗆 I	NO 15	LINC	FDTAIN					1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?					TN (Check		9 0110	EKIMI	•	_			
YSI	1 TYES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nur		e 5 □ Re	sidence	6 Other	(Specify)			
	27. MANNER OF DEATN 1 Netural 5	Pending	28a. DATE OF (Month, D	INJURY lay, Year)	26b. TIM INJ	E OF URY		PK?		26d. DE\$0	RIBE HOW IN	JURY OCC	CURED	
à	2 Accident	rivestigation	28e. PLACE O	F INJURY — At hor	ne, lerm, a	ntreet, lect		/ES 2 [NO	28f LOCA	TION (Street e	and Mumber	or Own! On	nute Mumbur
		Could not be determined	building,	etc. (Specify)			.,,			City or	Town, State)	na namber	or nurar no	unuer,
COMPLETED	29e. CERTIFIER (Check only	IFYING PNYSIC	CIAN: To the best of	my knowledge, dea	th occurr	ed at the t	lme, date	end place	end due	to the caus	e(e) end men	ner ee state	ed.	
NO.														end menner se steted.
BE 0	296. SIGNATURE AND TITLE	OF CERTIFIER		-				29c. LICE	NSE NUM	ABER	Т	29d. DATE	E SIGNED (Month, Day, Year)
2	SUND	arm	mD					D	460	81		► JA	nuary	7 1995
	Frank J.						+			1			.1 -	
-	31. DATE FILED (Month, Day,		32. BEGISTRA	R'S SIGNATURE		1111 3	1	Ha	gers	Town	mb	217	40	
	JAN 0	9 1995	Julia di	welcon Pen	fall									
			0			_	_							



/		_	4	4.1
	BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit on or named	he medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit public filed within 72 hours after death with the State Dest. of Health and Mental Hydiene orior to burial command.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG NO

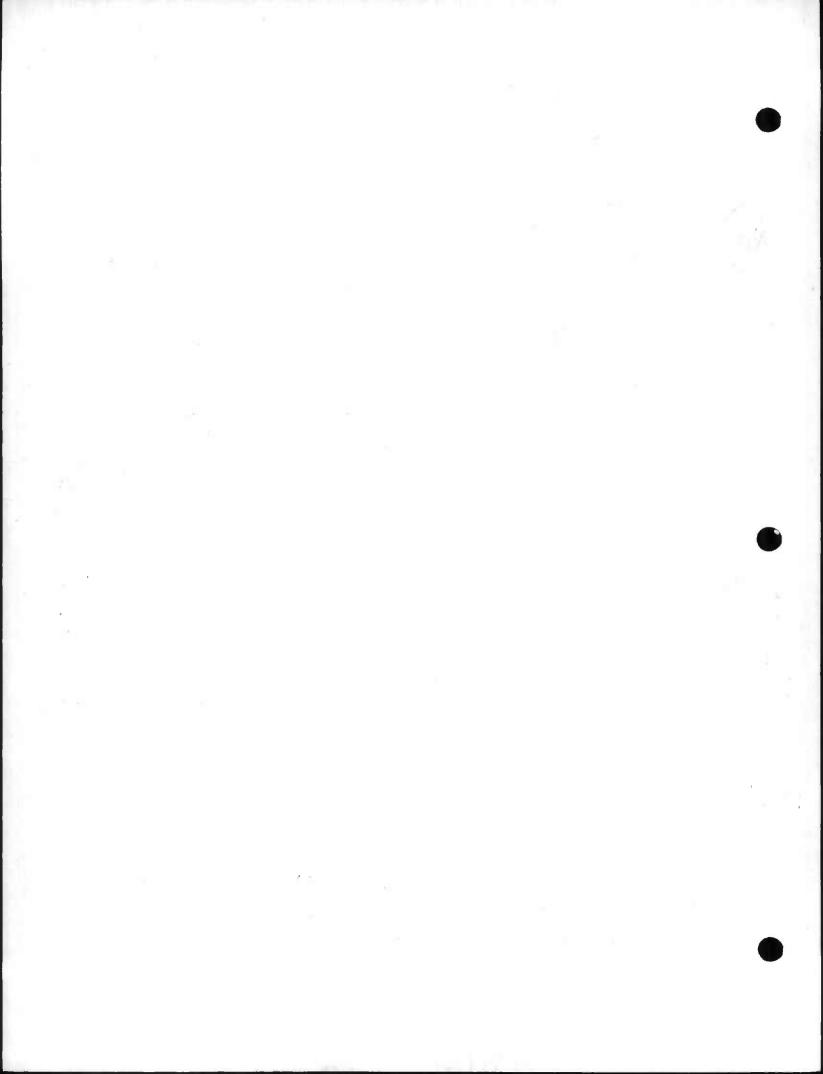
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN D. FLAU(GHER, JR				MONE	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		of BIRTH	199		11:27A M
	211-22-6361	1 □ M 2 □ F 66	YRS.	ONTHS DAYS	HOURS MIN.	7/2	th, Day, Year)	- 1	Country	PLACE (State or Foreign)
oc	9e. FACILITY NAME (If not institution, give str				R LOCATION OF D	EATH		9c. COUN		
CTO	Washington Cou	nty Hospit		Hagers				Wash	ing	ton
DIRECTOR	PA Fran	klin		town on Local hingto	n TWP .	. WA	YNESB	ORO		10d. INSIDE CITY LIMITS? 1 YES 2XXNO
AL	10e. STREET AND NUMBER				ZIP CODE			4	EN OF W	HAT COUNTRY?
FUNERAL	12128 Old RTE				1726				SA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	II yes, sp	ENDENT OF HISPA polity Cuben, Mexico 2 NO Specia	an, Puerto		or No	Black	- American Indian, , whita, atc. y: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S US	SUAL OCCUPATION	IN et al working	166	b. KIND OF BUS	BINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)		rk done during mo retired.)						1
MP		2	Territo	orial			Truck		es	
	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surname)		
BE	John D. Flaugh	ier, Sr	I	1000	Alice					
2		w 177 1			nd Number or Rural					17000
	Dolores Cride	Q. T	PLACE AND DATE OF		te 16,					
	1 X Burlel 2 Cremation 3 X Removed Donation 5 Other (Specify)	vat trom State come	etery, cremetory or othe arbaugh	r plece)			E 20c. LO			
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSPE / () /		22. NAME AN	D ADDRESS OF FA	CILITY	Grove	Funer	21 F	Iome, Inc.
	▶ James A. Bo			1000.	broad S	or, w	aynesd	oro,	PA J	7268
	23. PART i. Enter the diseases, or co shock, or heart failure. L	emplications that coused list only one cause on ar	the deeth. Do not ich lina.	anter tha mo	de of dying, aud	ch aa car	diac or respi	ratory arre	at,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition					-				Onset and Death
	reaulting in death)	DUE TO (OR AS A	[Cell	Lu	~ (-and	11			18 months
_		DUE TO (OH AS A	CONSEQUENCE OF):							
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							1
CAT	cause. Enter UNDERLYING									1
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
E	resulting in dasth) LAST									
	PART II. Other significant conditions	contributing to death by	it not resulting in	the underlying	cause divan in	Part I	24a. WAS AN	ALITOREY	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		TORRESTAN OF STAN STAN		and and only in	ouoso givan in		PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
						_	t TYES 2	MO		OF DEATN?
≥	DID TOBACCO USE CONTR	IRLITE TO CAUSE OF	F DEATH YES	II NO IS	LINCEDTAI	N D				1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATN		ONCERIAI					
Sic		HOSPITAL: t Inpatient 2 I ER/Outpa		THER:	5 🗆 Residenca	8 C Othe	er (Specify)			
主	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJ	JRY AT	_	SCRIBE NOW II	JURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(MONNI, Day, Your)	INJOH		ES 2 NO					
COMPLETED E	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, stc. (Specia	At home, term, stre	et, factory, office		28t. LOC City	ATION (Street a or Town, State)	nd Number o	r Rural Ro	oute Number,
E	29a. CERTIFIER	IAN: To the best of my knowle	dae deeth ecoursed	at the time of the	-1-1					
M		: On the besia of examination								and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					
8	Muhes 1.	Mulonad			A			∠ya. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		TN (ITEM 27) (Type, Pr	int)	0916					. 95
		Cornack	1799	Howel	1 Ruas	of	Hager	stown	, 1	10. 21740
	JAN 04 1995 Jah	32. REGISTRAR'S SIGNA	II.							



2, 3 should

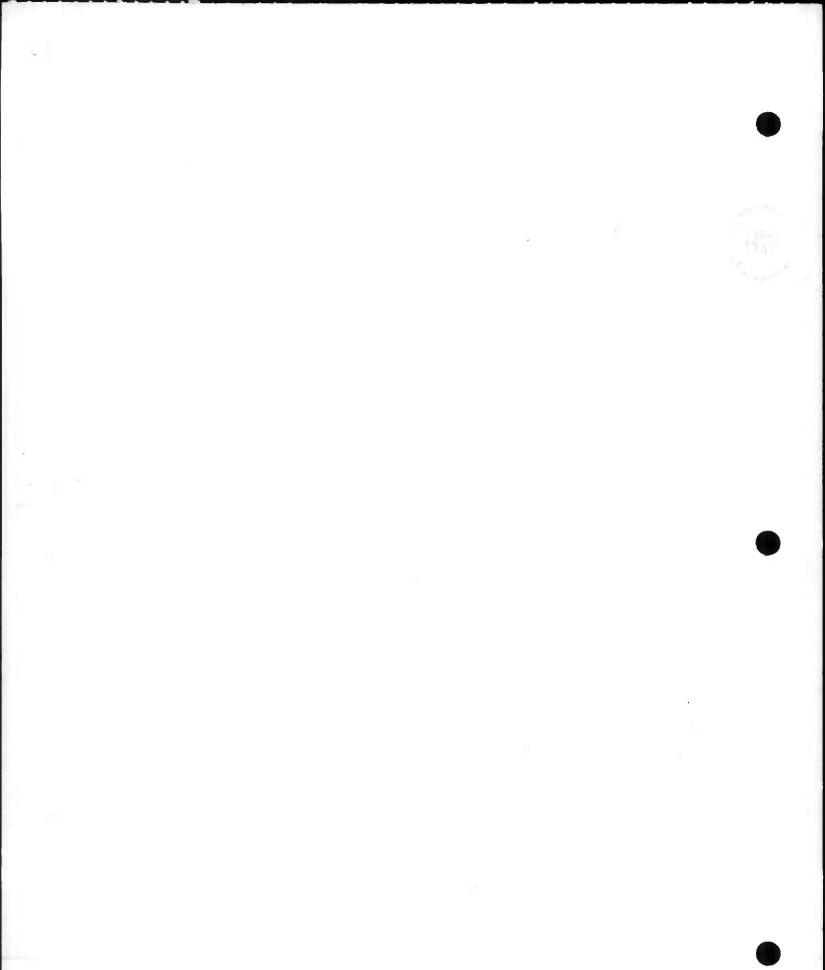
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	1. OECEDENT'S NAME (First									2. DATE OF O			VEAR	3. TIME OF DEATH	
	Eth		Marie		ney					Jähuar	су "	1	995°	6:45 A M	
	4. SOCIAL SECURITY NUME 217-12-4137	DER	5. SEX 1 M 2X F	6. AGE (In yrs. II	YRS.	IF UNDER MONTHS	1 YEAR DAYS	HOURS	24 HRS, MIN,	7. DATE OF BI (Month, Day, Januar)	7 15,	, 19	8. BIRT	HPLACE (State or Foreign VA	
OR	90. FACILITY NAME (II not in Berlin Nurs:					96. CITY, TOWN OR LOCATION OF DEATH Berlin						9c. COUNTY OF DEATH Worcester			
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY	
	MD 100. STREET AND NUMBER	Worce	ester			rlin								1 YES 2 NO	
RA	9715 Health			10	2181	_				S.	WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN	YES 2X			If yes, sp	CENDENT Coecify Cubs	n, Maxica	IIC ORIGIN? (Sp n, Puerto Ricen,	ecify Yea		14. RAC Blac	E — American Indian, k, Whita, atc.	
	15. DEC (Specify only	16a. D	ECEDENT'S	USUAL OF	CCUPATI	ON ost of working	30	16b. KIND	OF BUS	INESS/INI	DUSTRY				
COMPLETED	Elementary/Secondary (0	b. Do NOT us	pome:				п	Dome	stic						
BE CO	17. FATHER'S NAME (First, M Andrew Tinn	ey				18. MOT	eah	ME (First, Middle, Collins	, Maiden S S	Surname)					
2	Ophelia Tim			9b. MAILING 405—	C Tr	(Street init	and Number	or Rumil I IVE	- Salis	sbur	State, Zi	D ^{Code)} 2	1801		
	20a. METHOD OF OISPOSITI 1X Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Ramo	oval from Stala	20b. PLACE Green	AND DATE				ark	1/6				own, State , MD	
	21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FOOKS Funeral 917 W. Isabella Street - Sali														
=	23. PART A Entar the d	ecc.	17.07	ortes											
	23. PART Entar tha disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or reapiratory arrest, aheck, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Physical Information (Due to (Dr As A consequence of): Due to (Dr As A consequence of): Coro none; Cor														
HILICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury														
CER	that initiated events resulting in death) LAST d.														
MEDICAL	PART II. Other algnifica	nt conditions	Deme	PERFORMEO? 1 YES 2 NO					D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO						
Ä	25. WAS CASE REFERRED TO	о мериом. Т													
HYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatlant	3 🗆 DOA	OTHER 4 X Nor	₹;			6 Other (Spe	noith d				
7 I		Pending	28a. DATE OF (Month, D	INJURY	28b. TIM		28c. IN.	JURY AT ORK?		28d. DESCRIB		JURY OC	CURED		
EU BY	3 Suicide 6	Could not be datarmined	26a. PLACE C building,	F INJURY — At h	ome, farm,	atreet, fact				281. LOCATION City or Tow		nd Number	r or Rural	Route Number,	
COMPLEIED			CIAN: To the best of a											s) and manner as stated.	
	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICI	ENSE NUM	ABER	T	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	22	COMPLETE			7		D02	026			• /	1-)-	- 95	
	Federico (G. Artl	nes, MD	10	622 0		Pir	nes B	erli	n, MD 2	2181	1 41	0-64	1-6363	
	JAN 03		July all	Wilson-Ra	dall										
		C												OHMH-16 Rev 1/89	



	examiner must be notified at once.
or removal	medical
cremation.	vent, the
prior to burial,	traumatic e
Hygiene	or other
nd Mental	Injury,
of Health a	shows any
Dept.	23 8
he State	or Item
leath with t	marked,
ther d	82
Pours 8	Item 2
within 72	TANT: H
pe filed	IMPOR

	FOR	OTATE OF MA	DVI 4 11D /	D. D. D. D.							01010	
	1 - STATE REGISTRAR	STATE OF MA				F DEAT		NTAL HYGIEN REG. NO		_		
	1. OECEDENT'S NAME (First, Middle, Last) MARTORIE	J.		Gi	LLiA	ND	2.	DATE OF OEATH	PAN. N 1995 7.			
	4. social security fumber 291-16-3233	5. SEX 6.	AGE (In yrs. last	t birtnday)YRS.	IF UNDER 1 YE MONTHS DA		MIN.	DATE OF BIRTH (Month, Day, Year) ay 19,19	22	8. BIRTHPI Country) Ohi	ACE (State or Foreign	
œ	90. FACILITY NAME (If not institution, give stress Suburban Hospital	eet and number)				thesda				NTY OF DEA		
5	RESIDENCE OF DECEDENT								Mont	gomer	У	
DIRECTOR	Maryland Mon		10c. CITY	TOWN OR LI	cation ckvill	e				Od. INSIDE CITY LIMITS? YES 2 X NO		
	10e. STREET AND NUMBER					10f. ZIP COOE		-		ZEN OF WH	AT COUNTRY?	
FUNERAL	4708 Coachway Dri	MED	T 40 1100	DESCRIPTION OF	2085			ed St				
B≺	1 Never Merried 2 Merried 3 Widowed 4 Divorced	VER IN U.S. ARI YES 2 XN OR DATES		If yes		, Mexican, P	ORIGIN? (Specify Ye uerto Ricen, etc.)	a or No—	14. RACE - Black, 1 Specify:	- American Indian, White, atc. White		
딢	15. DECEDENT'S EDUC		(Gi	ve kind of w	USUAL OCCUI	ATION most of working	2	16b. KIND OF BU	SINESS/IND	USTRY	WIIICC	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 2	life.	Do NOT use Homem	retired.)			Own	Home	:		
BE CO	17. FATHER'S NAME (First, Middle, Last) RUSSELL R	eineke						First, Middle, Malder Zimmerma	,			
TO B	190. INFORMANT'S NAME (Type/Print) Henry W. Gilliand							Number, City or Tov CKVille,			20852	
	20e. METHOD OF DISPOSITION 1			_								
	27. SIGNATURE OF FUNERAL SERVICE LICE	22. NAME AND ADDRESS OF FACILITY Robert A. P. Home/Rockville, Inc., 300 W. Rockville, Maryland 20850-										
	23. PART I. Enter the diseases, or complidetione that ceused the deeth. Do not enter the mode of dying, such se cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line.											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)									Onset and Daath		
2	DUE TO (OR AS A CONSEQUENCE OF): ACUTE MYELOBIACTIC AVENIA											
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING b. ACUTE MYELOBLASTIC AVEMIA 3 WEEKS DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury that initiated evente resulting in death) LAST											
	d.	agetelbusine to do	ash has not a								1	
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions	contributing to da	ath out not re	esuiting if	the under	ying ceuse g	iven in Par	ti. 24a. WAS AN PERFO	RMED?	A	TERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
. ME	DID TOBACCO USE CONTR	IDLITE TO CALL	E OF DEAT	TU VE		77 IIII	ERTAIN [ج ا		1	☐ YES 2 NO	
NAN	25. WAS CASE REFERRED TO MEDICAL			E OF DEATI	1 (Check only		CKIAIN					
YSIC	1 - YES 2 NO	HOSPITAL:		□ DOA		forme 5 🗆 Red	eldence 6	Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJ (Month, Day,	URY fear)	26b. TIME INJU	IRY	INJURY AT WORK?		d. OESCRIBE HOW	NJURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — At hor (Specify)	me, tarm, at				t. LOCATION (Street City or Town, State	and Number	or Rural Rou	te Number,	
COMPLETED		AN: To the best of my										
TO BE	William H Survey MD D27985 > 1/1/95 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	WILLIAM H. SILVE	RMAN, MD				BLVD	ROCK	VILLE MD	20	852		
WILLIAM H. SILVERMAN, MD 6111 EXECUTIVE BLVD, ROCKVILLE, MD 20852 31. DATE FILED (MONTH, Day, Year) JAN 4 1995 Fell Caudism Roball												



OR O
5
9
DIRECTOR
2
FUNERAL
且
BY
品
7
S O
BE COMPLET
8
9

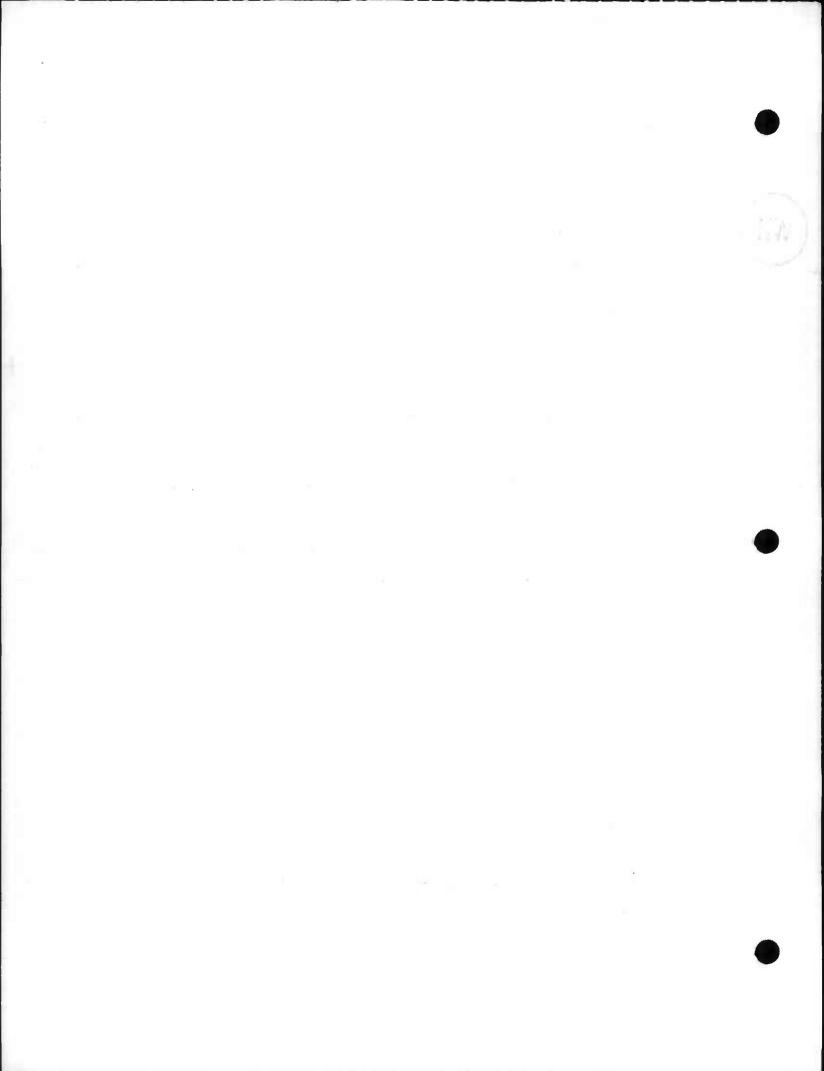
	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Las	10)				2. DATE OF DEATN		3. TIME OF DEATH			
	LEAH R.	GOLDSTI	EIN			JANUARY 4	, 1995	4:27 A M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Count	IPLACE (State or Foreign			
	219-30-4509		94 YRS.	months outs		SSIA					
œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF	DEATN	9c. COUNTY OF D				
DIRECTOR	SYLVAN MANOR HEA	ALTH CARE CEN	TER	SILVE	R SPRING		MONTGON	MERY			
3EC	10a. STATE 10b. COUN	YTY	10c. CIT	Y, TOWN OR LOC	ATION		11				
	MARYLAND MONT	TGOMERY	BE	ETHESDA				1 YES 2 NO			
3AL	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN OF	VHAT COUNTRY?			
FUNERAL	7319 ARROWOOD RO				20817		UNITED S				
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR I	2 XNO	If yes, t	ECENDENT OF HISP specify Cuban, Maxi 8 2 ZNO Spec	ANIC ORIGIN? (Specify Y can, Puerto Rican, etc.) city:	tea or No— 14. RACE Blace Speci WH]				
딢	15. DECEDENT'S EC (Specify only highest gra	DUCATION ade completed)	16a. DECEOENT'S	USUAL OCCUPAT		16b. KIND OF B	USINESS/INOUSTRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT us	se retired.)	lost of Worlding	2.7.					
COMPLETED	1.2 17. FATNER'S NAME (First, Middle, Last)		HOME	EMAKER	_		HOME				
	MENDEL RANKI	ΓN			LIEBI	IAME (First, Middle, Malde	n Sumame) NOWN ¹¹				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Poute Number, City or To					
2	DR. BARRETT GOLI	OSTEIN (SON)				BETHESDA,					
	20a. METNOD OF DISPOSITION 1 X Burial 2 ☐ Cremetton 3 X Ra	20	b. PLACE AND DATE	OF DISPOSITION /	Name of	OATE 20c. L	OCATION — City or To	wn, State			
	4 Donation 5 Other (Specify)	K	ING DAVII	DAVID MEMORIAL GARDEN 1/5 FALLS CHURCH,							
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	,	DANZA	ANSKY-GOI	DBERG MEM	ORIAL CHAI	PELS. INC.			
(sank	a stop	me	1170	ROCKVILI	LE PIKE, RO	OCKVILLE,	MD 20852			
	23. PART i. Enter the diseasea, or ahock, or heert failure	er complications that cause	d the deeth. Do r	ot enter the m	ode of dying, su	ch as cerdiec or rea	piratory arrest,	Approximata interval Between			
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)										
	reaulting in deeth)	DUE TO (OR AS	A CONSEQUENCE OF	9:				/ wh			
Z	Sequentially list conditions	5018	2					wh.			
ATI	Sequentially list conditions, lif any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or injury thet initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF	7:		, wh					
CERTIFICATION	resulting in death) LAST	4									
	PART II Other significant condition	one postribution to do the									
CAL	PART II. Other aignificant condition	vascula	but not reaulting i	Secus	ng ceuse given i	n Part i. 24e. WAS A PERFO	N AUTOPSY 24b. DRMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ED			- ai	y cao		1 🗆 YES	2 40	OF DEATH?			
. N	DID TOBACCO USE CON	TRIBUTE TO CAUSE C	OF DEATH YE	S \square NO \square	UNCERTA	IN TO		1 TES 2 NO			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT								
Sic	1 YES 2 BMO	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 DOA	OTHER:	me 5 🗆 Rasidence	6 Other (Specify)					
H	27. MANNER OF DEATN 1 Newtonel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM		JURY AT	28d. DESCRIBE NOW	INJURY OCCURED				
B⊀	2 Accident Investigation				YES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Nomicide datermined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, s	treat, factory, off	ca	281. LOCATION (Stree City or Town, State	t and Number or Rural R e)	loute Number,			
Ä	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my know	vladge, death occum	ed at the time day	a and place, and di	us to the source(s) and m					
OM		NER: On the basis of axamination) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NO		29d. DATE SIGNED	ALLEGA COMPA			
O BE	9000	. 0	0		D41	931	> JAN	4.199			
2	30. NAME AND ADDRESS OF PERSON W				2 0			7.77			
	12 shumacher		Sharet	ieldro	d Wh	eaton M	D 2090	~			
	JAN 6 1995	32. REGISTRAR'S SIGN	ardally								



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the tandop physician and completely filled in by the funeral director, page 5 should be detached for use as the burish transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND C	/ DEPARTM	MENT OF H	EALTH AND M	IENTAL HYGIEN						
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH				
	Marguerite Cusachs Glendinning					1995 YEAR	11:20PM M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6, BIFT	THPLACE (State or Foreign				
	220-46-8141 1 N 2X F 89	YRS.			Aug 29 19		yland				
œ	9a. FACILITY NAME (If not institution, give street and number)	96		R LOCATION OF DEA	ATH	9c. COUNTY OF					
5	Meridian Health Care Facility		Annar	oolis		Anne Ar	undel				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY				
	MD Anne Arundel		Annapo				X YES 2 NO				
RAI	7 St. Mary's		101.	ZIP COOE			WHAT COUNTRY?				
FUNERAL	1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	DIVED	10 1110 0500	21401			ed States				
4	1 Never Married 2 Married FORCES? 1 YES 2X		If yea, ape	cify Cuban, Maxican	C ORIGIN? (Specify Yes, Puerto Rican, atc.)	Bla	CE — American Indian, ack, Whita, atc.				
BY	3 Wildowed Divorced		1 123	ZA NO Specify:		Spi	white				
COMPLETED	(Specify only highest grade completed)	ECEDENT'S USU	done during mos	N It of working	16b. KIND OF BU	SINESS/INDUSTRY					
빌	Elementary/Secondary (0-12) College (1-4 or 5+)	le. Do NOT use re	•		ļ ,,		= 1				
8	17. FATHER'S NAME (First, Middle, Lest)	Homema	Ker	18 MOTHER'S NAM	IE (First, Middle, Maiden	lome					
0	Carlos Cusachs		l		ite Porte						
TO BE		9b. MAILING AD	ORESS (Street an	nd Number or Rural Ro	oute Number, City or Tow	n, State, Zip Code)					
٦	Frances L. VanNess	100 Sh	ort Roa	d Steven	sville, M	aryland	21666				
- 1		ematory of other		ory 1/11	OATE 20c. LO	CATION — City or					
- 1	4 Donation 5 Other (Specify)	-11100111	22. NAME AN	D ADDRESS OF FACE	/95 DI	entwood,	Maryland				
	Harrison I F. F.		147 D	ıko of GI	John M.	laylor F	uneral Home				
-	23. PART I. Enter the diseases, or complications that caused the d	leeth Do not	4								
	shock, or heart failure. List only one cause on each lin	ia.	entar tha mot	ie or dynig, addi	as cardiac or resp	iratory arrest,	Approximata Interval Between Onset and Daath				
1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. McLundric un delydistics Squard deel 76 DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, our To (OR AS A CONSEQUENCE OF):										
	DUE TO (OR AS A CONSE	EOUENCE OF):	yans	COM 3 SE	mas au	er we	nus-				
NO NO	Sequentially list conditions,	age	years								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST										
AL C	PART II. Other significant conditions contributing to death but not	reaulting in ti	he underlying	causa givan in P			No. WERE AUTOPSY FINDINGS				
2					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
						AC 1.00	OF DEATH?				
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	ATH YES		UNCERTAIN							
PHYSICIAN: MEDIC	EXAMINER? HOSPITAL:	CE OF DEATH (C	Check only one)								
IXS	1 ☐ YES ★ NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 2. 27. MANNER OF DEATH 28e, DATE OF INJURY	3 DOA 4	X Nursing Home	5 Residence 6							
	Naturel 5 Pending (Month, Day, Year)	26b. TIME OF	WOR	HY AT HK? ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED					
8	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At huilding stc. (Specify)	ome, term, stree			281. LOCATION (Street a	and Number or Rura	I Route Number,				
	4 Homicide detarmined building, atc. (Specify)				City or Town, State)						
2	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d	leath occurred at	t the time, data a	and place, and due to	the cause(a) and mar	nner as stated.					
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination and/or	investigation, in	my opinion, de	ath occured at the ti	me, data and place, an	d due to the cause	(s) and manner as stated.				
BE (210 BIGNATURE AND TARLE OF CERTIFIER	. ()		29c. LICENSE NUME	BER		D (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (5== 5		D11653		Janua	ry 10, 1995				
				nnanolis	, MD 2140	1 (410 0	67 0211)				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		-1140 /-	4111apo 1 1 5	, NU 2140	1 (410-2	01-9211)				
	JAN 11 1995 John Davideor Rose	fall									



0	.0
$\tilde{\sim}$	\$
0	0
0	9
. 1	175
u)	6
OI.	tie.
-	-
ò	0
-	29
	S
7	ğ
7	41
4	£
$\overline{}$	2
_	Ф
Œ	8
Ø	듦
5	e
	-
***	ă
Щ	25
Œ	E
0	9
ž	60
2	90
_	0_
BALTIMORE, MARYLAND 21215-0020	6
-4	65
⋖	9
0	100
	de de
	6/3
	3
-	Z
	2
	~
•	=
0	1
9	B
2	ě
80	3
Θ	ě
×	63
0	2
\simeq	93
	20
	4
0	0
	0
а.	6
- 6	60
(Z)	0
	5
or	=
$\overline{}$	4
\sim	40
\circ	9
Ш	3
OC	0
Τ.	3€
=	ca
Q.	9
\vdash	-
_	2
	NA.
ш.	3
$\overline{\cap}$	≥
-	4
Z	CO
\overline{a}	Ž
\geq	9
(0)	E .
~	-
>	X
DIVISION OF VITAL RECORDS, P.O. BOX 68760	H
	٠.
	X
	1
	S
	2
	ш
	Ξ
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR		0	(ERTIF	ICATE	OF DE		REG. NO.			
1. DECEDENT'S NAME (First	t, Middle, Lest)		3 4 4					2. DATE OF OEATN			3. TIME OF DEATN
Samuel	Pro	utt 6	ood he	und				MONTH O/ - DA	07-	YEAR 95	0.50.2A"
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1		NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTN	PLACE (State or Foreign
215-07-9	903	1 M 2 🗆 F	79	YRS.	MONTHS	DAYS HOU	RS MIN.	12-10-15		Countr	
9e. FACILITY NAME (If not is	nstitution, give s	treet end number)			96. CITY, T	OWN OR LO	CATION OF DE			NTY OF D	
Anne Ar	undel	Medica	1 Cen	ter	Ann	apol	is		Anı	ne A	rundel
RESIDENCE OF DE	10b. COUNT				Y, TOWN OR						
			_							i	10d. INSIDE CITY LIMITS?
M D 10e. STREET AND NUMBER		<u>Arunde</u>	1	1	Annap	0115					1 YES 2 X NO
		d Drive					1401		10g. CIT	USA	HAT COUNTRY?
11. MARITAL STATUS		12. WAS OECEDENT FORCES? 1						IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, , White, etc.
1 Never Merried 2 3 3 Wildowed 4 Dive	~	IF YES, GIVE W				YES 2 X		n, Puerto Rican, etc.)		Specif	
	EDENT'S EDU		16e.	DECEDENT'S	USUAL OCC	UPATION		18b. KIND OF BUS	SINESS/IN	OUSTRY	WILLE
Elementary/Secondery (ly highest grade 0-12)	College (1-4 or 5+)		(Give kind of life. Do NOT u	work done dur se retired.)	ring most of w	vorking				
				Main	tenan	ce		Bord	en	Co.	
17. FATNER'S NAME (First, A	fiddle, Lest)						MOTNER'S NAI	ME (First, Middle, Maiden	Surname)		
Samue1	Goodl	nand					Effie	Phillip	S		
190. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS (Street end Nur	mber or Rural R	loute Number, City or Town	n, State, Zij	p Code)	
Dorothy	Good	lhand		Sam	e as	# 10					
20e. METHOD OF OISPOSIT 1 Special 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	oval from State	cemetery,	cramatory or o		_				City or To	
21. SIGNATURE OF FUNERA		CENSEE	ISudI	ersv		-	Tery		Sua	lers	ville, MD
* Roli	ts.	\geq	11	-	Bar	ranc	o and	Sons Fu			
23. PART I. Enter the d	Iseeses, or	complicatione that	peused the	deeth, Do	1495 not enter th	NIT	Chie	Hwy., Se	ratory er	na P	Approximate
shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	esrt fellure.	Liet only one ceue	le on each ii	ne.	Fos o		abor	of In	rto		Interval Between Onset and Death
Sequentially liet condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ediete ING ury	с.	OR AS A CONS		org	a)	SES II	osloje	ys/25		
PART II. Other eignification of the control of the	ic Callere	rdiom Chris	1000) Ne 1	enie	In the under	huo	NCERTAIN	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL		26. PL	ACE OF OEA	TH (Check onl	y one)					
1 YES 2 -NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	g Home 5	Reeldence	6 Other (Specify)			
27. MANNER OF DEATN		28e. DATE OF I (Month, De		28b. TIM	E OF 26	Bc. INJURY A'	AT .	28d. OEŞCRIBE NOW II	NJURY OC	CURED	
	Pending Investigation	(3000), 50	y, roar,	1	М	1 YES	2 NO				
2 Control	Could not be determined	28e. PLACE OF building, of	INJURY — At etc. (Specify)	home, Jerm,	street, lactory	r, office		28f. LOCATION (Street e City or Town, State)	and Number	r or Rural R	oute Number,
29e. CERTIFIER											
(Check only								to the ceuse(e) end man			end menner ee stated.
29b. SIGNATURE AND TITLE			, ,				LICENSE NUM				(Month, Day, Year)
(70904)	0	mike	all.	m	2	1	147	58	> /	-0	95
30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETEO CAUS	E OF DEATH (IT	EM 27) (Type	, Print)		1/1	0.00			1. 12.1
31. DATE FILED (MONT), Pay.	1000 0 11	32. REGISTRAF	'S SIGNATURE	40	> /	1015	1///	TIME	MK	em!	11119
		- 7 F	114		47						2 124/11

1	FOR STATE
	REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)		6	bbe	ê				MONTH	OF DEATH DA		YEAR	3. TIME OF DEATH 16:50	
4. SOCIAL SECURITY NUMBER 222-14-0304	5. SEX	6. AGE (In yrs. 84	lest birthday)	IF UNDER 1		IF UNDER	24 HRS. MIN.	(Month	OF BIRTN Day, Year)		Country	PLACE (State or Foreign	
90. FACILITY NAME (If not institution, give	street and number)		1150	96. CITY, T			N OF DE		9 1910	9c. COU	PA.	RUNDEL	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		IEK	10c. CIT	Y, TOWN OR						AIN	NE A	10d. INSIDE CITY	
MARYLAND AND 100. STREET AND NUMBER 3433 COHASSET A	NE ARUNDE VENUE	L	<u>l</u> A	NNAPO	7	2] 4					ZEN OF W	1)X) YES 2 \(\sum \) NO EN OF WHAT COUNTRY? A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2							Specifi			— American Indian, White, atc. y: LACK	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of I life. Do NOT u	PECEDENT'S USUAL OCCUPATION Give kind of work done during most of working te. Do NOT use retired.) TEACHER						ITY	HISTRY	OL DISTRIC			
17. FATHER'S NAME (First, Middle, Last) SOLOMON E. G. 19a. INFORMANT'S NAME (Type/Print)	IBBS		19b. MAILING	ADDRESS (MA	RY E	E. WO	RNSLEY		Code		
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MABEL B. GIBBS 20b. PLACE AND ATE Of DISPOSITION 12 Date or Town, State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ANNAPOLIS, MD. 22b. PLACE AND DATE Of DISPOSITION (Nama of committee), crematory or other place) HILL CREST CEMETERY 1/6/95 ANNAPOLIS, MD. 22c. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST In indicated events and the service of the se										Onset and Dea			
PART II. Other significent condition	not resulting in the undarlying cause given in					Part I.	24e. WAS AN. PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FR/Outpatient	3 [] DOA	OTHER:				eck only one					
27. MANNER OF DEATH 1 Neture: 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E	INJURY ay, Year)	28b. TIM	IE OF 2	8c. INJUI WOR	RY AT			CRIBE NOW IN	IJURY OCC	CURED		
2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN. To the basis of axamination and/or investigation, in my opinion, death occurred at									ATION (Street a or Town, State)			oute Number,	
(Check only 1 CERTIFYING PHYSONS) 2 MEDICAL EXAMIN					nion, des		ed at the	time, data		dua to th	e cause(a)	and manner as stated. (Month, Day, Year)	
296. LICENSE NUMBER 296. DATE SIGNED (Month 297. DATE SIGNED (Month 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2D) (Type, Print) 296. LICENSE NUMBER 297. DATE SIGNED (Month 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2D) (Type, Print)										on 95			
			1		/1								

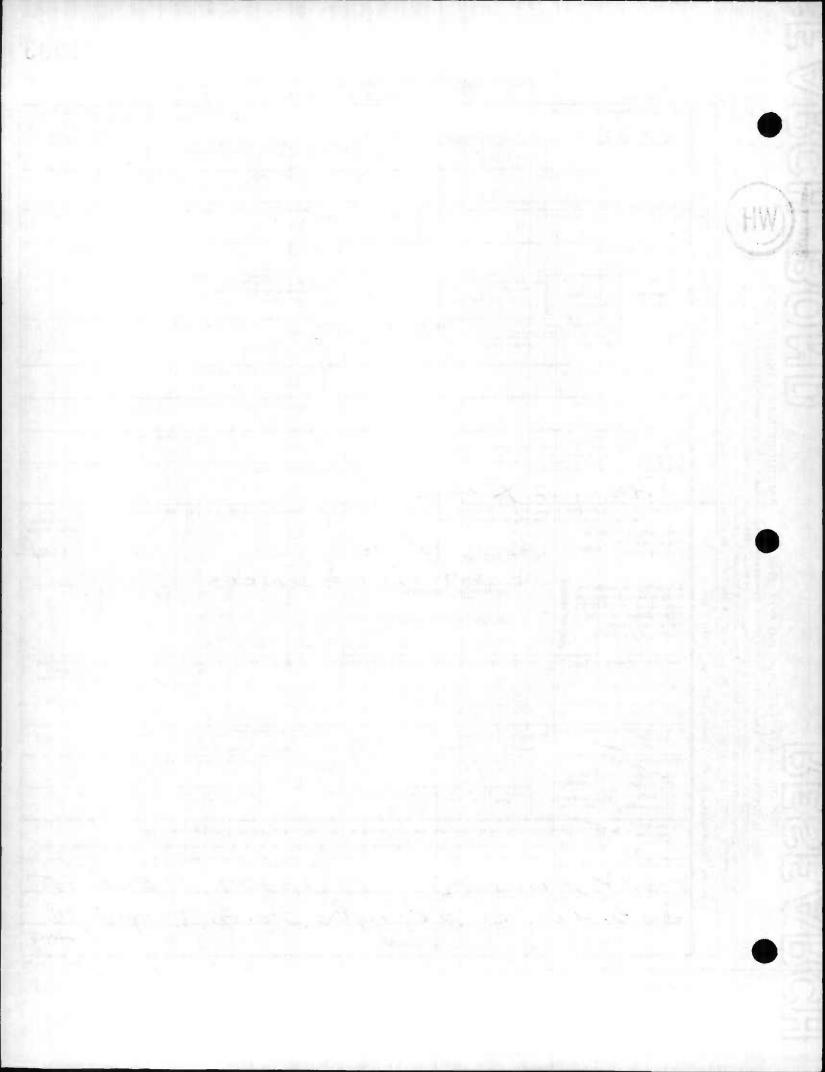
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Floring the death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JAN 06 1995

DNMN-16 Rev 1/89



FOR STATE

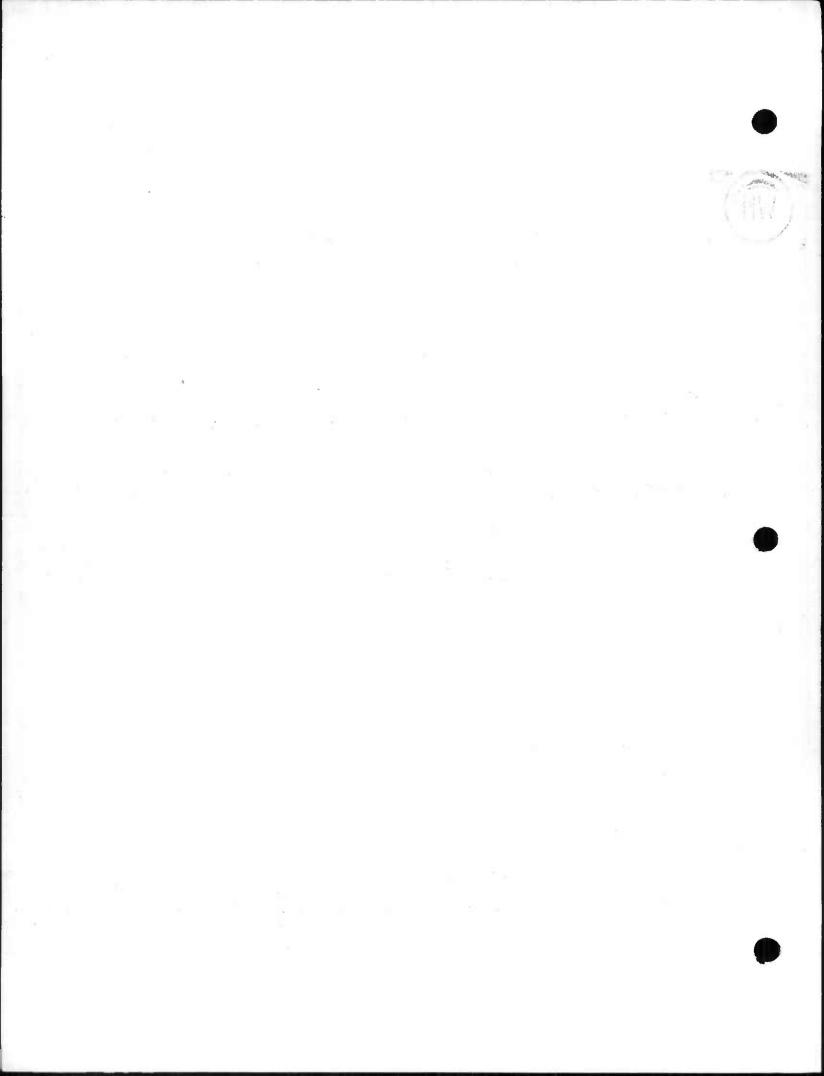
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH					
		oodwin			January 2		12:58P M					
			UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	9. BIR	THPLACE (State or Foreign					
2	221-03-9671 1 N 2 X 5 82	YRS.	THS CATS	HOURS MIN.	Jan 16 19		elaware					
	9a. FACILITY NAME (if not institution, give street and number)	96	CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY OF						
5	Anne Arundel Medical Center		Annar	polis		Anne	Arundel					
EC	10s. STATE 10b. COUNTY	19c CITY TO	OWN OR LOCATI				10d. INSIDE CITY					
H	MD Anne Arundel						LIMITS?					
1	MD Anne Arundel 100. STREET AND NUMBER		Annapo	ZIP CODE		100 CITIZEN OF	WHAT COUNTRY?					
H.	412 Saddle Ridge Road			21403								
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE		C ORIGIN? (Specify Yea		d States CE - American Indian,					
	1 Never Married 2 Married FORCES? (YES		If yes, spe	NO Specify:	, Puarlo Rican, etc.)	Bia	ock, White, afc.					
BY	3 Wildowed 4 Divorced		/	Que openin.			***White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S USL (Give kind of work life, Do NOT use re-	JAL OCCUPATION	N I of working	16b. KIND OF BUS	INESS/INDUSTRY						
w	Elementary/Secondary (0-12) College (1-4 or 5+)				_							
MP	4	School T	eacher			ducation						
	17. FATHER'S NAME (First, Middle, Lest) Walter H. Steel				E (First, Middle, Maiden S	Surname)						
BE	t9a. INFORMANT'S NAME (Type/Print)				hryn Pie							
2	Carol D. Binnix				oute Number, City or Town							
					Annapolis	NIATYIA						
	1 Buriel Cremetion 3 Removal from State	PLACE AND DATE OF D stery, crematory or other	place)	naor								
	3/ SIGNATURE OF FUNERAL SERVICE LICENSEE	L./L/ncoin	22. NAME AND	OFY 1/3	/95 Bre	ntwood,	Maryland.					
- 1	Charles of The		147 D	uko of C	John Wi.	laylor F	uneral Home					
-	Duald A. Ny 9				loucester S		polis, MD					
- 1	23. PART i. Enter the disease, or complications that caused abock, or heart fellure. List only one gause on ee	the death. Do not on the children.	enter the mod	le of dying, such	es cardiac or respir	retory arrest,	Approximata intervai Between					
	IMMEDIATE CAUSE (Fine) Onset and Death disease or condition											
	resulting in death)											
	DUE TO (OR AS A DOMISEOUENCE OF):											
O	Sequentially list conditions, DUE TO (OR AS A CONSCOURAGE OF): DUE TO (OR AS A CONSCOURAGE OF):											
AT	cause, Enter UNDERLYING	,										
FE	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF):										
F	resulting in death) LAST											
EDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but	it not reculting in th	se underlukee	ania alua la fi								
CAL	NATIONAL STREET, CONGRESSION OF GENERAL DE	it not resulting in ti	ne underlying	ceuse given in P	Part i, 24a. WAS AN PERFOR		AMILABLE PRIOR TO					
ED					1 YES 2	NO	OF DEATH?					
Σ					_		1 NES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL		20 01 0	OF OF BEATH (Ch.	t and and							
PHYSICIAN:	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Input I		HER:	ACE OF DEATH (Chec								
¥ I	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF		5 Residence 6	26d. DESCRIBE HOW IN	IIIBY OCCUPED						
	1 Natural 5 Pending (Month, Day, Year)	INJURY	WOR		ava. DESCRIBE HOR III	JOHN COCONED						
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	— At home, ferm, stres			281. LOCATION (Street as	nd Number or Rum	I Boute Number					
TEL	4 Homicide detarmined building, stc. (Special	(y)			City or Town, State)		21 17 August					
COMPLETED	29s. CERTIFIER (Check only	dos dosth occurred si	the time date of	and place, and due t	o the seconds and in the	ar of hard						
M	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination						(a) and menner as stated					
	29b. SIGNATURE AND TITLE OF CERTIFIER											
H	1/About Sight	Eden Mi	y 1	D 3 0	101	DATE SIGNE	D (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	100	200		1/2	11-					
	ROBERT SCOTT EDEN, 1	4D. 600	RAGEL	Y AVE	ANNAPOLIS	SMX	21401					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	TURE /	1000	,,,,	11.01.0/11000	1110	- 10/					
	JAN 03 1995 1 An David	sor Rardall										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

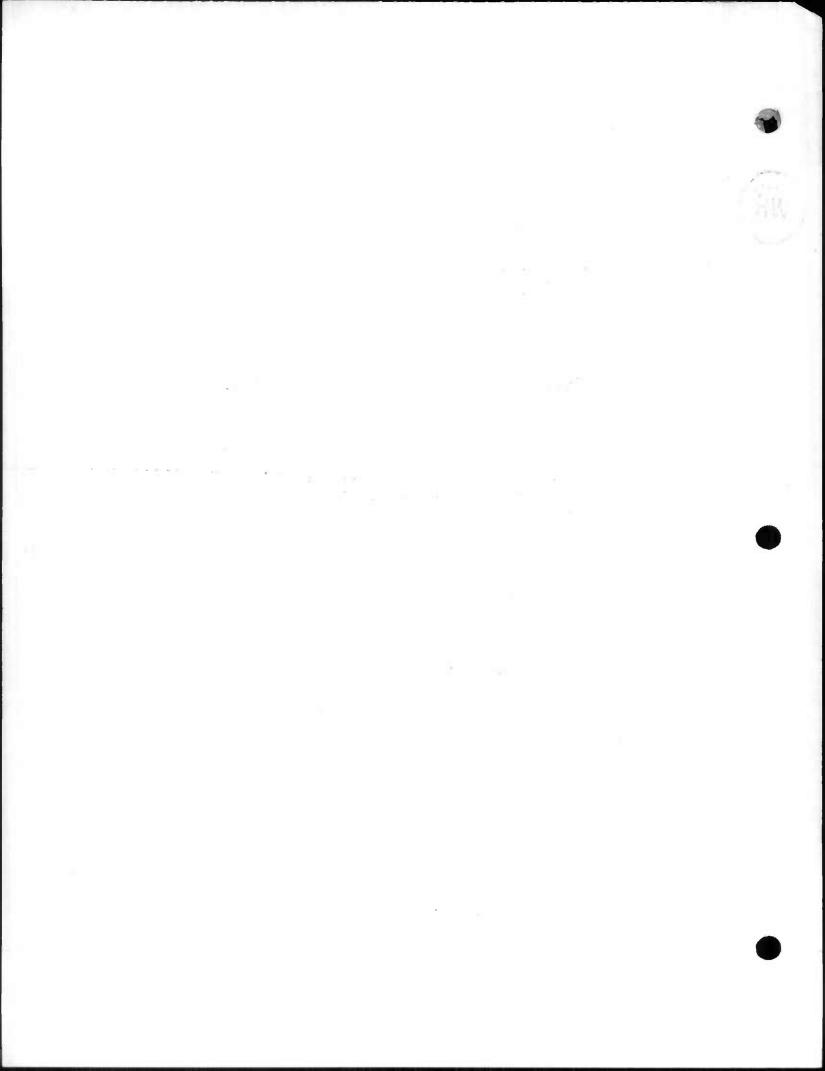
DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OHECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M				HEALTH AND	MEI	NTAL HYGIENI	E				
	1. DECEDENT'S NAME (First, Middle, Last	9						DATE OF DEATH			3. TIME OF DEAT	н	
1	HENRY	LEE		G	INNIMAN			an. 2, 1	y 995	YEAR	11:22	рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR		7.1	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State Country)			reign	
	214-05-9315	1 M 2 □ F	94	YRS.	MONTHS DATE	HOURS MIN.	Fe	b 11, 19	00		MD		
œ	9a. FACILITY NAME (If not institution, give					OR LOCATION OF	PEATH		9c. COU	INTY OF D	EATH		
TOT:	Memorial Hospita	<u>a1</u>			Cumbe	rland			A11	egan	у		
DIRECTOR	10a. STATE 10b. COUN			10c. CIT	Y, TOWN OR LOC	ATION				T	10d. INSIDE CITY		
		egany		Cum	berland	<u>l</u>					N☐ YES 2 ☐	NO	
FUNERAL	10e. STREET AND NUMBER			- 1	IOI. ZIP CODE			-		VHAT COUNTRY?			
NE	133 New Hampshir				21502			USA					
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO	If yea,	ECENDENT OF HISPA specify Cuban, Maxic	an, Pu	RIGIN? (Specify Yea erto Rican, etc.)	or No-	Bleck	— American India c, Whita, etc.	n,	
BY	3. Widowed 4 Divorced	IF TES, GIVE W	AN ON DATES		1 1 4	ES 2X NO Spec	ffy:			Specif	hite		
	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16e. DE	CEDENT'S	USUAL OCCUPA work done during se retired.)	TION most of working		166. KIND OF BUS	INESS/IN	DUSTRY			
=	Elementary/Secondary (0-12)	College (1-4 or 5+	,										
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		Re	tire	d			Railro	_				
	Henry Ginnima	n						First, Middle, Maiden S		a+ a m)		7	
BE	19a. INFORMANT'S NAME (Type/Print)	11	19	b. MAILING	ADDRESS (Stree	t and Number or Rura		Anor (Bro				_	
2	Anna M. Bartlett	L.				Street:				215	502		
	20e. METHOD OF DISPOSITION	moval from State	20b. PLACE	AND DATE	OF DISPOSITION								
	St. Burlet 2 Cremetion 3 Removal from State Commettery Commetter												
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		.1		and address of Fo							
	yames"	TRIC	ann	LLL	* Cumb	erland. M	D	21502					
	23. PART . Entar the diseases, or shock, or hasrt failure	complications that List only one cau	caused the de se on each line	sth. Do r	not enter the n	node of dying, su	ch aa	cardiac or reapir	atory an	rest,	Approxima interval Ba		
	IMMEDIATE CAUSE (Finsi disease or condition	00		0	0 0.						Onset and		
	resulting in death)											ays	
_	_	DUE TO (OR AS A CONSEQUENCE OF):										' I	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):												
ICA	cause. Enter UNDERLYING CAUSE (Disesse pr injury												
Ë	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	DUENCE O	F):							ı	
CE		d											
AL	PART II. Other significant condition	ons contributing to	desth but not i	resuiting	in the underly	ng cause given in	Part	i. 24a. WAS AN / PERFORE		24b.	WERE AUTOPSY FIN		
ö	M. Lower	Love	1 nei	me	wr			1 - YES 2	NO		COMPLETION OF CO		
M	DID TOPACCO LICE COVE	TOUR LITE TO CAL	ICE OF DEA	=1.4				_			1 _ YES 2	0	
AN	DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAL			TH (Check only on		N L						
SIC	EXAMINER?	HOSPITAL:			OTHER:	me 5 🗆 Residence	• •	Other (Specific)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 28c. II	NJURY AT	-	DESCRIBE HOW IN	JURY OC	CURED			
ВУР	1 Natural 5 Pending 2 Accident Investigation		y, rear)	INJ		YORK?							
	3 Suicide 8 Could not be	28a. PLACE OF building,	INJURY — At ho itc. (Specify)	me, term, a	street, factory, of	lea	281,	LOCATION (Street ar City or Town, State)	nd Number	or Rural R	loute Number,		
COMPLETED													
AP	29e. CERTIFIER (Check only one)												
8	2 MEDICAL EXAMIN		emination and/or	Investigatio	n, in my opinion.	death occured at the	time,	data and place, and	due to th	ne ceuse(a)) and menner ea st	rted.	
296. SIGNATURE ORD STLEOF CENTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH AFE	M 27) (Time	Print)	D 148	365			1	5 791		
	Dr. R. Barrera, I		47 CO. PHO. A			do. Cumi	her	land MD	21	502			
	31. DATE FILED (NORTH). Dex (14) 199	EGISTAA	S'SIGNATURE		T-01 DI	46.9 Oulill		Tana, m	<i>4</i> -1	302		\dashv	
	JAN U # 199	5 June 13 Rd	ANGEN FUNC	ALL STREET									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Account after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be determine filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

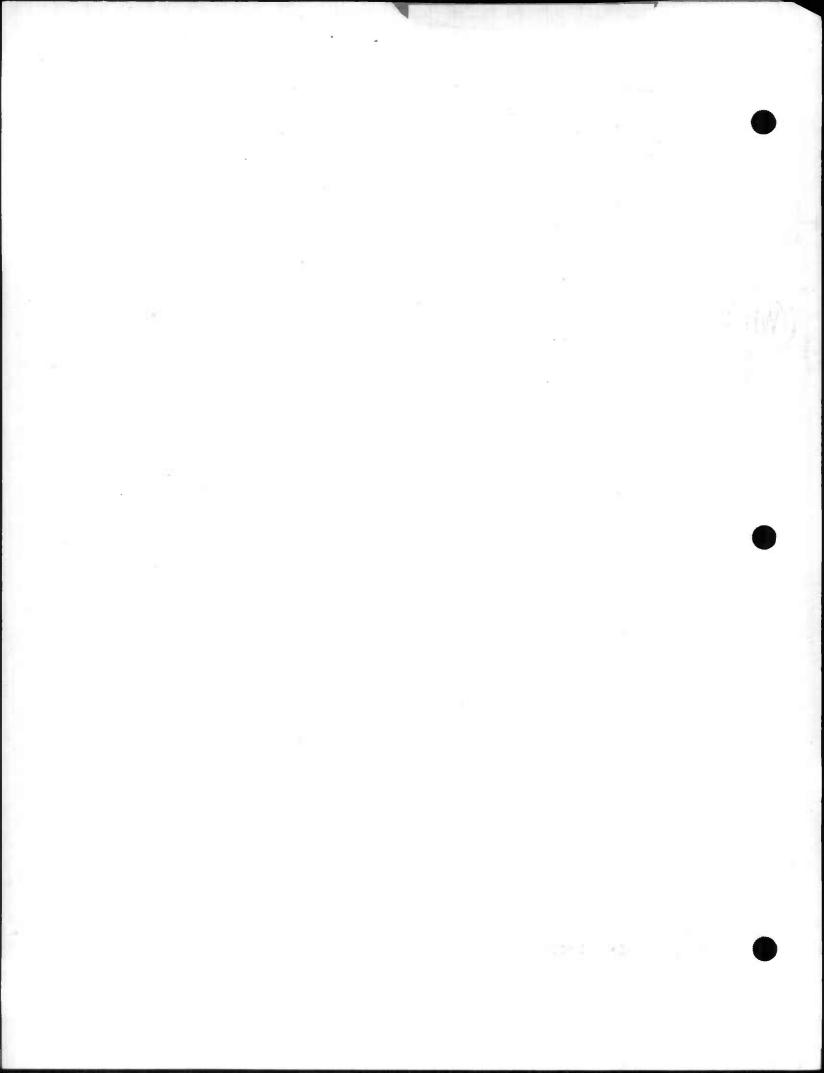
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical-exampler must be notified at once.

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

· Chattaki

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH		NTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)				0. 54.	2.	DATE OF DEATH		3. TIME OF DEATH			
	ETHELBERT	EDWARD	GREENE				Jan, C	6 199	10.00am			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	YEAR IF UNDE		DATE OF BIRTH	8. E	BIRTHPLACE (State or Foreign			
	218-24-4023	1 ☑ M 2 □ F 6	4 YRS.	MONTHS	DAYS HOURS		(Month, Day, Year) 08/03/19	30	Md.			
~	9a. FACILITY NAME (If not institution, give str				TOWN OR LOCAT		1	9c. COUNTY				
DIRECTOR	5597 Popular L	ane		Be	<u>llevue</u>			Ta1	Lbot			
EC	16a. STATE 10b. COUNTY				LOCATION				10d. INSIDE CITY			
PE	Md. Ta	Md. Talbot						120				
	10e. STREET AND NUMBER	10e. STREET AND NUMBER			101, ZIP COD	DE		10g, CITIZEN OF WHAT				
FUNERAL	5597 Popular Lane				21	662		USA				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S.ARMED				ORIGIN? (Specify Yea	or No- 14,	RACE — American Indien.			
ВУ Е	1 Never Merried 2 Married	FORCES? 1 YES		1	yes, specify Cub ☐ YES 2X XNO	an, Maxican, P Specify:	uerto Rican, etc.)	Black, White, etc. Specify:				
	3 N Widowed 4 Divorced								Black			
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S	work done di	CUPATION uring most of work	ing	16b. KINO OF BUS	INESS/INDUST	RY			
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	WATER				CT.	ELF				
M	17. FATHER'S NAME (First, Middle, Last)		WAIER	MEN	1							
	CARL D. GRE	ENE			18. MO1	SADII	(First, Middle, Malden :					
H	19a. INFORMANT'S NAME (Type/Print)	DIVE	10h MAII IN	ADDRESS	(Character and Museum		e Number, City or Town					
2	ESTELLE THOM	AS					LLEVUE, N		'			
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremiation 3 Remo		Db. PLACE AND DATE		TION (Name of		DATE 20c. LOC	CATION — City	or Town, State			
	4 Donation 5 Dother (Specify)	I			MEM. P	RK 1	/11 EAS	TON.M	D.			
	21. SIGNATURE OF FUNERAL SERVICE LICI	MEE		22. N	AME AND ADDRE	ESS OF FACILI	Servic	9	. 445 — 7.			
	disth to	ock					St. East		3.21601			
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury).											
ERTIF	that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):								
	PART II. Other algnificant conditions	contributing to death	but not resulting	In the unc	leriving cause	given in Par	rt I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL							PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
							t TYES 2	NO	OF DEATH?			
-							-		T LES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF (DEATH (Check	only one)					
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 🗆 DOA	OTHER 4 - Nursi		lasidenca 8	Other (Specify)					
/ PHYSICIAN: MEDIO	27. MANNER OF OEATH 1 Nature: 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF JURY	28c. INJURY AT WORK?		d. DESCRIBE HOW IN	JURY OCCURE	ED			
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Sp	RY — At home, farm,	atreet, facto		-	If. LOCATION (Street a City or Town, State)	nd Number or R	tural Route Number,			
LET	200 CERTIFIER	TAN: To the heet of my kee	wladae darth seem		- 45							
COMPLETED	onel 1	CIAN: To the best of my kno							use(e) end menner as stated.			
TO BE	- WALL OF CENTIFIER	GALXX 1	MY		29c, LIC	113	89	29d. DATE SIG	SNED (Month, Day, Year)			
	R Lane Wroth		Michael		MD							
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIG	NATURE					=======================================				
	JAN 9 1995	John Stavids	son-Rardall		<u> </u>				DMMM. 18 Rev. 1/80			



		FOR
1	_	STATE
	_	BEGISTRAR

	REGISTRAR			CERTIF	ICATE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH	W.	YEAR	3. TIME OF DEATH	
- 1			McCabe Hawkins ,					Janua	ery 3,	5	11:50 A		
	4. SOCIAL SECURITY NUMBER 577-18-8115	577-18-8115 1 M 2 X F 76 YRS. MONTHS DAY'S HOURS MIN. (Month, Dey, Year)							Day, Year)	918	8. BIRTHPLACE (State or Foreign Country) New Jersey		
OR	90. FACILITY NAME (If not institution, give s Holy Cross Hospit RESIDENCE OF DECEDENT						Spring	EATH		9c. COUNTY OF DEATH Montgomery			
<u> </u>	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OF	R LOCAT	TION			10d, INSIDE CITY			
FUNERAL DIRECTOR	Maryland Monto		Che	vy Cł		. ZIP CODE					1 YES 2 X NO		
VERA	8100 Connecticut				20815			ted States					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				INED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, apecify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:						a or No- 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			DECEDENT'S (Give kind of v life. Do NOT us	vork done do e retired.)	ON st of working	ational Academy of Science						
S C	17. FATHER'S NAME (First, Middle, Last)			COTCOL			18. MOTHER'S NA				delliy	or science	
	ADD P. Cros- 19a. INFORMANT'S NAME (Type/Print)	Cabe	,										
2	Ann P. Cross				errace C				K 99502				
	20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Ram	E AND DATE (F DISPOSIT	TION (Na	nne of	DATE	20c. LO	20c. LOCATION — City or Town, State					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Che	esapea	22. N	AME AL	ID ADDRESS OF EA	CILITY				Maryland	
1	1 Depos	41. Ka	20	Ý			Funeral					MD 20910	
	23. PART I. Enter the disease, or ehock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cous a. Respira	e on eech ii	na.	ot enter t	the mo	de of dying, auc	th es cardid	ec or reepl	ratory er	reet,	Approximata Interval Batwe Onset and Dec	
ECICAL CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.								24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day)	JURY	28b. TIMI		28c. INJ WO	URY AT	_	RIBE HOW II	JURY OC	CURED		
	2 Accident Investigation 3 Suicide 8 Could not be datarmined	homa, farm, a	M 1 YES 2 NO arm, street, factory, office 28			281. LOCAT City or	TION (Street a Town, State)	nd Number	or Rural R	loute Number,			
	29a. CERTIFIER (Check only one) CERTIFYING PHYSIC MEDICAL EXAMINE) and manner as stated.	
1	296. SHSNATURE/AND TITLE OF CERTIFIES	B	N	1	11	1	D 250					(Month, Day, Year) y 3, 1995	
ı	Penny Bisk, M	D. 1031			U Crocopy of the contract of		#209, Si		Sprin				
ł	31. DATE FILED (Morth, (My Hear)	32. BEGISTRAR	S SIGNATURE		201100	,	, J.	TAGI	oprii	9, 11	0 20	002	
	JAN 6 1995	Line of Rottes	chardal	6									

10

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning hilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

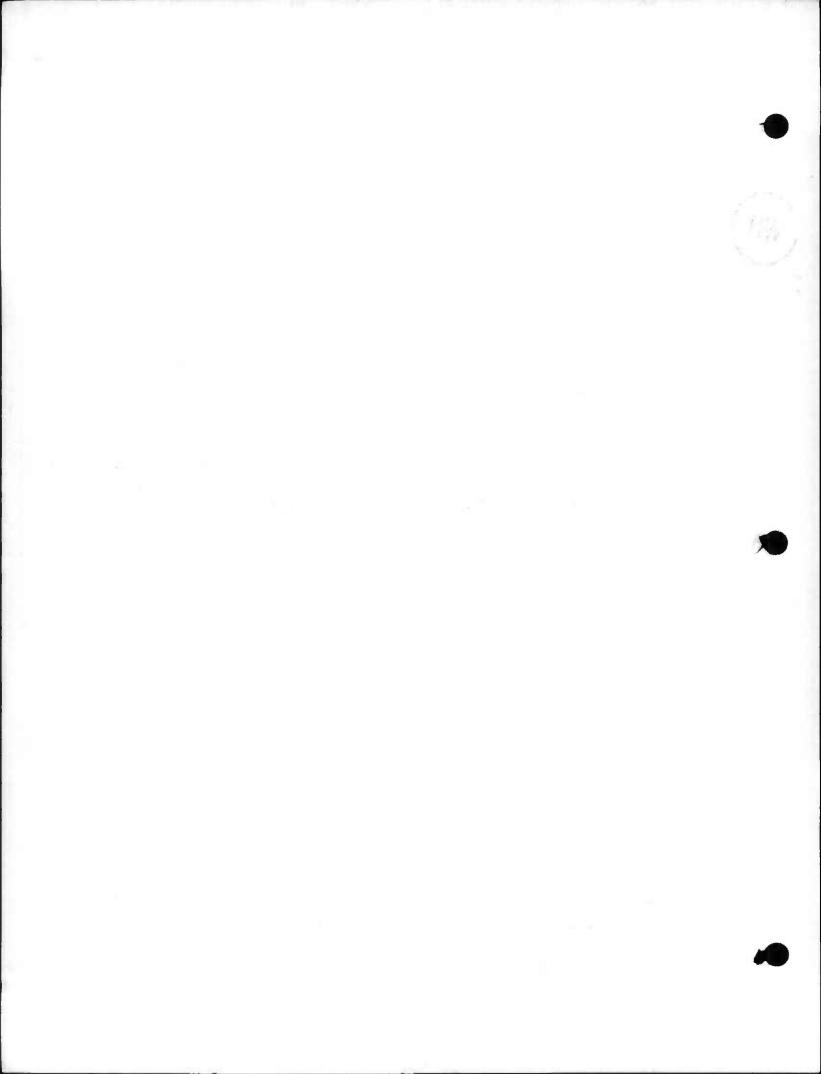
_		z	pe
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🔊 vurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit he be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

James J.Foste; JAN 5 1995

													UI	0 0	O
	1 - STATE REGISTRAR	STATE OF 1		D / DEPAR CERTIF						YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, I	Last)							2. DATE OF I	DEATH	,	YEAR	3. TIME OF	DEATH	
	Jane Marie deB	. Hannan							Jan.	1		995	2:5	5 A.	N
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER				7. DATE OF B (Month, De			8. BIRTH Countr	PLACE (State	or Foreig	gn
	577-72-0561	1 🗌 M 2 🔀 F	79	YRS.	months.	DATS	HOURS	MIN.	Nov.9		5	Bos	ton,M	ass.	,
	9s. FACILITY NAME (If not institution,	give street and number)			96. CIT	Y, TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH		
C										Montgomery					
													10d, INSIDE	17	
													1 YES).
										10g. CITI	ZEN OF Y	WHAT COUNT	RY?		
5215 Cedar Lane 20814 U.S.A.															
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American In glack, Whita, etc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American In glack, Whita, etc.)											n Indian,				
B	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TYES						Speci	y: Whit	- 0	
E	(Specify only highest	grade completed)	-	(Give kind of life. Do NOT u	work done	during mos	st of working	ng	100. And	D OF BUSI	ME35/IND	USTHT			
2	Elementary/Secondary (0-12)	College (1-4 or 5	+) H	lousewi						wn H	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Las	1)		_			10 MOT	MED'S MAI	ME (First, Middle			_			_
	Oscar A.Tho										,				
BE	19a. INFORMANT'S NAME (Type/Print)	rup		405 1440 1940	400000				arie de						_
유	Section of the sectio	т. Т.							Route Number, C				· - /		
william 1. mamman Jr.															
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State 4 Donetion 3 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20e. LOCATION — City cemetery, cremetory or other place) St. Mary's Cemetery 22. NAME AND ADDRESS OF FACILITY															
										lle,	Maryl	and	_		
	11/	0 //	1		-	HOME OF	D ADDIL	33 OF FM	DeVo	ol Fu	inera	al Ho	ome		
	19m /	NeVa			22	222 V	Jisc.	.Ave	.,N.W.	Wash	ingt	on,I	C.20	0007	
	23. PART . Enter the diseases, shock, or heart fell	or complications the	at caused the	death. Do	not enter	r the mod	de of dy	ing, such	h as cerdiac	or respin	atory arr	est,		oximata rai Betw	
	IMMEDIATE CAUSE (Finel	EDITOR SHARES												t and D	
	disease or condition resulting in death)	. Chronic	Obstr	uctive	Pul	Lmona	ry D)isea	ase				. 2	year	rs
		DUE TO	(OR AS A COR	SEQUENCE O	F):										
NO	Sequentially list conditions,	T b													
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A COA	ISEOUENCE O	F):								-		
일	CAUSE (Disease or Injury	C. DUE TO	(OR AS A COR	PEOUENCE O	n.										
Ē	that initiated events resulting in death) LAST	502 10	(On AS A CO	ISEOUENCE U	r).								İ		
핑		d											-		
ا ہے ا	PART II. Other significent cond	itions contributing to	death but n	ot resulting	in the ur	nderlying	ceuse g	given in	Part I. 24a.	WAS AN A		24b.	WERE AUTO		NGS
MEDICAL	ORO pharygea	1 Cancer								YES 2X			COMPLETION		SE
W													OF DEATH?	ON D	
														<u></u>	
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2Y NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH (Month, Day, Vear) (Month, Day, Vear) 28. DATE OF INJURY (Month, Day, Vear) 1 NJURY 28. DATE OF INJURY (Month, Day, Vear)														
) S	EXAMINER? 1 YES 27 NO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)														
[돛	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED														
BY I	1 Netural 5 Pending 2 Accident Investigation Netural Number Number N														
	4 Homicide detarmine	d								,,					
PLI	29a, CERTIFIER (Check only 1 CERTIFYING P	HYSICIAN: To the best of	my knowledge	, death occurr	ed at the t	time, data	and place,	, and due	to the cause(a)	and mann	er en state	ed.			
COMPLETED		MINER: On the basis of e											and manne	r on state	d.
	296. SIGNATURE AND TITLE OF CERT	IFIÉR /	4-	/	. ,	7	29c. LICE	ENSE NUM	IBER	T	29d. DATE	SIGNED	(Month, Day,	Yearl	
BE ((/Ames	(11)	est	enh	18	1)4179				,1995		
2	30. NAME AND ADDRESS OF PERSON	WING COMPLETED CAU	SE OF DEATH	(ITEM 27) /Type	Print)			DC	741/7		J	all. I	,エフプン		_

. 5530 Wisc.Ave. #925 Chevy Chase, Maryland 20815

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-feat be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

									9	5	01089	
	1 - FOR STATE REGISTRAR	STATE OF MA				HEALTH AND	MENTAI	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3								Υ	75	3. TIME OF DEATH O 4 14 AM	
	4. SOCIAL SECURITY NUMBER 154-22-4899	1 🗌 M 2 💢 F	AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEA MONTHS DAY	S HOURS MIN.	08 I	OF BIRTH . Day, Year) .1 1929)	Countr	PLACE (State or Foreign v) Jersey	
TOR	90. FACILITY NAME (N not institution, give street end number) Dorchester General Hospital Cambridge RESIDENCE OF DECEDENT								27. 3815	ches		
DIRECTOR	Maryland Dorchester				, TOWN OR LO East	CATION New Mark	10d. INSIDE CITY LIMITS? 1 ☐ YES 2∜∑ NO					
FUNERAL	100. STREET AND NUMBER 5601 Mt. Holly Rd.					10f. ZIP CODE	631		-	U.S.A.		
BY	11. MARITAL STATUS 1 Never Merried 2 X KMerried 3 Widowed 4 Divorced	MED	If yes,	DECENDENT OF HISPA specify Cuben, Mexico (ES ZXXNO Specific	14. RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	15. OECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 1.2	CEDENT'S INVERSION OF WINDOWS		NTION most of working		ectric			epair			
BE CO		s W. Tallm	an			16. MOTHER'S NA	ME (First, A		Surneme)		•	
70	George W. Hanson			et and Number or Rural Holly Rd.					1631			
	29e. METHOD OF DISPOSITION 1 🕅 Buriel 2 Cremellon 3 Remark 4 Donetion 5 Other (Specify) 21. SIGNATURE OF EMBRAL SERVICE LIC	20b. PLACE A cemetery, crer E. New	PLACE AND DATE of DISPOSITION (Name of the control							ket Md.		
	A Small &	2 Thomas	- gr.		Tho	Mas Funera Locust St	al Ho		ao M	n 21	613	
	23. PART I. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	auaed tha decon each lina.		ot enter the i	mode of dying, suc	h ss card	lsc or respir	etory arr	est,	Approximata Interval Between Onset and Death Sev Mos	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST B. CONSEQUENCE OF): C. Trum deputer to (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	DID TOBACCO USE CONTR	RIBUTE TO CAU					N 🗆					
SICL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	4.4	_	OTHER:							
PHY	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY	28b. TIME	OF 28c.	ome 5 Residence INJURY AT WORK?		(Specify)	JURY OCC	CURED		

29d. DATE SIGNED (Month, Day, Year)

DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEATH	YES NO EX	UNCERTAIN [
. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)										
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 - ER/Outpetient 3 - DOA	OTHER:	5 Residence 6 🗆									

1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ea stated,
(Check only	CENTIFYING PRISICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated,
one)	9 MEDICAL EVANINED, On the heat of second se

296. SIGNATURE AND STILE OF CERTIFIER 29c. LICENSE NUMBER

121

10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MICHAEL T FACELLEW 302 Collins Herelock Mel 21	14

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1995

5 Pending Investigation

8 Could not be determined

Natural

2 Accident

4 Homicide

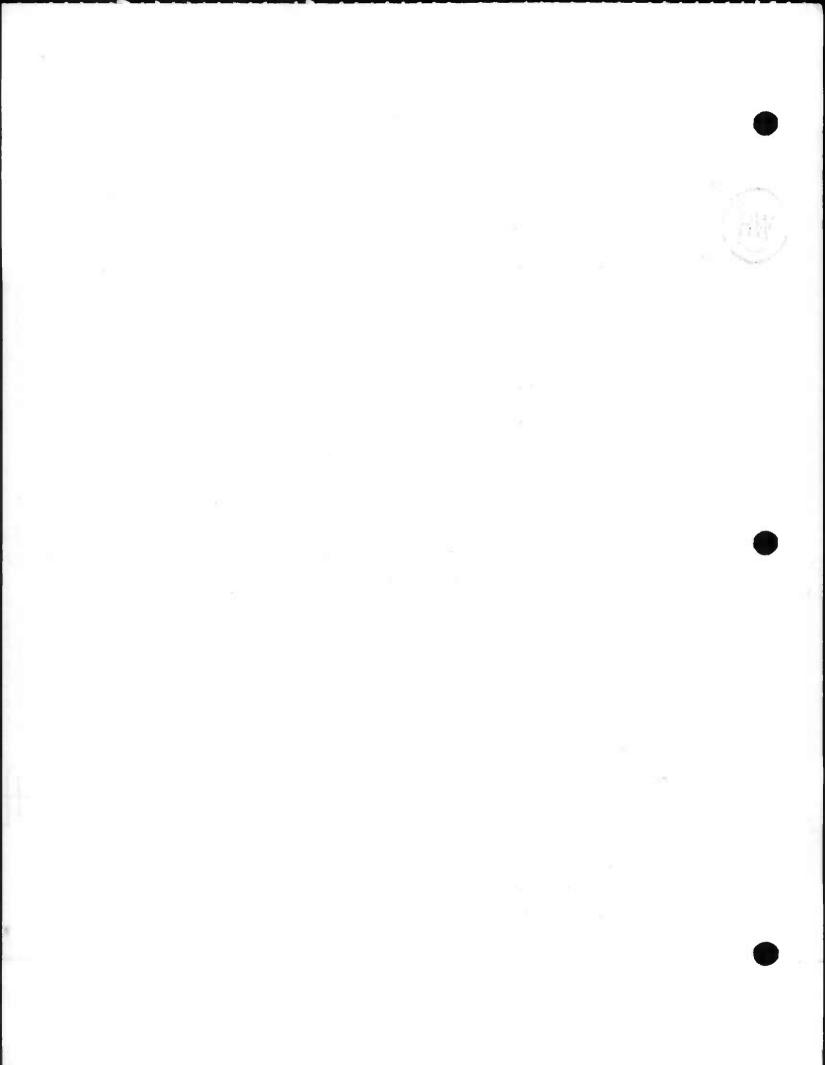
3 Suicide

BY

BE COMPLETED

2

Julia Davideor Rardalle

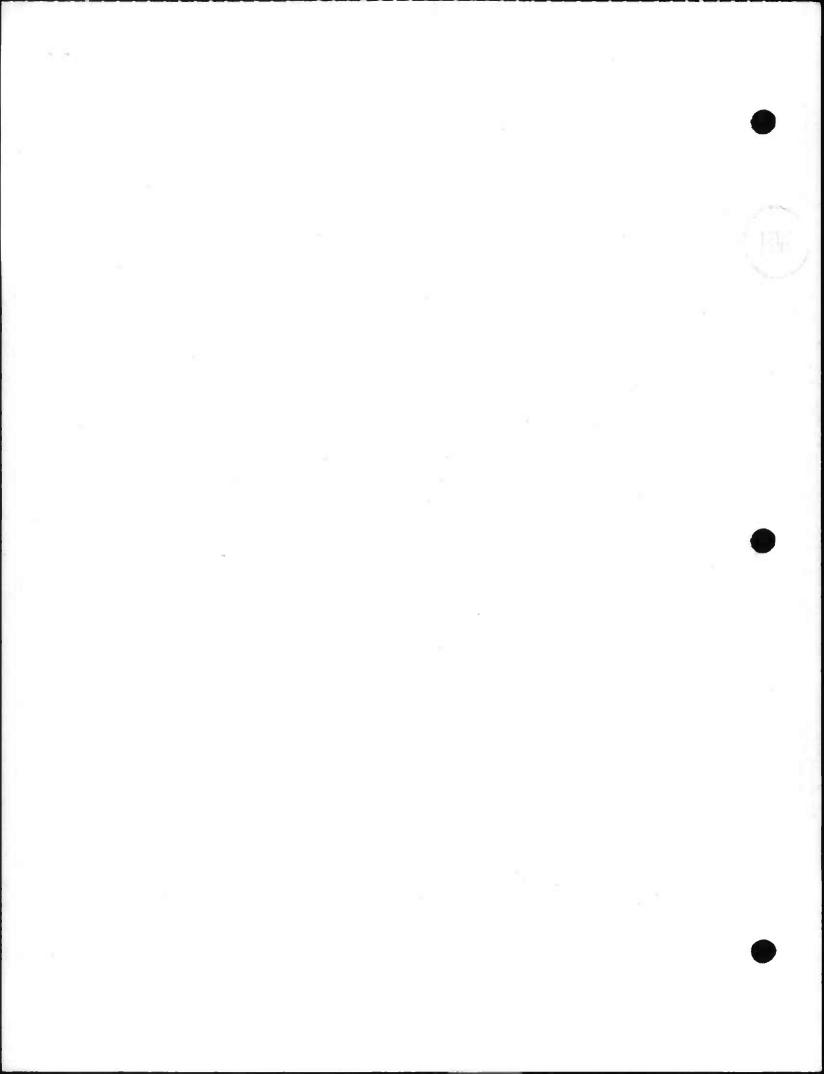


	1 - STATE REGISTRAR	STATE OF MARY			CATE				TENTAL	REG. NO.	t			
	1. DECEDENT'S NAME (First, Middle, Last)	eron							2. DATE OF MONTH TAN	DEATH DA	NY.	YEAR 95	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last bi	irthday)	IF UNDER	1 YEAR	IF UNDER	_	7. DATE OF			a. BIRTHI	PLACE (State or Foreign	
	213-44-5284	1 🗆 M 2 🕞 💆	53	YRS. MONTHS			HOURS	MIN.	Month, Day, Yea			Country	nington, DC	
OR	9a. FACILITY NAME (II not institution, give s Suburban Hopsita	al	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT								ATH			
یظ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT													
DIRECTOR	Maryland Mont	'	10c. CITY, TOWN OR LOCATION Chevy Chase							10d, INSIDE CITY LIMITS? 1.XXYES 2 \(\text{N} \) NO				
FUNERAL	100. STREET AND NUMBER 3528 Hamlet Place		101. ZIP CODE 20815							10g. CITIZEN OF WHAT CO				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 TNO	NO It yes, specify Cuben, Mexican, Puert							ORIGIN? (Specify Yes or No— Black, White, of Specify:			
			1									W	nite	
TE	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEI (Give i life. Do	DENT'S kind of w NOT us	USUAL OC rork done d e retired.)	CUPATIO	N st of workin	g	16b. KI	ND OF BUS	SINESS/INC	DUSTRY		
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5 +)			strat					Law				
SO.	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	IE (First, Mide	tle, Maiden	Sumame)			
BE (Alexander M. Her	on						rbar						
2	19a. INFORMANT'S NAME (Type/Print)		- 1						oute Number,					
	Barbara H. Shann							e Cl					nd 20815	
	1XXBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Rock Creek Cemetery 1/6 Washington, D.C.													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph gawler's Sons, Inc. 513									130 1	disconsin				
	Juny 100		MOO	956	Ave	enue	. NW	Was	hingt	on. D	C 20	016	WISCONSIN	
	23. PART I. Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahorok, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERILVING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OH AS A CONSEQUENCE OF): DUE TO (OH AS A CONSEQUENCE OF):													
CAL														
MED	DID TODA (600 - 1100 - 1100 - 1				_	_							t □ YES 2 □ NO	
AN	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	OF DEATH 26. PLACE O		-	_	UNC	ERTAIN						
SIC	EXAMINERT 1 YES 2 P NO	HOSPITAL:	art of the second	2007 T	OTHER	1	8 IT 844		D Other C					
PHYSICIAN:	1 Manual S Pending	28a, DATE OF INJUSTY (Month, Day, Year)	21	Sb. TIME	OF	28c, INJU	JRY AT	T		Rher (Specify) DESCRIBE HOW INJURY OCCURED				
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spi	IY At home,	farm, st	treet, lacto	-	ES 2	7/100	281. LOCATIO	ON (Street a	nd Number	or Aunii Ao	ute Number.	
E	4 Homicide determined	building, etc. (apr	ecs(y)	-1111111-2-	DETILES SA				City or X	own, State)				
COMPLETED		CIAN: To the best of my know												
8	29b. SIGNATURE AND TITLE DF CERTIFIER	R: On the basis of examinati	on and/or inve	atigation	i, in my op	elnion, de				f place, and				
TO BE	Adried	Lowers	Huma				29c. LICE	D -	278	1	29d. DATE	E SIGNED	Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF D	EATH OTEM 27	of Type.	Print) 21	7	4ul	010	RNA	le.	Bo	the	Ed A M	
	JAN 6 1995	32. REGISTRAR'S SIG	NATURES LONG LONG	all							Q.		30814	
		0										0	DHMA-16 Rev 1/89	

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physical BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



1	STATE REGISTRAF

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

				OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						DATE OF OEATH			3. TIME OF DEATH
RUSSELL SIMPSON	HENNINGER				Ja	anuary 2	. 19	95	4:45 P M
4. SOCIAL SECURITY NUMBER	S. SEX 6, AG	E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 H	RS. 7. D	ATE OF BIRTH	,	8. BIRTH	IPLACE (State or Foreign
278-10-0752	IX M 2 □ F	80 YRS.	MONTHS DA	YS HOURS MI		Month, Day, Year) Dec. 3,	101/	Countr	nio
9a. FACILITY NAME (If not institution, give stree	et and number)		96. CITY, TO	WN OR LOCATION O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		INTY OF D	
Randolph Hills Nu	rsing Home		Rocky	71110			Mor	ntgom	2011
RESIDENCE OF DECEDENT							HOI	regon	iery
10a. STATE 10b. COUNTY			TY, TOWN OR LO						10d. INSIDE CITY LIMITS?
	omery		Vheator	1					1 X YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	ZEN OF W	VHAT COUNTRY?
3809 Randolph Roa				20902	2		Uı	nited	States
11. MARITAL STATUS 1 1 Never Merried 2 Married	2. WAS DECEDENT EVER FORCES? 1 YE	S 2 XNO	13. WAS	DECENDENT OF HIS s, specify Cuban, Ma	SPANIC OF	RIGIN? (Specify Year arto Rican, atc.)	or No-	14. RACE Black	— American Indian, k, White, alc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES			pecify:	,		Specif	White
15. DECEDENT'S EDUCAT	TION	18e. DECEDENT'S	USUAL OCCUP	PATION		16b. KIND OF BUS	IMESS/IN	DUSTBY	WILLIE
(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	g most of working		TOO. KIND OF BOO	MESSAM	DOSTRI	
12	conega (1-4 or 5 7)	Machin	ist			Federa	al Go	overn	ment
17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (FI	irst, Middle, Maiden	Surname)		
Joseph Henninger				Berth	na Si	mpson			
19s. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Str	eet and Number or R	ural Route I	Number, City or Town	n, State, Zij	p Code)	
Ethel Henninger		3809 I	Rando1p	h Road,	Whea	ton, Mai	cy1ar	nd 20	902
20s. METNOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remove		06. PLACE AND DATE	OF DISPOSITION					City or To	
4 Donation 5 Other (Specify)		Parklawn Parklawn	Memori	lal Park	1	/3 Rocl	cvil]	Le, M	laryland
21. SIGNATURE OF FUNERAL SERVICE LICEN	9 0			E AND ADDRESS O					
Andrew 1 10	tan hee			es-Rinald					Spring, MD
23. PART I. Enter the diseases, or cor	nplications that caus	ed the death. Do	not anter the	mode of dving.	such as	cardiac or reaple	ratory ar	rast	Approximata
Shock, or heart failure. Lis	t only one cause on	aach line.		,				,	Interval Between
IMMEDIATE CAUSE (Final disease or condition	Builde	to ac							
resulting in death) a			1	and die and	-				1 1 1 1 1 1
	UE TO (OR AS	A CONSEQUENCE O	fille	More	-				1 uses
	VE TO (OR AS	A CONSEQUENCE O	FILLE	More	E		. <u>. </u>		1 uses
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	(F):	Hore					1 usek
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	(F):	More	٤				1 usek
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		A CONSEQUENCE O	F):	estores					1 usek
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		A CONSEQUENCE O	F):	More					1 usek
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):			. Záz WÁS ÁN	VSGOTIVA	24h	1 usek
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):			PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	DUE TO (OR AS	A CONSEQUENCE O	F): F): In the underl	lying cause giver	n In Part	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	DUE TO (OR AS	A CONSEQUENCE O	F): F): In the underl	lying cause giver	n In Part	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	DUE TO (OR AS contributing to death	A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEA	F): F): In the underl SS NO TN (Check only of OTHER:	lying cause giver	in Part i	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	DUE TO (OR AS	A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEAT Ipetlent 3 □ DOA 28b. TIM	F): F): In the underl TN (Check only of OTHER: 4 (Numming I	lying cause giver	AIN _	PERFOR 1 YES 2 Other (Specify)	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	DUE TO (OR AS	A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEAT Ipetlent 3 □ DOA 28b. TIM	F): F): In the underl ES NO TN (Check only of OTHER: 4 Norming I BE OF 28c. WAY 12 28c.	UNCERT	AIN _	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE (COSPITAL: Inpetient 2 ER/Ou 288. DATE OF INJURY (Month, Dey, Year) 288. PLACE OF INJURY (2	A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEA Ipetient 3 □ DOA 28b. TIM N.	F): In the underl ES NO TN (Check only of OTHER: 4 Number 1 Nu	UNCERTONE UNCERTONE Nome 5 Raeider INJURY AT WORK? YES 2 NO	AIN	PERFOR 1 YES 2 Other (Specify) DESCRIBE NOW IN	MED?	CURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	BUTE TO (OR AS CONTRIBUTING TO GENERAL: Inpellent 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEA Ipetient 3 □ DOA 28b. TIM N.	F): In the underl ES NO TN (Check only of OTHER: 4 Number 1 Nu	UNCERTONE UNCERTONE Nome 5 Raeider INJURY AT WORK? YES 2 NO	AIN	PERFOR 1 YES 2 Other (Specify)	MED?	CURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE (OSPITAL: Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Building, etc. (Sp	A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEA Iperlant 3 □ DOA 28b. TIM IN.	F): F): In the underl TN (Check only of OTHER) A ((1) Number of Unity M 1 Street, factory, of the control	UNCERT One) Nome 5 Rasider INJURY AT WORK? YES 2 NO	AIN	PERFOR 1 YES 2 Other (Specify) DESCRIBE NOW IN LOCATION (Street a City or Town, State)	MED? NO	CURED or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE (BUTE TO CAUSE (COSPITAL: Inpetient 2 ER/Ou 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY building, stc. (Sp	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEA Ipetient 3 □ DOA 28b. TIM N. Y — At home, farm, ecity)	F): F): In the underl TH (Check only of OTHER: 4 (2) Numering is the of UNIV M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERTONE UNCERTONE Nome 5 Raeider INJURY AT WORK? YES 2 NO	AIN 28d.	PERFOR 1 YES 2 Other (Specify) DESCRIBE NOW IN LOCATION (Street a City or Town, State)	MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CURED or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	BUTE TO CAUSE (BUTE TO CAUSE (COSPITAL: Inpetient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Sp	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEA Ipetient 3 □ DOA 28b. TIM N. Y — At home, farm, ecity)	F): F): In the underl TH (Check only of OTHER: 4 (2) Numering is the of UNIV M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERT One) Nome 5 Raelder INJURY AT WORK? YES 2 NO	AIN	PERFOR 1 YES 2 Other (Specify) DESCRIBE NOW IN LOCATION (Street a City or Town, State)	MED? NO NJURY OC	CURED r or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE (BUTE TO CAUSE (COSPITAL: Inpetient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Sp	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YE 28. PLACE OF DEA Ipetient 3 □ DOA 28b. TIM N. Y — At home, farm, ecity)	F): F): In the underl TH (Check only of OTHER: 4 (2) Numering is the of UNIV M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERTONE UNCERTONE Nome 5 Raeider INJURY AT WORK? YES 2 NO	AIN	PERFOR 1 YES 2 Other (Specify) DESCRIBE NOW IN LOCATION (Street a City or Town, State)	MED? NO NJURY OC	CURED r or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	DUE TO (OR AS CONTributing to death BUTE TO CAUSE (DOSPITAL: Inpetient 2 ER/Ou 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY (Month, Dey, Year)	A CONSEQUENCE O A CONSEQUENCE O Dut not resulting OF DEATH YE 28. PLACE OF DEA Ipetient 3 DOA 28b. TIM IN. IY — At home, farm, ecify) wiedge, death occurr on and/or investigation	F): F): In the underly TN (Check only of the control of the con	UNCERT One) Nome 5 Raelder INJURY AT WORK? YES 2 NO	AIN	PERFOR 1 YES 2 Other (Specify) DESCRIBE NOW IN LOCATION (Street a City or Town, State)	MED? NO NJURY OC	CURED r or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the co	DUE TO (OR AS CONTRIBUTION OF DEPTITION OF THE DEPTITION	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting OF DEATH YE 28. PLACE OF DEA ipetient 3 □ DOA 28b. TIM IN. IY — At home, farm, ecity) wiedge, death occurr ton and/or investigation	F): F): In the underl S NO TN (Check only of the control of t	UNCERT One) Nome 5 Raelder INJURY AT WORK? YES 2 NO office data and place, and on, death occured at 29c. LICENSE	AIN	PERFOR 1 YES 2 Other (Specify) DESCRIBE NOW IN LOCATION (Street a City or Town, State)	MED? NO. NJURY OC. NJURY OC. No. NJURY OC. NJURY	CURED or Rural Ri ted. ne cause(s) E SIGNED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number; and manner as stated. (Month, Day, Year)
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	DUE TO (OR AS CONTRIBUTION OF DEPTITION OF THE DEPTITION	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting OF DEATH YE 28. PLACE OF DEA Ipetient 3 □ DOA 28b. TIM IN. IV — At home, farm, ecity) wiedge, death occurr ion and/or investigatic	F): F): In the underl S NO TN (Check only of the control of t	UNCERT One) Nome 5 Raelder INJURY AT WORK? YES 2 NO office data and place, and on, death occured at 29c. LICENSE	AIN	PERFOR 1 YES 2 Other (Specify) DESCRIBE NOW IN LOCATION (Street a City or Town, State)	MED? NO. NJURY OC. NJURY OC. No. NJURY OC. NJURY	CURED or Rural Ri ted. ne cause(s) E SIGNED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	ICATE C	F DEATH		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF	DEATN			3. TIME OF DEATH
	CARYL WOODWORT	TH HUBB	ELL			01i.1/	N.01		95	5PM
			GE (In yrs. lest birthday)	IF UNDER 1 YEA	AR _ IF UNDER 24 HRS.	7. DATE OF	BIRTH			PLACE (State or Foreign
	010-01-9823	□ M 2 🔯 F	86 YRS.	MONTHS DAY	HOURS MIN.	JUNE	y, Year)	200	Count	ONN.
	9s. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOY	VN OR LOCATION OF D		_ L	-	JNTY OF E	
Œ	PRINCE GEORGES G		CTTMAT					1		
K I	RESIDENCE OF DECEDENT	DI TENTANT	PLITAL	Chi	EVERLY			PR	TNCE	GEORGES
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LO	CATION					10d. INSIDE CITY
ā	MD. PRI	NCE GEORG	ES	MITCE	ELLVILLE					LIMITS? 1 XYES 2 NO
甘	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CI1	TIZEN OF Y	WHAT COUNTRY?
H	10450 LOTTSFO	RD RD.			2071	6				
FUNERAL		2. WAS DECEDENT EVE	R IN U.S. ABMED	13. WAS	DECENDENT OF HISPA	_	pecify Yes	or No-		E — American Indian,
	1 Never Married 2 Married	FORCES? 1 Y	ES 2/VINO	If yes	, specify Cuban, Maxico	en, Puerto Rice	n, atc.)		Blac	k, White, atc.
E	3 Widowed 4 Divorced			1	YES 2 NO Specif	ry.			Spec	WHITE
	15. DECEDENT'S EDUCATE (Specify only highest grade con	ION	16a. DECEDENT	S USUAL OCCUP	ATION	16b. Kil	ID OF BUS	BINESS/IN	DUSTRY	
ᄪ		College (1-4 or 5+)	Iffe. Do NOT	work done during ise retired.)	most of working					
릴	The state of the s	2	REC	EPTIONI	ST		M	EDIC	AT.	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Midd				
	ARTHUR V.	WOODWORTH				MMA		LIAH		
BE	19a. INFORMANT'S NAME (Type/Print)			D ADDRESS (Stre	et and Number or Rural				in Code)	
2	GAILYN A. GWIN				LA., SEA					
	20a. METNOD OF DISPOSITION	1	20b. PLACE AND DATE			-	_		City or To	Plate
,	1 Donation 5 Other (Specify)	from Stata	CHAMBERS	other place	ODV	L.				
	21. SIGNATURE OF FUNERAL SERVICE LICEN		CITATIDETO		AND ADDRESS OF FA		T.	LVERI	DALE	MD.
	NI/AI/AV		n		THE ACCIDED OF THE	-CILIT				
	23. PART I. Enter the diseases, or com	mune	M000	91 W.	W. CHAMBE	RS CO.	, RIV	/ERD	ALE.	MD. 20737
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR A DUE TO (OR A	LS A CONSEQUENCE (diags
2	CAUSE (Disease or Injury									
	that initiated eventa resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE (PF):						
E I	d									
	PART II. Other significant conditions c	ontributing to deat	h but not resulting	in the underl	ving ceuse given in	Part I 24	. WAS AN	ALITTOPEY	246	WERE AUTOPSY FINDINGS
MEDICAL							PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTRIB	UTE TO CAUSE	OF DEATH Y	ES [] NO	☐ UNCERTAI	NA				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DE			1 200				
မ္က ၂		OSPITAL:	hitarilant 2 - DOS	OTHER:		NE STOR	002			
ž	27. MANNER OF DEATN	26a. DATE OF INJUR			INJURY AT			I II IBV OO	011050	
	1 Natural 6 Pending	(Month, Day, Yes		JURY	WORK?	28d. DEŞCRI	BE NOW I	NJURT OC	CUHED	
E I	2 Accident Investigation	20- BLACE OF IN H	IPM AA S		YES 2 NO					
COMPLETED	3 Suicide 6 Could not be determined	building, etc. (S	JRY — At home, farm, Specify)	street, factory, o	ffice	261. LOCATIO City or To	M (Street a wn, State)	nd Numbe	r or Rural i	loute Number,
APLE	29a. CERTIFIER CERTIFYING PHYSICIA									
ģ I	2 MEDICAL EXAMINES	in the basis of examina	ition and/or investigati	on, in my opinio	n, death occured at the	time, data and	place, and	d due to ti	he couse(s) and manner ea stated.
BE	216. SIGNATURE AND TITLE OF DERTIFIER	1			29c LICENSE NUI	MBER		29d. DAT	E IGNED	(Month, Day, Year)
	W (1 ×	July			1012	261			12	95
우	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF	OEATN (ITEM 27) (Typ	p, Print)	21 -1	1	- 1		1 /1	
	MICHMO)	. Fell	man 1	m (1)	No Arm	appli	ne		wh	an mo
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	ONATURE			-0-				
	JAN 4 1995	in d'audson	Rardall							

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-2s hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burland be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlan, cremation, or removal.

DHMH-16 Rev 1/89

8 - 5 -April and the same of the same

195, JW, Montgomery Co.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE #196 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 9 3EM rma Harri 95 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. A. BIRTHPLACE (State or Foreign (Month, Day, Year) HOURS 1 - M 2 1 F 88 YRS. New Jersey NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carriage Hill Nursing Home Silver Spring Montgomery RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? Maryland Bethesda t TYES 2 NO Montgomery FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5301 Westbard Circle, #226 20816 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexicen, Puerto Rican, etc.)

t YES 2 NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION

172-in kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Merchandizer Retail Sales 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Edgar Miller Eva Kichline BE Stanley J. harris, 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE emetery, crematory or other place) Chesapeake Crematory 1-3 | Beltsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeralk Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) MANY YEAR DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause, Enter UNDERLYING EMENTIA CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 X NO

1 TYES 2 XNO

26. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA ng Home 5 - Residence 8 - Other (Specify)

28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF

26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER
(Check only 1 X) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

Koad

chaly Adm 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER D434 9

29d. DATE SIGNED (Month, Day, Year) January 3, 1995

TOHAMMAN A KOMUD Randolin 4701 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Davidson Rendall

DHMH-16 Ray 1/89

BALTIMORE, MARYLAND 21215-002 Page 6 may be retained by the hospital or al director, page 5 should be detached for ur ours after death. BOX 68760

1, 2, 3 should

USe as the

76

notified

pe

must

examiner

the

traumatic event,

other

10

shows any of Health

item

6 the

PHYSICIAN:

BY

COMPLETED

BE

9

25. WAS CASE REFERRED TO MEDICAL

8 Could not be determined

1995

EXAMINER?

27. MANNER OF DEATH

1 Natural

2 Accident

4 Homicide

3 Sulcide

funeral director,

age age medical

filled in by t

n and completely filled in to burial, cremation, or

physician

the

signed by the

has be Dept. 23

certificate I

this c marked.

After 1

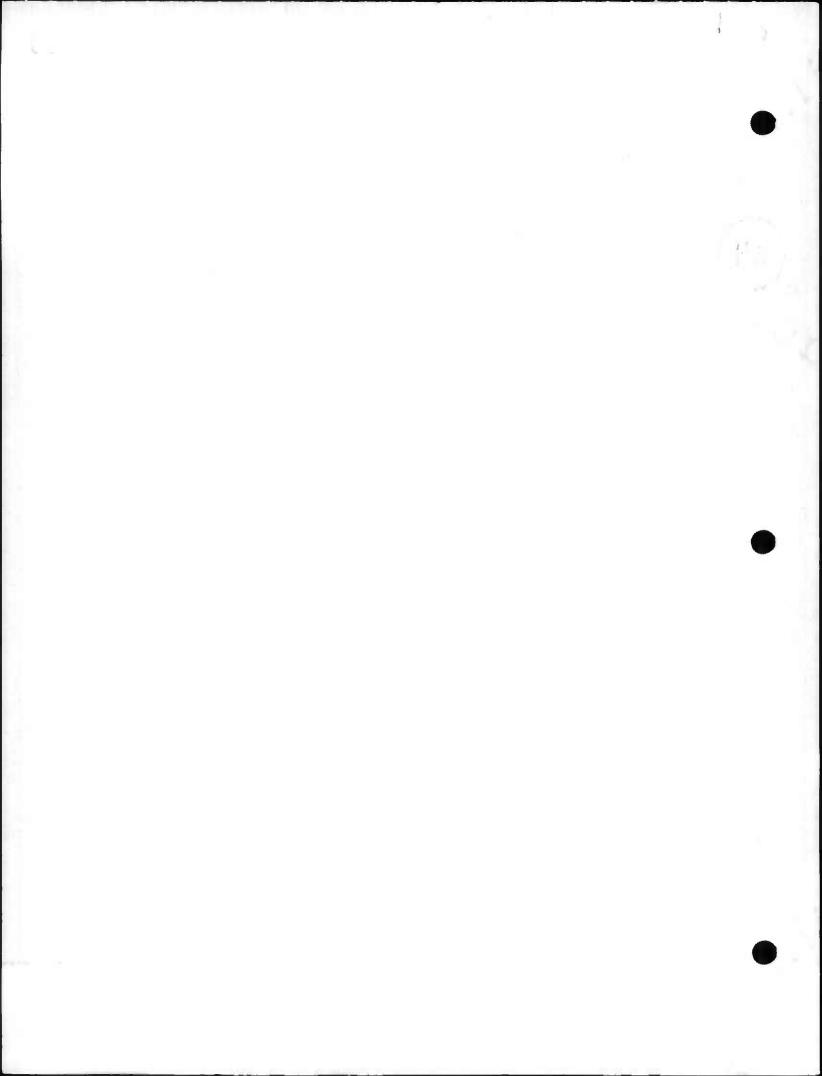
DIRECTOR: At hours after de.

Mental Hygiene prior

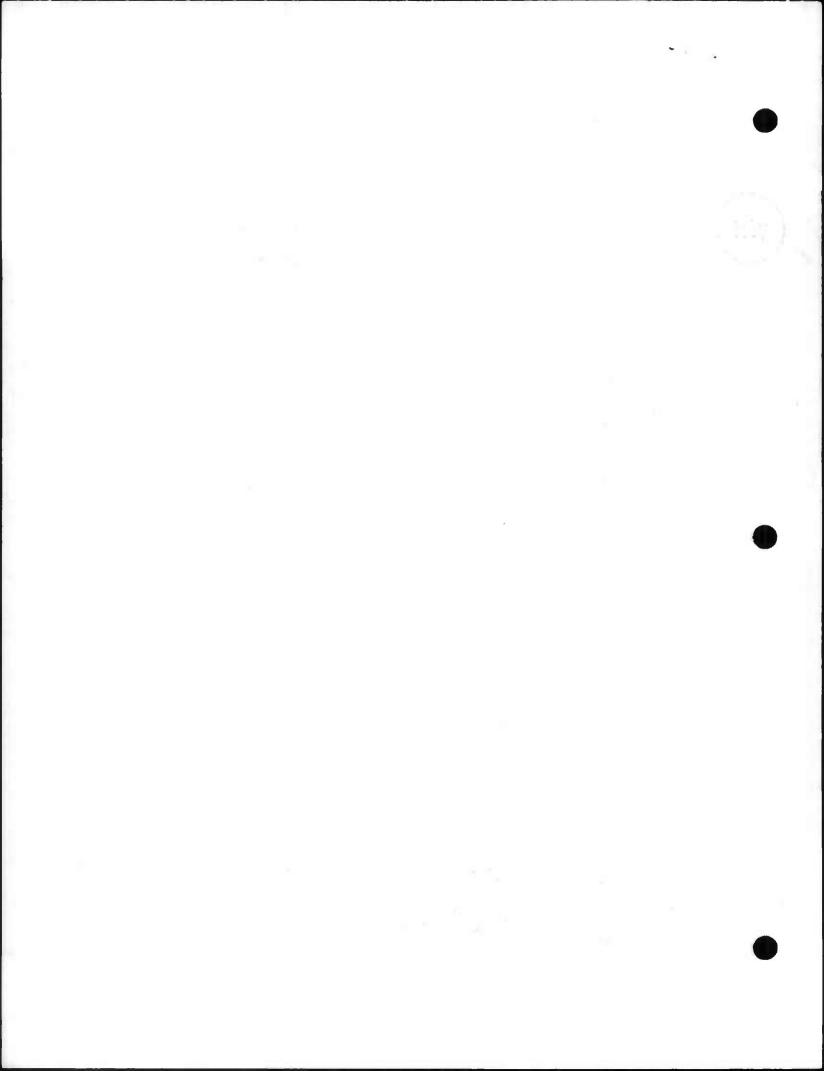
P.0.

requires that the death certificate be DIVISION OF VITAL RECORDS, HOSPITAL OR ATTENDING PHYSICIAN: The law

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho



	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		
I.	1. DECEDENT'S NAME (First, Middle, L	.ast)				2. DATE OF DEATH		3. TIME OF DEATH
1.1	Calvin Mar	cco Hawkins				MONTH Jan	4 6 19°9	7:38am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
j	223-28-1012 9e. FACILITY NAME (If not institution, s	1 X M 2 F	/ / YRS.	DAYS DAYS	HOURS MIN.	(Month, Day, Year) 12-03-191		VA
DIRECTOR		Memorial Hospi			vre de			arford
EC	10a. STATE 10b. CO		10c. CITY,	TOWN DR LOCATI	ION			10d. INSIDE CITY
	MD	Harford			vre de	Grace		1 X YES 2 NO
FUNERAL	720 Ontario	Street		101.	21078			OF WHAT COUNTRY?
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N II S ARMED	12 WAS DECS		NIC ORIGIN? (Specify Yes		
	1 Never Merried 2 X Merried	FORCES? 1 YES	2 X NO	If yes, spe	cify Cuben, Mexic	an, Puerto Ricen, atc.)		RACE — American Indien, Black, White, etc. Specify:
D BY	3 Wildowed 4 Divorced	600, 200, 000, 000, 000, 000, 000, 000,						White
COMPLETED	15. DECEDENT'S (Specify only highest (16e. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during mos	N at of working	16b. KIND OF BU	SINESS/INDUSTR	RY
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	_	arpente:	r	Feder	al Cove	ernment
8	17. FATHER'S NAME (First, Middle, Last)		ar pente		AME (First, Middle, Melden		riment
		nley Hawkins				Smallwood	- 177	
H	19a, INFDRMANT'S NAME (Type/Print)	110/1101111110	19b. MAILING A	DDRESS (Street an		Route Number, City or Tow		del .
임	Mrs. Lois Hawk	cins				re de Gra		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3	Semoval from State	D. PLACE AND DATE OF	DISPOSITION (Nar	ne of		CATION — City of	
- 1	4 Donation 5 Other (Specify)		Angel Hi	II Ceme	tery	1/10 Ha	avre de	e Grace, MD
	21. SIGNATURE DF FUNERAL SERVIC	E LICENSEE		Mitch	ell-Smit	h Funeral	Home	PA
	L'Ullean	. S. Sm.	II	Havre	e de Gr	ace, MD	21078-3	3197
	23. PART I. Enter the diseases, shock, or heert falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one cause on a	d the deeth. Do not nech lina.	NV A	Mex	h ss cerdiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	d. OUE TO (OR AS)	A CONSEQUENCE OF: A CONSEQUENCE OF:	uur.				
N: MEDICAL	PART II. Other significant condi					1 TYES 2	MED7	24b. WERE AUTOPSY FORDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	28. PLACE OF DEATH					
S	1 TYES 2 1-NO	1 Supplient 2 - ER/Outs		THER: Nursing Home	5 🗆 Residence	6 C Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigati	28a. DATE OF INJURY (Month, Day, Mar)	286. TIME C	OF 28c. INJU IY WOR M 1 1 Y	8007	28d. DESCRIBE HOW II	LIURY OCCURE	D
9	3 Suicide # Could not 4 Humicide determine	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, ferm, stre	et, factory, office		28f. LOCATION (Street a City or Rown, State)	nd Number or Ru	urat Plaute Humber;
COMPLE		HYSICIAN: To the best of my know						use(s) and menner se stated.
M	29b. SIGNATURE AND TITLE DE CERT	FUER AM			29c. LICENSE NUI	4/2	29d. DATE SHO	3195
2	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	GRAN	Le V	m/V	075	-1/-
	31. DATE FILED (Month, Day, Year)	32 HEGISTER'S SIGN	LEV	1- 100	- U Y		70	
	JAN 0 9 199	15 Jun orange	roadall					



burs after death. Page 6 may be retained by the hospital or atta TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crema IMPORTANT: If I tem 28 is marked, or Item 23 shows any injury, or other traumatic event,

BALTIMORE, MARYLAND 2121

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

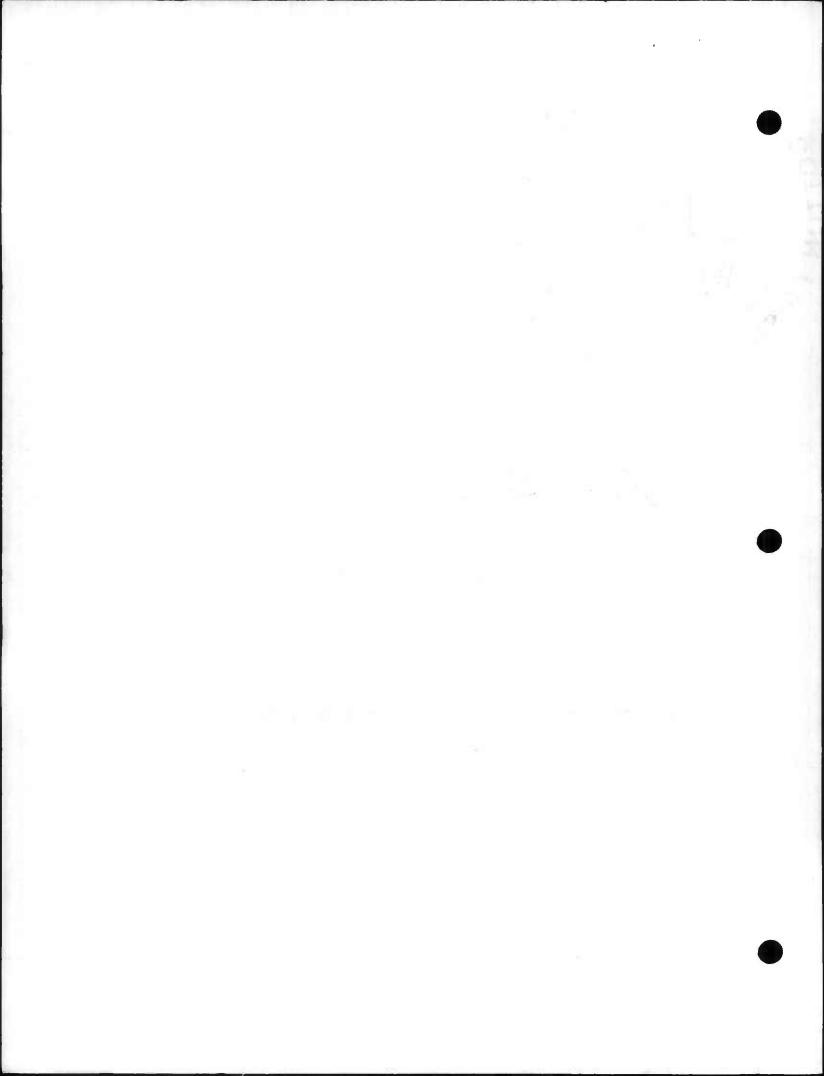
Ų		
5		
2		
200		-
Š		1
g		1
3		-
5		1910
>		0
į		3
ŝ		940
5		-
5		-
5		-
ò		200
2	Ma.	- IN
5	еше	dia
	00	9
	H.	-
	atio	4
2	rem	9
į	0.	-
3	uria	S.
ŝ	0 0	-
	00	100
5	9	
Š	ene	4
5	200	
	le l	6
2	Nen	1100
3	P	In
3	an a	200
2	parti	9
5	Ĭ	- With
3	1.0	9
2	Ded Ded	93
2	ate	2
2	St	9
5	ith the State Dept. of	6
2	ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nashed as less 22 shows any failure as other terminable many the modified available much be madely as
2	6	Page
4	CG	- 8

												20	01000
	FOR STATE REGISTRAR	STATE OF M		DEPAR					MENT	AL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
- 1	Edgar Walter	Heverin							Jan	uary	DAY 9	1995	3:40 a M
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH			IPLACE (State or Foreign
- 31	215-42-6152	1 € M 2 🗆 F	50	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year)	0/5	Countr	γ)
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	TOWN O	R LOCATIO			ry 7 1		Mar INTY OF D	yland
œ	Union Hospital of		11m + 17			,		ktor			ac. 000	Cec	
	RESIDENCE OF DECEDENT	. CECII CC	diffy				E.1	.KLUI	1		1	CEC	TT
RECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
-34	Maryland C	Cecil			Nor	th E	last						LIMITS?
W	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
NA I	309 South Main St	reet					21	901			Undi	tod S	States
9	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13.	WAS DEC			HC ORIG	IN? (Specify Y			
7	.1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA	YES 2 N	10		If yes, spe	cify Cuba	n, Maxica	n, Puert	Rican, etc.)	0, 110		— American Indian, t, Whita, etc.
m	3 Widowed 4 Divorced	W 723, GIVE 184	IN ON DAIES			I L TES	2 🔯 NO	Specin	/:			Speci	w: White
COMPLETED	15. DECEDENT'S EDU			CEDENT'S					10	Sb. KIND OF BI	JSINESS/IN	DUSTRY	
L	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma	ive kind of a Do NOT us	vork done le retired.)	during mo:	st of workin	g					
릴	12			ore S	ecur	ity	Offi	cer		Retail	. Depa	artme	ent Store
8	17. FATHER'S NAME (First, Middle, Last)								_	, Middle, Maide			
	John L. H. Heveri	n								rey Fo	,	re	
96	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILINO	ADDRES	S (Street a				mber, City or To			
임	Daniel W. Heverin	1								stown,			
	20a, METHOD OF DISPOSITION		20b. PLACE					Olic	-		OCATION -		
	1 N Burial 2 Cremation 3 Remo	oval from State	comptony ore	malaniara	ther place!			,	1				
1	21. SIGNATURE OF TANERAL SERVICE LIC	nedar /	INorth	Last	Met	nod1	LST (em.	1/1	2/95 N	orth	East	, Maryland
	1/1/18//				Ĉi	oucl	D ADDRES	iera.	He	me			
	1000000											n Eas	st MD 21901
	23. PART I. Enter the diseases, or o	complications that	caused the de	-41 D-									
		I let only one cour	a on each line	ath. Do r	ot enter	the mo	de of dyl	ng, aucl	h ea ca	rdiec or rea	piratory ar	reat,	Approximate
14	IMMEDIATE CALISE (Final	Liet only one ceus	e on each line).									Approximate Interval Between Onset and Death
	IMMEDIATE CALISE (Final	Liet only one ceus	e on each line).									Interval Between
i	IMMEDIATE CALISE (Final	Liet only one ceus	e on each line).									Interval Between
N	IMMEDIATE CALISE (Final	Liet only one ceus	e on each line).									Interval Between
rion	IMMEDIATE CALISE (Final	e. CAYO DUE TO (1) DUE TO (1)	e on each line).									Interval Between
CATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	Liet only one ceus	e on each line).									Interval Between
IFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	e. CPYO DUE TO (e on each line	DUENCE OF	VYE Her								Interval Between
ERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. CPYO DUE TO (CACORAS A CONSECUTION A	DUENCE OF	VYE Her								Interval Between
. CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	e. DUE TO (c. DUE TO (d.	OR AS A CONSECUTION AS	DUENCE OF	VYZ PI: HEV PI:	15t	di	ela		0,	HB.	P	Interval Between Onset and Death
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. DUE TO (c. DUE TO (d.	OR AS A CONSECUTION AS	DUENCE OF	VYZ PI: HEV PI:	15t	di	ela		24a. WAS A		P	Interval Between
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	e. DUE TO (c. DUE TO (d.	OR AS A CONSECUTION AS	DUENCE OF	VYZ PI: HEV PI:	15t	di	ela		24a. WAS A	H/B	P	Interval Between Onset and Death Onset and Death Onset and Oseth Onset and Oseth Onset and Oseth Onset and Oseth Onset and Oseth Ose
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa rasulting in deeth) LAST	e. DUE TO (c. DUE TO (d. e. contributing to c.	OR AS A CONSECUTION OF AS	DUENCE OF	P): Her	ST	dl.	ela		24a. WAS A PERFC	H/B	P	Interval Between Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	e. DUE TO (c. DUE TO (d. e. contributing to c.	OR AS A CONSECUTION OF AS	DUENCE OF	P): Her	ST	dl.	ela	Part I.	24a. WAS A PERFC	H/B	P	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa rasulting in deeth) LAST PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	e. DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1)	OR AS A CONSECUTION OF AS	DUENCE OF	P: The unit b	ST NY Nderlying 16 Pt	dl.	second in No	Part I.	24a. WAS A PERFC	H/B	P	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reauting in deeth) LAST PART II. Other algorificant condition	e. DUE TO (c. DUE TO (d. e. contributing to c.	DR AS A CONSECUTION OF AS	DUENCE OF	DEAT	TH Y	cause ç	2 l Co	Part I.	24a. WAS A PERFC 1 YES	H/B	P	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa rasulting in deeth) LAST PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?)	e. DUE TO (c. DUE TO (DR AS A CONSECUTION OF AS	DUENCE OF	DEAT	TH Y 26. PL 3: sling Home	Cause of Cau	2 l Co	Part I,	24a. WAS A PERFC	HAB N AUTOPSY PRMED? 2 ☑ NO	246	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	e. DUE TO (0 DUE TO (0 DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1)	DR AS A CONSECUTION OF AS	DUENCE OF	DEAT	TH Y 26. PL 3: sing Hom- 28c; INJI WO	Cause ç ES ACE OF DI	2 CC	Part I,	24a. WAS A PERFC 1 YES	HAB N AUTOPSY PRMED? 2 ☑ NO	246	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	e. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DUE TO (1 d. DUE TO (1 d. DUE TO (0 d. DU	DR AS A CONSECUTION OF AS	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 29b. TIM	DEAT OTHER 4 Nurr M	TH Y 26. PL R: sing Hom- 28c. INJI WO 1 Y	CES DACE OF DIE	2 CC	Part I.	24e. WAS A PERFC 1 YES One) Det (Specify) ESCRIBE HOW CATION (Street	N AUTOPSY PIMED? 2 PNO INJURY OC	24b	Interval Between Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset Ons
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reauting in deeth) LAST PART II. Other algnificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	e. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DUE TO (1 d. DUE TO (1 d. DUE TO (0 d. DU	OR AS A CONSECUTION OF AS	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 29b. TIM	DEAT OTHER 4 Nurr M	TH Y 26. PL R: sing Hom- 28c. INJI WO 1 Y	CES DACE OF DIE	2 CC	Part I.	24a. WAS A PERFC 1 VES	N AUTOPSY PIMED? 2 PNO INJURY OC	24b	Interval Between Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset Ons
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa rasulting in deeth) LAST PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	e. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DUE TO (1 d. DU	DR AS A CONSECUTION OF AS	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIM	DEATOTHEI	TH Y 26. PL 3: sing Home 28c. INJI 1	Cause of Cau	2 CO	Part I. Sock only year. Co. Ch. Ch.	24a. WAS A PERFC 1 YES One) Ther (Specify) ESCRIBE HOW CATION (Street y or Town, Stan	N AUTOPSY PIMEO? 2 P NO	24b	Interval Between Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset and Desth Onset Ons
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa rasulting in deeth) LAST PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation Suicide 8 Could not be detarmined Check only CERTIFYING PHYSIC (Check only CERTIFYING PHYSIC COuld not be detarmined Check only CERTIFYING PHYSIC COULD COULD CERTIFYING PHYSIC COULD COULD CERTIFYING PHYSIC COULD CERTIFYING PHYSIC CHECK only CERTIFYING PHYSIC CAUSE COULD CERTIFYING PHYSIC CHECK only CERTIFYING PHYSIC CHECK Only CERTIFYING PHYSIC CHECK Only CERTIFYING PHYSIC CHECK Only CERTIFYING PHYSIC CHECK Only CERTIFYING PHYSIC CHECK ONLY CHECK ONLY	e. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DUE TO (1 d. DU	DR AS A CONSECTOR AS	DUENCE OF DUENCE OF DUENCE OF DOA 29b. TIMINUTE OF DOA 18b. INJ.	DEAT OTHER 4 Nur E OF URY M street, fact	TH Y 26. PL 3: sing Hom 28c. INJI 4: ory, offici	Cause of Diagram ACE OF Diagram ACE of Diagram ACE	2 CC	Part I. seck only only 28d. D characteristics to the c	24a. WAS A PERFC 1 YES One) Ther (Specify) ESCRIBE HOW CATION (Street y or Town, State ause(a) and m	N AUTOPSY, PIMED? INJURY OC and Number	24b	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset
PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST PART II. Other algnificant condition DID TOBACCO USE (Disease or injury that initiated eventa reaulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	e. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DUE TO (1 d. DU	DR AS A CONSECTOR AS	DUENCE OF DUENCE OF DUENCE OF DOA 29b. TIMINUTE OF DOA 18b. INJ.	DEAT OTHER 4 Nur E OF URY M street, fact	TH Y 26. PL 3: sing Hom 28c. INJI 4: ory, offici	Cause of Diagram ACE OF Diagram ACE of Diagram ACE	2 CC	Part I. seck only only 28d. D characteristics to the c	24a. WAS A PERFC 1 YES One) Ther (Specify) ESCRIBE HOW CATION (Street y or Town, State ause(a) and m	N AUTOPSY, PIMED? INJURY OC and Number	24b	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa rasulting in deeth) LAST PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation Suicide 8 Could not be detarmined Check only CERTIFYING PHYSIC (Check only CERTIFYING PHYSIC COuld not be detarmined Check only CERTIFYING PHYSIC COULD COULD CERTIFYING PHYSIC COULD COULD CERTIFYING PHYSIC COULD CERTIFYING PHYSIC CHECK only CERTIFYING PHYSIC CAUSE COULD CERTIFYING PHYSIC CHECK only CERTIFYING PHYSIC CHECK Only CERTIFYING PHYSIC CHECK Only CERTIFYING PHYSIC CHECK Only CERTIFYING PHYSIC CHECK Only CERTIFYING PHYSIC CHECK ONLY CHECK ONLY	e. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DUE TO (1 d. DE CONTRIBUTE HOSPITAL: 1 Inpatiant 2 2 28a. DATE OF in (Month, Day) 28a. PLACE OF building, e	DR AS A CONSECTOR AS	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMINUM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEAT OTHER 4 Nur E OF URY M street, fact	TH Y 26. PL 3: sing Hom 28c. INJI 4: ory, offici	Cause of Cau	2 CC	Part I. Bock only 28d. Do 28d. Do 1	24a. WAS A PERFC 1 YES One) Ther (Specify) ESCRIBE HOW CATION (Street y or Town, State ause(a) and m	N AUTOPSY, PRIMEO? 2 PNO INJURY OC. 2 and Number of the state of the s	24b	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

J. SIMMON CLEMMONS

22. REGISTRAG'S SIGNATURE



1 - FOR STATE REGISTRAR

Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	1123311711				OALL	01			HEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) George	Elbert	Harris						2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER								J97 1		95	0720 M
	213-18-1025	5. SEX	6. AGE (In yrs. las:		IF UNDER 1	YEAR DAYS	HOURS	B.PHI.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country	LACE (State or Foreign
		1 📉 M 2 🗆 F	73	YRS.					Nov. 26, 19	21	E1kt	on, MD
~	9a. FACILITY NAME (If not institution, give s				9b. CITY, 1		R LOCATI	ON OF DE	ATH	9c. COU	NTY OF DE	ATH
DIRECTOR	Union Memorial Ho	spital			E1kt	on				Ceci	11	
គ្ន	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,		10c CITY	, TOWN OR	LOCAT	ION					10d. INSIDE CITY
뜻	MD Cecil						1011				- 1	LIMITS?
	100, STREET AND NUMBER			LEIK	ton	101	. ZIP CODI			46- CIT		1 TY YES 2 NO
FUNERAL	113 Booth Stree	_								10g. CI I	IZEN OF WI	1AT COUNTRY?
2	11. MARITAL STATUS		IT EVER IN U.S. ARI	MED	40.10		1921				ISA	
	1 Never Married 2 Married	FORCES? 1	YES 2 N		Jf 3	/es, spi	cify Cube	n, Mexican	IC ORIGIN? (Specify Yes	or No	Black,	- American Indien, White, etc.
BY	3 X Widowed 4 □ Divorced	IF YES, GIVE W	MAN OR DATES		1 1	_ YES	2 X NO	Specify:			Specify	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF BUS	SINESS/INC		
垣	Elementary/Secondary (0-12)	College (1-4 or 5 -	Ma	Do NOT us	ork done dui e retired.)	nng mo	st of workin	g				
MP	11th	0	T	aver	n Own	er			Taver	ı Own	er	
Ö	17. FATHER'S NAME (First, Middle, Lest)								AE (First, Middle, Maiden	Sumame)		
BE (John Alfre	d Harri	S				Ir	ene	Wilson			
6	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street a	nd Number	or Rural R	loute Number, City or Tow	n, State, Zip	Code)	
-	Alfred Harris								d, Jessup,	MD	20794	
	20s. METHOD OF DISPOSITION 1 Mariel 2 Cremation 3 Remo	oval from State	20b. PLACE A cemetery, crei	ND DATE O	F DISPOSITI	ON (Na	™Cem	eter	V DATE 20c. LO	CATION —	City or Tow	n, State
	4 Donation 5 Other (Specify)	1 1	Delawa	re V	etera	ns	Memo	rial	1/5/95 B	ear,	Dela	ware
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11.		22. NA	ME AN	D ADDRES	SS OF FAC	Congo			
		WILL	11/1/1/1	1	201	N.	Gra	y Ave	enue/P.O.	Box :	2593,	Wilm.,DE
	23. PART I. Enter the diseeses, or o	omplications the	coused the de	ath. Do n	ot enter th	e mo	de of dyl	ng, auch	as cardiac or respi	ratory arr	reat.	Approximate
	ahock, or heert fellure. I	List only one cau	se on each ithe.	J					- 0.11 0.40	1000		Interval Between Onset and Death
	disease or condition	Ma	tract	ite	0	1		.00	CA			Onset and Death
i	resulting in death)	DUE TO	TOS TO	OUENCE OF):		.000	5	011			
Z		M.	e tas	tad	Mic	(Pr	70-	tate	Cf	+	İ
은	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC				1 , ,	_ د .ر	10010		,	
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	06 T)								
E 1	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF):							
CERTIFICATION	resulting in death) LAST	l										
	PART ii. Other significant condition	contributing to	deeth but not re	esulting l	the unde	rivino	cause o	lven in F	Pert i. 24a. WAS AN	ALITOPSY	24h N	WERE AUTOPSY FINDINGS
EDICAL						,	, 04455 8		PERFOR		1	WAILABLE PRIOR TO
					_				1 YE\$ 2	NO		OF DEATH?
Σ	DID TORACCO LICE CONTR	UDI ITE TO CA	LICE OF DEAT	F1.1 \/F							1	YES 2 NO
AN	DID TOBACCO USE CONTR	IBUIE IU CA			H (Check onl		UNC	ERIAIN				
PHYSICIAN:	EXAMINER?	HOSPITAL:		_	OTHER:					_		
¥	27. MANNER OF DEATH	1 Inpetient 2 28a. DATE OF		28b. TIME		g Home			Other (Specify)	1 11 100 0 0 0	NAMES	
	t Netural 5 Pending	(Month, De		INJU	IRY	WOI	RK?		28d. DESCRIBE HOW II	JURY OCC	CURED	
B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At hor	ne. farm. si				-	281 LOCATION /Street a	nd Mumbas	or Church Co.	oto Alcondo
	4 Homicide 8 Could not be	building,	atc. (Specify)	, m, m, , ,	reet, rectory	, office			28f. LOCATION (Street a City or Town, State)	na Number	or Humil Ho	ute Number,
9 1	29a. CERTIFIER											
COMPLETED	(Check only											22
8	2 MEDICAL EXAMINER	CON the basis of as	temination and/or in	rvestigstion	, In my opin	ilon, de	eth occur	ed at the t	ime, data and place, an	d due to th	e cause(a) :	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIES	1	INA)				NSE NUME				Month, Day, Year)
ဋ	Jose VII	4	1/1/1	/ .			A C	147	10	Vo	w.	5, 1995
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH-OTEM	27) (7)104	Prints							
	JAN 05 1995	32. REGISTRA	r's signature Luxulum Rom	0 .0								
TH.	JAN 00 1000	July do	marten-Work	tall								

AVXD

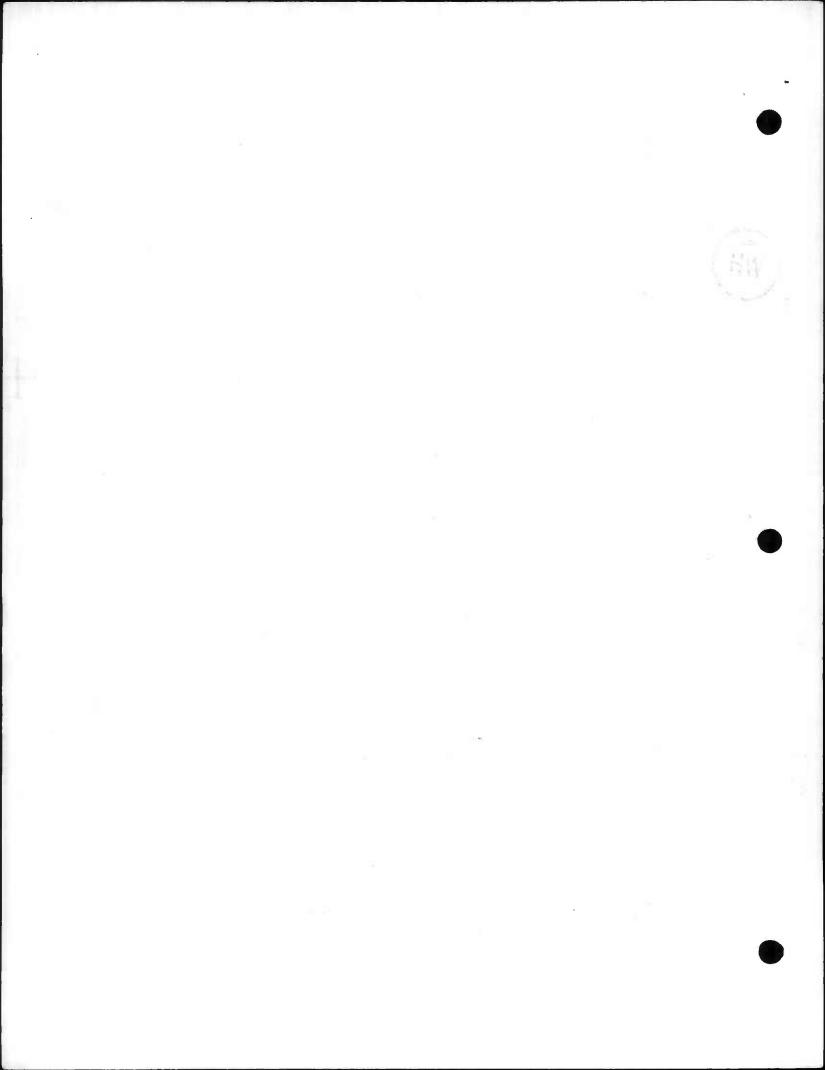
DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, II, 27, PER MEO FILM G-721 3/6/95 t.t

		1 - STATE REGISTRAR	STATE OF N	MARYL	LAND / DEPAI CERTIF	RTMEN	T OF H	DEAT	AND I	MENTAL	REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		3.	TIME OF DEATH
		GEORGE		SHII			UGHE	ES		TA		16	95	11.00P M
		4. SOCIAL SECURITY NUMBER	5. SEX	Chicago and	(In yrs. leat birthday)	IF UNDE	R t YEAR	IF UNDER	R 24 HRS.	7. DATE (OF BIRTH		8. BIRTHPL. Country)	ACE (State or Foreign
plac		237-26-5406 9a. FACILITY NAME (If not institution, give at	1 X M 2 - F	82	2 YRS.					Jan	27,1		Tenn	essee
3 should	E			ו א ראם	D			OR LOCATI					OF DEAT	
1, 2,	181	4415 BAND HALI	י אדרי ו	KOAI	D	W	221F	1INS	TEK			CAR	ROLI	
1000	DINECTOR	Many land			10c. CI	TY, TOWN			-+01				10	d. INSIDE CITY LIMITS?
		Maryland (Carroll					tmin		r	-			YES 2 NO
WH	FUNERAL	4415 Band Hall	Hill R	oad			101	ziP cooi	1158	8		10g. CITIZI	USA	T COUNTRY?
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	- 1	If yes, spe	ENDENT Cooking Cubs	ın, Mexica	an, Puerto R	7 (Specify Yes Ricen, etc.)	or No- 1	14. RACE — Black, W Specify:	American Indian. Thita, atc. White
d or attendion use as 1	9	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed)		18a. DECEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	INESS/INDU	STRY	
for un	Ē	Elementary/Secondary (0-12)	College (1-4 or 5 +	+)	(Give kind of life, Do NOT u	use retired.)					5.1	0 0		
the hospital or attending detached for use as the once.	COMPLETE	8			Machin	ie U	pera	_					ecke	r Corp
by the how be detach at once.		17. FATHER'S NAME (First, Middle, Last) David Hughes								Gar	Middle, Meiden S	Surname)		
	BE	19a. INFORMANT'S NAME (Type/Print)			19b, MAILING	ADDRES	R (Street a				er, City or Town	- Courts 7in (- min t	
ay be retain page 5 sh	2	Wilbert Hughes			842	Eas	t De	ep	Run	Rd,	West	mins	ter,	Md21158
		20a. METHOD OF DISPOSITION 1 Denation 5 Other (Specify)	ovel from State		b. PLACE AND DATE				c	1/9		CATION — CI		, Md.
		21. SIGNATURE OF SUMERAL SERVICE LICE	ENSEE /	7	1			ND ADDRES						Home
0 - 0		> Steven	W.	Cl	ine	/								21074
		23. PART i. Enter the diseases, or c shock, or heart feliure. I	omplications that	t ceuser	d the death. Do									Approximate
filled in or he me		IMMEDIATE CAUSE (Final				appoint .								Onset and Death
completely file ial, cremation,		disease or condition resulting in death)			AND INTER		ICULA	R HEM	ORRHA	\GE				
B 2 - 9	z		DUE TO	(OR AS A	A CONSEQUENCE O	/F):								
ste be execut ysician and c prior to buris	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A	A CONSEQUENCE O	IF):								
icate the physici ne prior	15 A	CAUSE (Disesse or injury	DUE TO	'00 AC (A CONSEQUENCE O									
heath certificate be attending physician rital Hygiene prior to	RTIFI	that initiated events resulting in death) LAST	4	(On No A	(CONSEQUENCE O	- -):								
0 - 0 = 1	ᄬ	DART II Other significant conditions	- contributing to	de ath h		1- 44	1 1 1 1 1 1							
A and at	CAL	PART II. Other significant conditions HYPERTENSIVE ARTERIO) cause g	jiven in i	Part i.	PERFORI		AVI	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE
SICIAN: The law requires th certificate has been signed in the State Dept. of Health or Item 23 shows an	MEDI	1111 bill billig & Fin 1931 minns	JUUL E11.01.1.0	0,	10111000		. F S to S bas			-	1 YES 2	□ NO	OF	DEATH?
law requast been bept. of 23 sho	AN: M	DID TOBACCO USE CONTR	RIBUTE TO CA	USE O	OF DEATH Y	ES 🗆	NO 🗆	1 UNC	ERTAIN	N []			1 7	YES 2 NO
N: The law icate has t State Dept item 23	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEA	TH (Check	only one)			1				
rtification or ite	YSICI	t X YES 2 NO	HOSPITAL:] ER/Outp	patient 3 🗆 DOA	OTHE!	R: sing Home	• 5 X Re	sidence	6 Other	(Specify)			
PHYSICIAN: this certifical with the St irked, or it	PHY	27. MANNER OF DEATH 1/X Natural 5 Pending	26a. DATE OF (Month, Da		28b. TIN	JURY	28c. INJE WOI	RK?		28d. DE\$0	CRIBE HOW IN	JURY OCCU	RED	
DING PHYS After this death with	BY	2 Accident Investigation	28ª PLACE O	- M RIDY	f At home form	M day		/ES 2 [] NO					
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 8 Could not be determined	building, (etc. (Spec						City o	ATION (Street ar or Town, State)			Number,
보 보지 느	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC EXAMINER	R: On the basis of ex											d menner as stated.
TO THE HOSPIT TO THE FUNERA DE filed within ?	H	296. SIGNATURE AND TITLE OF CERTIFIER	1 King	1 2	n.).				C.M.				AN.	07/95
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS		ATH (ITEM 27) (Type 11 Penn		reet	. В	alt:	imor	e. Ma	irvla	nd 2	21201
1	ľ	31. DATE FILED (Month, Day, Year)	32. REGISTRI	T'S SIGN							0, 110			. 1
		JAN 0 9 1995 Julio	a divident	Tarola	Ц									



•		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)		11.1.			2. DATE OF	F DEATH DAY	.yr	3. T	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	OMAINE 5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 0075 05		98	5 1	2.66 PM
pin		220161563	1 🗆 M 2 💢 F	72 YRS. W	ONTHS DAYS	HOURS MIN.	1-/	Pey. Year) ZZ	- (Country)	cyland
2, 3 should	TOR	99. FACILITY NAME (If not institution, give s	SPNEC4/HO	spital	1 1 1	minster		/	COUNTY	1.1	
-1/	DIRECTOR	100. STATE 10b. COUNT	icroll		PST M	inster					INSIDE CITY LIMITS? YES 2 NO
VH)	FÜNERAL	104. STREET AND NUMBER 1042 Pennsylva	ania Avenue	•		21157		10	U.S.		COUNTRY?
ng phy clan	BY FON	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	It yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specifi	in, Puerto Ric	Specify Yes or N	1 0→ 14.	RACE — / Black, Wi	American Indian, ide, etc.
attend Se as	9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	BUAL OCCUPATION done during mo	ON ist of working	16b. K	IND OF BUSINES	SS/INDUST		
8 5	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Insole i	retired.)		707	Footw	0.00		
the hospit detached once.	OME	17, FATHER'S NAME (First, Middle, Last)		1115016 1	.IIS tall t	16. MOTHER'S NA				_	
3 % W	BE C	Charles Wi	lbur Sulliv	an		Mary	Paul		ockne	er	
s should notified	인	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural					
N 5 8		Marjorie C. Fritz				Rd., Emm.	_				
R 6 m redox		1 Burlel 2 Cremetion 3 Rem 4 Denetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State cen	PLACE AND DATE OF CHIEF KEYSVIII	e union	n Cem.		Keysv.	-		
ter death. Pag the funeral of pal. al examiner		John M.	Skiles			o address of fa	Sk	iles F			me MD 21787
to certificate be executed with an annual moding physician and completely filled in by in Hygiene prior to burial, cremation, or remains by other traumatic event, the medical	CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	a. Seps) DUE TO (OR AS A	A CONSEQUENCE OF):		de of dying, suc	h ss cardle	c or reepireto	ry srrest,		Approximate interval Between Onset and Death days days
	RTIF	CAUSE (Disease or Injury that Initiated evente resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
requires that the signed by of Health and shows any It	MEDICAL	PART II. Other eignificent condition Diobetes Mi Hypertension DID TOBACCO USE CONTI	ellitus	Previo	us S	TROKE	_ '	PERFORMED	7	CON OF	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
N: The Is ficate has State De Item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACE OF DEATH	(Check only one)						
PHYSICIAN: The this certificate with the State	HYS	1 YES 2 (NO	1 X Inpatient 2 ER/Outs 28e. DATE OF INJURY		☐ Nursing Hom	e 5 🗆 Residence		Specify)		-	
ther this ceath with	ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	RK?	200. DESCR	THE NOW INJUR	IT OCCUME		
L DR ATTENDING P DIRECTOR: After t hours after death item 28 Is mart	ED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, stre	et, tactory, offic	•	26t. LOCATI City or	ON (Street end N Town, State)	lumber or A	Bural Floute	Number,
3 4 5 E	COMPLET		CIAN: To the bast of my know R: On the basis of examination							use(e) end	menner ea stated.
TO THE HOSPI' TO THE FUNER be filed within IMPORTANT:	H H	296. SIGNATURE AND THE OF GRAPTIFIES	tuk			29c. LICENSE NUI	MBER (290	I. DATE SIG	NED (Mor	th, Day, Year) - 95
	10	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	-1000	ER D	N#213	3 7	Towso	on.	Mo	121204
		JAN 1 U 1995	32. REGISTRAR'S SIGN								

physicism.	burial-trans	
w attending	use as the	
s death certificate be executed within a cours are death. Page 6 may be retained by the hospital or attending physicism.	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tin Vental Hygiene prior to burial, cremation, or removal.	
6	2	
erained	should	
ay De	page 5	
age o m	director,	
Jeam. F	funeral	
arrer	by the	
OUL	filled in	
WILLIAM	ne attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal.	
xecuted	and con burial,	
20	ian or ro	
ncare	physic ne pric	
Cert	Hygie	
Dean	atte	
65	£ 5	п

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

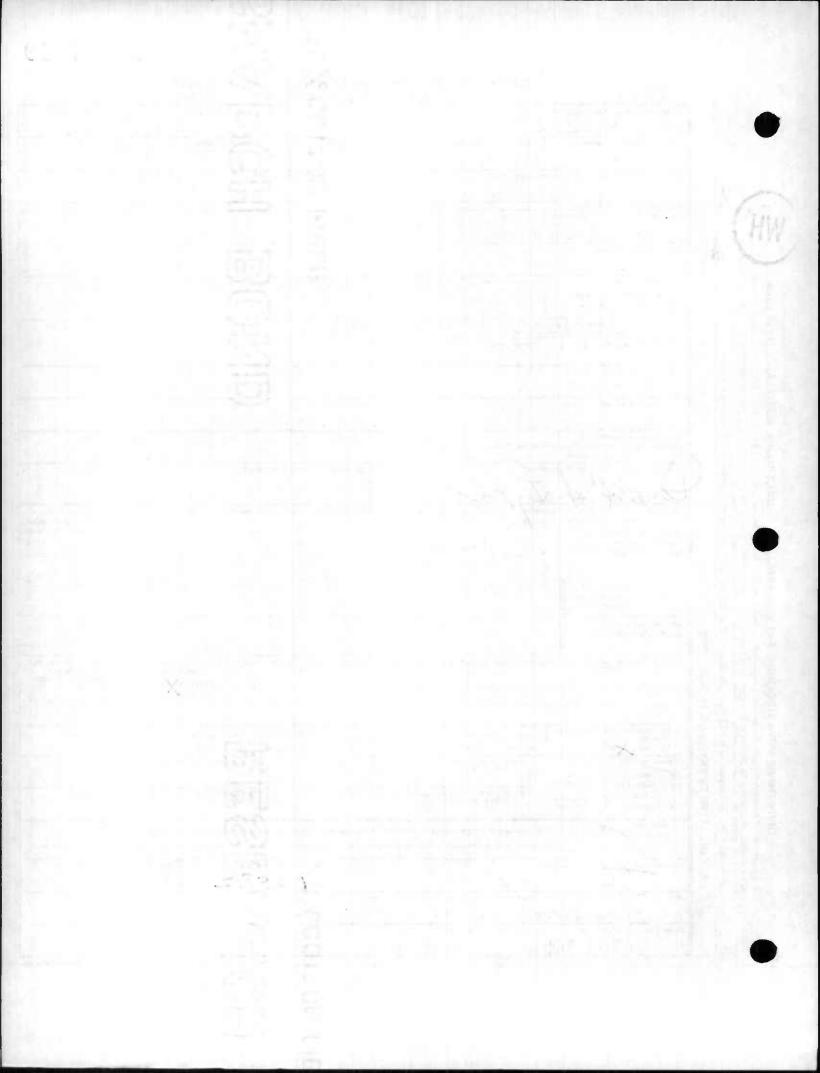
	1. DECEDENT'S NAME (First, Middle MICC)	Le o	Mildre	d Risi	ng, Hur			DEATH	2. DATE O MONTH Jan	F DEATH D		YEAR 95	3. TIME OF D
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yr	rs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year)		8. BIRTH Countr	PLACE (State o
	218-24-0354		1 M 2 X F	100	YRS.				April	8 18	94		ew Yo
~	99. FACILITY NAME (If not institution					9b. CIT		OR LOCATION OF E	DEATH		9c. COU	NTY OF D	EATH
DIRECTOR	Anne Arundel	Med	ical Cen	ter			Ann	apolis			A	nne	Arunde
REC	The state of the s	COUNTY			10c, Cl	TY, TOWN	OR LOCAT	TION			0-15		10d. INSIDE (
		nne	Arundel			Ma	ayo						1 YES 2
FUNERAL	10a STREET AND NUMBER 202 Linden	Augn	110				101	r. ZIP CODE	00				HAT COUNTRY
NE	11. MARITAL STATUS	Aven	12. WAS DECEDER	T FIFTH IN LL	0. 400000	1 40		2110		20000			States
	1 Never Married 2 Marrie	ed	FORCES?	YES 2	X NO	13.	If yes, sp	ENDENT OF HISPA	an, Puerto Ric		s or No—	Black	— American I , White, etc.
ВУ	3 Widowed 4 Divorced		IF YES, GIVE	MAH OH DATE:	5		1 U YES	2 XNO Spec	ffy:			Speci	Whit
E	15. DECEDEN' (Specify only higher	T'S EDUC	ATION completed)	16	a. DECEDENT'S	S USUAL (OCCUPATIO	ON ast of working	16b, 2	UND OF BU	SINESS/INC	DUSTRY	
Ē	Elementary/Secondary (0-12)		College (1-4 or 5	+)	(Give kind of life. Do NOT L				7 1				
COMPLETED	CY CATUERIO MARIE OF A 1411	(anti-	12		Hon	nema	iker	Lauren			ome		
_	17. FATHER'S NAME (First, Middle, I Wilbert S. R		1					16. MOTHER'S N	ame (First, Mic ovina l				
BE	19a, INFORMANT'S NAME (Type/Pri		7		19b. MAILIN	O ADDRES	S (Street =	and Number or Rural				Corfe	
TO E	Donna Edmon					Lint							764
	Donna Edmon	ds			1222	OF DISPO	ON L	ane Sha		e, Ma		d 20	
	Donna Edmon 20. METHOD OF DISPOSITION 1A Buriel 2 Cremetion 3 Donation 6 Other (Special Serial Se	Remo	Ly for	Woo	1222 ace and date ry, cremetory or odlawn	of DISPO	on L sition (Na neter NAME AF	ane Share of Ty 1/7 Duke of	dy Sid	e, Ma 20c. LO Eli nn M. ester	mira, Tayl	New Or F	wn, State / York uneral polis, N
	Donna Edmon 20e, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Donation 6 Other (Special Disposition of the Company of the	Remo	ompications the	at caused thuse on each	1222 ACE AND DATE TY, CIEMPTON ON OCIONAM OCIO	CEN 22	on L sition (Na neter NAME AF	ane Share of Ty 1/7 Duke of	dy Sid	e, Ma 20c. LO Eli nn M. ester	mira, Tayl	New Or F	wn, State / York uneral
01	Donna Edmon 20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Donation 6 Other (Special September 2) 23. PART 1. Enter the disease shock, or heart 1 IMMEDIATE CAUSE (Finel)	Remo	omplications the	at caused the	1222 AGE AND DATE THE TOTAL THE TOTA	of DISPO other place Cen 22	on L sition (Na neter NAME AF	ane Share of Ty 1/7 Duke of	dy Sid	e, Ma 20c. LO Eli nn M. ester	mira, Tayl	New Or F	y York uneral oolis, N
04	Donna Edmon 20e, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Donation 6 Other (Special Disposition of the Company of the	Remo	omplications the	at caused thuse on sech	1222 ACE AND DATE TO COLOR OF THE TO COLOR OF	not ente	on L sition (Na neter NAME AF	ane Share of Ty 1/7 Duke of	dy Sid	e, Ma 20c. LO Eli nn M. ester	mira, Tayl	New Or F	y York uneral oolis, N
01	Donna Edmon 20e, METHOD OF DISPOSITION 1/3 Buriel 2 Cremetion 3 Donation 6 Other (Special Series) 23. PART I. Enter the disease shock, or heart if immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Remo	omplications the	at caused the use on each of on as a co	1222 AGE AND DATE TY, cremetory or o'd awn Date The death. Do Iline.	not ente	on L sition (Na neter NAME AF	ane Share of Ty 1/7 Duke of	dy Sid	e, Ma 20c. LO Eli nn M. ester	mira, Tayl	New Or F	y York uneral oolis, N
RTIFICATION TO	Donna Edmon 20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Donation 6 Other (Special Indiana Serial	Removily) NICO LICE See, or occordium. L	DUE TO	at caused the use on each of on as a co	1222 ACE AND DATE TY, cremetory or or odd a Wn Date death. Do o line.	not ente	on L sition (Na neter NAME AF	ane Share of Ty 1/7 Duke of	dy Sid	e, Ma 20c. LO Eli nn M. ester	mira, Tayl	New Or F	y York uneral oolis, N
CERTIFICATION TO	Donna Edmon 20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Donation 6 Other (Special Property of the Control of the	Bemo	DUE TO	at caused thuse on such	1222 AGE AND DATE TY, crametory or o' O'Clawn The death. Do Iline. TO DISSEQUENCE CONSEQUENCE ente	neter. NAME AN	ane Share of 1/7 and address of a Duke of dying, su	dy Sid DATE 7/95 ACILITY JOH Glouce the as cardie	e, Ma 20c. LO Eli nn M. ester	Taylan St. A	od 20 City or to New Or F Annap	y York uneral oolis, N	
CERTIFICATION TO	Donna Edmon 20e, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Donation 6 Other (Special Series) 23. PART I. Enter the disease shock, or heart I immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Bemo	DUE TO	at caused thuse on such	1222 AGE AND DATE TY, crametory or o' O'Clawn The death. Do Iline. TO DISSEQUENCE CONSEQUENCE ente	neter. NAME AN	ane Share of 1/7 and address of a Duke of dying, su	dy Sid DATE 7/95 ACILITY JOH Glouce ch as cardle	e, Ma 20c. LO Ell nn M. ester ac or reapi	ALTOPSY AMED?	od 20 City or to New Or F Annap	wn, State / York uneral polis, N Approvinterva onset	
CERTIFICATION TO	Donna Edmon 20e, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Donation 6 Other (Special Series) 23. PART I. Enter the disease shock, or heart I immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Bemo	DUE TO	at caused thuse on such	1222 AGE AND DATE TY, crametory or o' O'Clawn The death. Do Iline. TO DISSEQUENCE CONSEQUENCE ente	neter. NAME AN	ane Share of 1/7 and address of a Duke of dying, su	dy Sid DATE 7/95 ACILITY JOH Glouce ch as cardle	e, Ma 20c. LO Ell nn M. ester ac or reapi	ALTOPSY AMED?	od 20 City or to New Or F Annap	WERE AUTOPS ANALISE FOR DO F DEATH?	
MEDICAL CERTIFICATION TO	Donna Edmon 20e, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Donation 6 Other (Special Series) 23. PART I. Enter the disease shock, or heart I immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Bemo	DUE TO	at caused thuse on such	1222 AGE AND DATE TY, crametory or o' O'Clawn The death. Do Iline. TO DISSEQUENCE CONSEQUENCE ente	neter. NAME AN	ane Share of 1/7 and address of a Duke of dying, su	dy Sid DATE 7/95 ACILITY JOH Glouce ch as cardle	e, Ma 20c. LO Ell nn M. ester ac or reapi	ALTOPSY AMED?	od 20 City or to New Or F Annap	wn, State / York uneral polis, N Approvinterva onset	
MEDICAL CERTIFICATION TO	Donna Edmon 20e, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Donation 6 Other (Special Series) 23. PART I. Enter the disease shock, or heart I immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Bemoority) Bemoority) Belliure. L Belliure. L Conditions	DUE TO	at caused thuse on such	1222 AGE AND DATE TY, crametory or o' O'Clawn The death. Do Iline. TO DISSEQUENCE CONSEQUENCE ente	neter. NAME AT 147 [The moderlying	ane Share of 1/7 and address of a Duke of dying, su	dy Sid 7/95 ACILITY JOH GIOUCE The Part I.	e, Ma 20c. LO Ell nn M. ester ac or reapi	ALTOPSY AMED?	od 20 City or to New Or F Annap	WERE AUTOPS ANALISE FOR DO F DEATH?	
MEDICAL CERTIFICATION TO	Donna Edmon 20e, METHOD OF DISPOSITION 1A Buriel 2 Cremetion 3 Donation 6 Other (Special Development of the Control of the Co	Bemoore the state of the state	DUE TO	at caused thuse on each O (OR AS A CO) O (OR AS A CO) O death but i	1222 ACE AND DATE TY, organitory or O'ClaWn The death. Do The line. TO INSECUENCE CONSECUENCE ente	nderlying	ane Share of Ty 1/7 ND ADDRESS OF FOUR OF Odde of dying, sur	dy Sid DATE 7/95 ACIUTY JOH GIOUCE Ch as cardle	e, Ma 20c. LO Elinn M. ester ac or reapi	ALTOPSY AMED?	od 20 City or to New Or F Annap	WERE AUTOPS ANALISE FOR DO F DEATH?	
CERTIFICATION TO	DONNA Edmon 20e, METHOD OF DISPOSITION 1 Method of Disposition 3 Donation 6 Other (Special Series) 23. PART I. Enter the disease of condition of the condit	Bemore, Los or confesiones. Los on ditions	DUE TO	t caused thuse on each O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	1222 AGE AND DATE TY, cremetory or O'Clawn Date death. Do Iline. ONSEQUENCE CONSEQUENCE	not ente	nderlying 28. PI 28. INJ	ane Share are of 1/7 ND ADDRESS OF FOUR OF ONE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C) LACE OF DEATH (C)	DATE 7/95 ACILITY JOH GIOUCE ch as cardle	e, Ma 20c. LO Elinn M. ester ac or reapi	Taylan St. A Iretory and	od 20 City or To New Or F Annap reat,	WERE AUTOPS ANALISALE FIR COMPLETION OF DEATH?
MEDICAL CERTIFICATION TO	DONNA Edmon 20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Donation 6 Other (Special Accident) 23. PART I. Enter the disease shock, or heart I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	Bemore, Los or confesiones. Los on ditions	DUE TO DU	cometer WOO	1222 ACE AND DATE TY, organitory or O'D' AND DATE TY, organitory organity organity organity organity organity TY, organity organity organity organity organity	not ente	nderlying 28. PI FR: right Hom	ane Share are of 1/7 ND ADDRESS OF FOUR OF ONE OF DURY AT 1986? LACE OF DEATH (Company of the South of the	DATE 7/95 ACILITY JOH GIOUCE Ch as cardle	e, Ma 20c. LO Ell nn M. ester ac or reapi	Taylan Tayl St. A Iretory and Tayl St. A Iretory and Tayl St. A Iretory and Taylor St. A Iretory	CURED	WIN, State / York Uneral Dolis, N Approx Interva Onset WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH 1 YES 2
Y PHYSICIAN: MEDICAL CERTIFICATION TO	DONNA Edmon 20e, METHOD OF DISPOSITION 1 Method of Disposition 3 Donation 6 Other (Special Series) 23. PART I. Enter the disease of condition of the condit	DICAL Ing Igation	DUE TO DUE TO	cometer WOO	1222 AGE AND DATE TY, cremetory or O'Clawn Date death. Do Iline. ONSEQUENCE CONSEQUENCE	not ente	nderlying 28. PI FR: right Hom	ane Share are of 1/7 ND ADDRESS OF FOUR OF ONE OF DURY AT 1986? LACE OF DEATH (Company of the South of the	DATE 7/95 ACILITY JOH GIOUCE Ch as cardia Part I. 2 Check only one) 6 □ Other (28d. DESC	e, Ma 20c. LO Ell nn M. ester ac or reapi	AUTOPSY AMEDO AUTOPSY AMED AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY	CURED	WERE AUTOPS ANALISALE FIR COMPLETION OF DEATH?

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jacob E Teitelbaum, M.D. 139/ Old Solor J39/ Old Solomons Island Rd. Annapolis, MD 21401

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JAN

DHMH-16 Rev 1/89

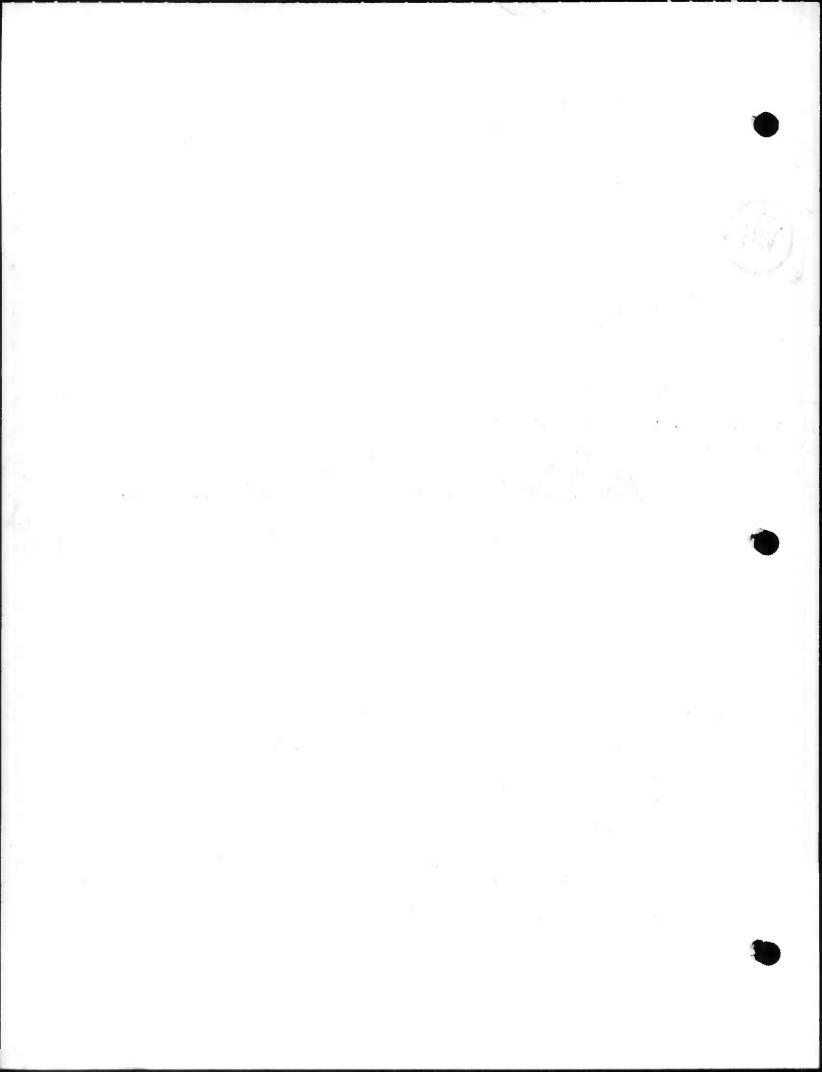


로 로 또 또
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the tental be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

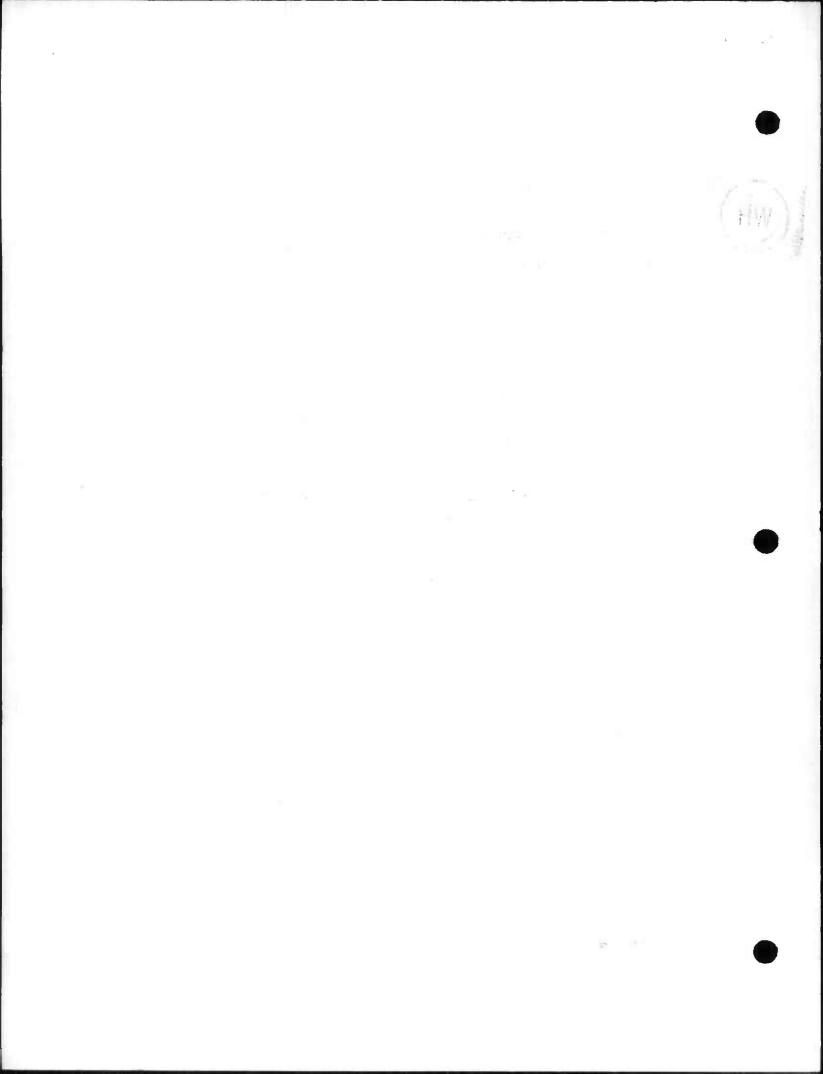
BALTIMORE, MARYLAND 21215-0020

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME O						3. TIME OF DEATH	
Shirley Ann Hubbard 1-7-95						YEAR	3:00a
	4. SOCIAL SECURITY NUMBER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign
1 1	487-36-1835	1 M 2 XF 59		MTHS DAYS HOURS MIN.	1-7-36	MO	,
~	9e. FACILITY NAME (If not institution, give	street and number)	91	b. CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	624 01d Count	y Road		Severna Park		Anne A	rundel
Ä	10a. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCATION			10d, INSIDE CITY
							LIMITS?
100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT CO						WHAT COUNTRY?	
100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF 103. CITIZEN OF 104. ZIP CODE 105. CITIZEN OF 105. CITIZEN OF 106. CITIZEN OF 107. ZIP CODE 108. CITIZEN OF 108. CITIZEN OF 109.						A	
교	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic		or No — 14. RAC	E — American Indien, ik, White, etc.
B	3 Widowed 4 Divorced	IF YES, OIVE WAR OR D	ATES	1 YES 21 NO Spec		Spec	elfy:
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSI	INESS/INDUSTRY	white
5	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	done during most of working	(33) (33)		
鱼	1 25 30777 7 3 3 3 3 3 3 3 3	2	owner		retai	1 store	9 6
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Malden S		-26
BE (C. Walter Nel:	son		Otti	lie Saute	r	
6	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end Number or Rura	Route Number, City or Town,	, State, Zip Code)	
	Richard A. Hubl			as # 10			
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem	oval from State cerr	PLACE AND DATE OF Delery, cremetory or other	place)		ATION — City or To	
	4 □ Donation 6 □ Other (Specify) 21. SIONATURE OF FUNERAL SUMMICELE	IM e	etro Cres	atory 1	-11-95 Ca	tonsvi	lle, MD
	21180	\times	/ /-	Barranco a	nd Sons F	uneral	Home
\square	Lours		1	495 Ritchi	e Hwy., S	everna	Park, MD
	23. PART I. Enter the diseases, or ahock, or heart fellure.	complications that caused List only one ceuse on e	d the deeth. Do not	enter the mode of dying, au	ch aa cerdlec or reapire	atory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Motrista	tic lale	1.10. 00.000			Onset and Death
	resulting in death)		CONSEQUENCE OF:	der cance	1		9 Months
_	_		CONSCOUNCE OF).				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c					
틸	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
5	rounting in duality (200)	d					
AL (PART II. Other algolificent condition	a contributing to death b	ut not resulting in t	he underlying ceuse given in	Part I. 24a, WAS AN A		. WERE AUTOPSY FINDINGS
EDIC/					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC							OF DEATH? 1 YES 2 NO
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	NO UNCERTA	N 🗆		100
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (
YSI	1 TYES 2 THO	1 Inpatient 2 ER/Outp		THER: Nursing Home 5 Reeldence	6 Other (Specify)		
표	27. MANNER OF DEATH 1 Mitural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WORK?	26d. DESCRIBE HOW IN.	JURY OCCURED	
ВУ	2 Accident Investigation	00 - Pt 405 05 N H H		M 1 YES 2 NO			
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, etre-	et, fectory, office	26f. LOCATION (Street en City or Town, State)	d Number or Rural i	Route Number,
299. CERTIFIER . A.							
29e. CERTIFIER (Check only one) 29e. CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner.							e) end manner se stated.
ш	1 286 SIGNATURE AND THE E OF PERTURNE						
TO B	Mellox 34	mo mo		D44	161	► 1/0	7 95
	Patricia Czaj	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri		veina Da	IK, MD	21146
	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIGN	ATURE	9	7.0	,	211/2
	JAN 1 0 199	15 Julia Davo	Gor Randall				
		1/					



BALLIMORE, MARTLAND 21213-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit n. or removal.	e medical examiner must be notified at once.
CINICION OF VITAL RECORDS, F.O. BOA 68769,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)		W						DATE OF DEATH			3. TIME OF DEATI	н
	Violet Mae	nae Hancock							innary 2		YEAR	11.26	A .
	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. last	birthday)	IF UNDER 1 YE		UNDER 24 HRS.	7 1	DATE OF BIRTH	-	A. BIRTHP	PLACE (State or For	reign
	210-42-0138	1 🗆 M 2 💢 F	91	YRS.	MONTHS DA	WB HO	OURS MIN.	Ma	arch 31,	190	Vi	rginia	
4_	9e. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR L	OCATION OF	DEATH		9c. COU	NTY OF DE	ATH	
75	Harford Memor	ial Hospita	al		Hav	re e	de Gr	ace		На	arford	£	
E E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY	
DIRECTOR	Maryland Cecil										- 1	LIMITS?	
4.500	10s. STREET AND NUMBER	00011		Port Deposit				10g. CIT		HAT COUNTRY?			
FUNERAL	52 South Main	Street					2190	4			JSA		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	AED .	13. WAS	DECEND	ENT OF HISP	ANIC O	RIGIN? (Specify Yes		14. RACE	- American India	n,
BY F	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 [0	1 _	e, specify	NO Spec	can, Pu offy:	arto Ricen, atc.)		Specify	White, etc.	
ED B		<u> </u>										White	
ETE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gh		vork done durin		working		16b. KIND OF BUS	INESS/INE	DUSTRY		
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	100		naker								
COMPL	17. FATHER'S NAME (First, Middle, Last)		111	Omen	iakei	16	MOTHER'S N	IAME (First, Middle, Maiden	Sumamel			
	John Henry Ea	stwood				"	Retti			oomanoj			
BE	19a. INFORMANT'S NAME (Type/Print)	3011.00 a	19b.	. MAILING	ADDRESS (St	reet end N			Number, City or Town	n, State, Zir	p Code)		
2	Elsie M. Minks								rt Depo			21904	
	20a, METHOD OF DISPOSITION 1 N Buriel 2 □ Cremetion 3 □ Rarr	count from State		ND DATE	OF DISPOSITIO	N (Nama o					City or Tow	rn, State	
	4 Donation 5 Other (Specify)	Oval from State	Bake	r S	Cemete	ery		1.	1/04 Ab	erde	en,	Marylan	d
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSE			22. NAM	itah	DDRESS OF F	FACILIT	Funera	l Uo	ma I) A	
	1 W.00	Down							ce, MD			.A.	
	23. PART i. Enter the disessee, or	complications that	eused the dec	eth. Do r								Approxima	
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Date Onset and												
	disease or condition resulting in death) a. Cultury as author Humbbles a. Due to (or as a consequence of):						8						
N N	Sequentially list conditions, a by perfective or furtificate centre / give							5					
CERTIFICATION	If any, leeding to immediate csuse. Enter UNDERLYING							,					
임	CAUSE (Disease or Injury that initiated evente	DUE TO (O	R AS A CONSEO	UENCE OF	NIE	_	,	1		7		in a	rul_
E	resulting in deeth) LAST	antre	8) dra	oto	, He	'el	t d	1	reuse				
	DART II. Other elegisland condition				/ ٧								
SAL S	PART II. Other significant condition	Contributing to de	eath but not re	suiting	the undar	lying ca	uea given i	n Pert	i. 24a. WAS AN PERFOR		1	WERE AUTOPSY FIN AVAILABLE PRIOR T	го
MEDIC	- Jan Jan	- jen	hal	74	ner				1 TYES 2	□ NO		COMPLETION OF CA OF DEATH?	AUSE
E	DID TOPACCO LICE CONT	DIDLITE TO CALL	CF OF DE 13									1 YES 2 N	0
SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAU			H (Check only		UNCERTA	IN L					
	EXAMINER? 1 YES 2 NO	HOSPITAL:	an interest		OTHER:		□ 8. -14	• •					
РНУ	27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIM	E OF 280	. INJURY		_	Other (Specify) I. DESCRIBE HOW II	NJURY OC	CURED		
l - l	1 Natural 5 Pending	(Month, Day,	Year)	INJ	M 1	WORK?	2 NO						
0 8	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF I	INJURY — At hor	ne, ferm, s	street, lectory,	office		281	LOCATION (Street a	and Number	r or Rural Ro	oute Number,	
밑	4 Homicide detarmined building, etc. (Specify) City or Town, State)												
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated.												
COMPL	one) 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, dash occured at the time, date and place, and due to the cause(e) and menner se atsted.												
W 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER							29d. DAT	E SIGNED (Month, Day, Year)				
m 1/201 h. 1110 160 110 110 110 110 110 110 110 11						> /	14,	195					
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)		7		1		11		
	4012-VNCON	1502 /	7005	4	e 17	al	PL	U	4				
	JAN U4 1995	132. REGISTRAN	S SIGNATURE	l	J		(
	J 7 2 1000												



Page	•
permit.	
burial-transit	
the	
98	
use	
ò	
z	Ŀ.
ij	
ŭ	ı
	l
Ħ	
-	ø
g	
director,	
funeral din	
the th	PNO
3	me
=	75
filled	no.
etely	nati
1	9

ital or attending physician.

D 21215-0020

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 687604

Ē.	10		/⊚
þ	υğ	^	=
de	S		9
	tor,		S
2	rec		E
6	0		ě
Ė	era		Ē
200	1		Ka
5	the	Mal.	-
ò	6	Ĕ	20
ś	.5	70	ě
=	lled	٦,	82
3	7	atio	\$
3	erte	EH	F,
	di	5	8
5	00	nal	3
2	and	귤	#
5	an	10	5
,	Sici	010	Ē
3	P.	Je g	ě
5	Du	giel	ㅎ
2	igi	£	6
Š	atte	ntai	2
2	he	ĕ	흐
	3	8	=
3	P	4	E
3	ig	ear	8
Š.	S L	Ξ	ě
	peq	f.	S
The state of the s	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parts is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no
	ate	ate	Е
	iffe	S	=
2	cen	Ē	0
	his	WITH	ed
5	100	£	Fe
	Aft	dea	E
1	ä	ter	-
	5	a	2
5	E.	DOUR	E
į	יר	2 1	-
	A	7 1	13
2	3	Ē	A.N.
1	EF	A D	F
	王	E E	2
2	2	2	Œ

BE

2

296. SIGNATURE AND TITLE OF SERVICE

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

34 REGISTRAR SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1995 ANNA LEE HAMMERSLA JANUARY 02 3:10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 X F 95 YRS. NOV. 19, 1899 232-01-8888 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOMEWOOD RETIREMENT CENTER WILLIAMSPORT WASHINGTON RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD HAGERSTOWN 1 TYES 2 NO WASHINGTON 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1730 EDGEWOOD HILL CIRCLE, APT. 203 21740 U. S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuban, Mexican, Puerto Ricen, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced WHITE ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL SECRETARY BROWN FUNERAL HOME 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname JOHN LOWRY WEVER MARY HENSELL HILL 111 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1730 EDGEWOOD HILL CIRCLE, APT. 203, HAGERSTOWN, MD 21740 MRS. MARY JO WOLFORD 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1-1 Buriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) ROSEDALE CEMETERY 1/6 MARTINSBURG, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BROWN FUNERAL HOME, 327 W. KING ST. harles PO BOX 821, MARTINSBURG, WV 25401 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate Intervsi Between ahock, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Dasth disease or condition_ 10/10/10/10/11 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immadiata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 8 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural Pending Investigation M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and pieca, end due to the ceuse(e) end menner ee stated.

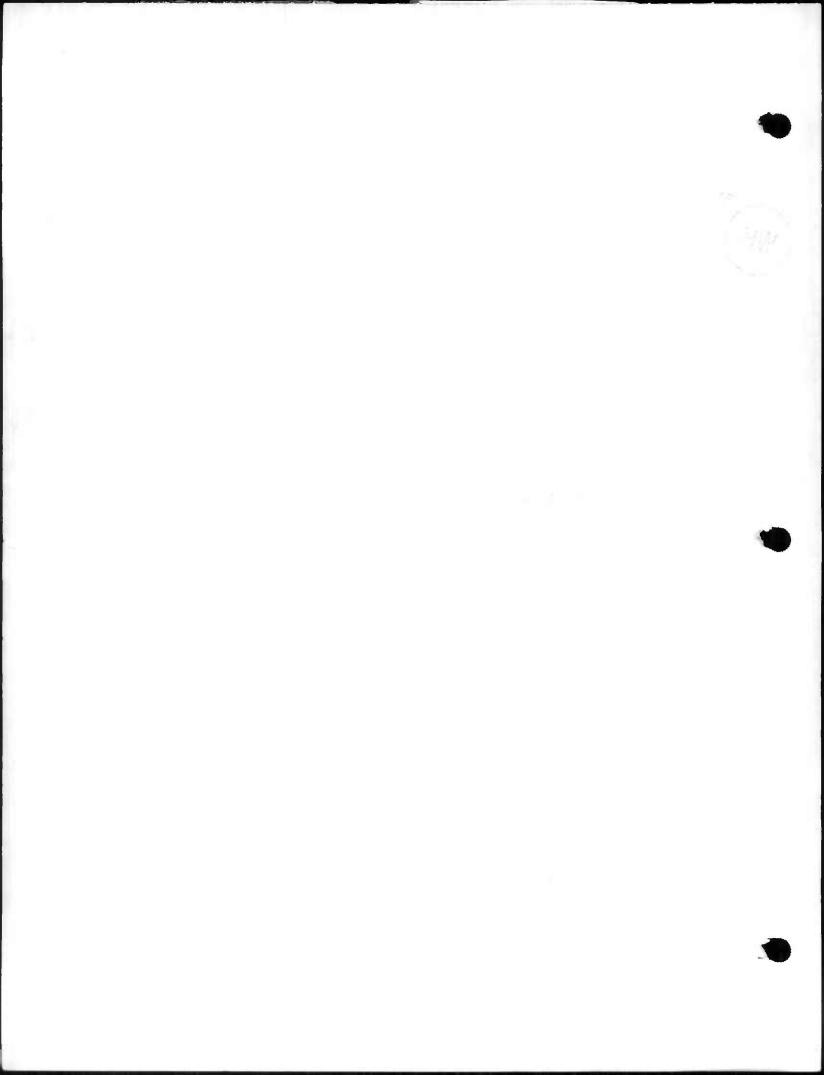
29c, LICENSE NUMBER

DHMH-16 Rev 1/89

29d. DATE Stilled D (MgAth, Day, Year)

	examin	
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or remova	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exan	l
ation, c	the 1	
crem.	event,	
burial	natic (ı
2	돌	
Dio.	F	
ygiene	othe	1
I	9	1
Menta	Juny,	l
and	J I	I
alth	8	I
운	Mo	Į
	40	١
P 0	1 23	ı
State	Hen	
the	0	I
with	Ked	I
peath	mar	
Ja.	-	1
s aft	28	١
hour	Her	
2	=	I
within	TANT	
filed	8	Į
2	蓋	ļ

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)		02//////	07112 01	DEMIN	2. DATE OF DEATH		3. TIME OF DEATH	
	EDITH MARLEN	NE HESS				TANIJARY	3. 199 ¹	5 10.25 PM	
			(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)	
	220 20 0244		3 YRS.	MONTHS DATS	HOURS MIN.	2/28/19:	31 M	ercersburg, PA	
	9e. FACILITY NAME (If not institution, give stre				R LOCATION OF DE	EATH	9c. COUNTY		
опестоя	Williamsport Nurs	sing Home		William	nsport		Wash	ington	
EC	10e. STATE 10b. COUNTY		10c, CITY	r, TOWN OR LOCAT	ION			10d. INSIDE CITY	
E I	MD Washir	neton	Wi	lliamspo	ort			1 X YES 2 NO	
A	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	154 N. Artizan			21795			USA		
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN solfy Cubsn, Mexica	IIC ORIGIN? (Specify)	es or No 14.	. RACE American Indian, Black, White, etc.	
A	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES TE	1 🗌 YES	XXNO Specifi	y:		Specify: White	
	15. DECEDENT'S EDUCA		18e. DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF B	USINESS/INDUS	TRY	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us		at or working			7-10	
	8		Nurse's	Aide		Nursi	ng Home	S	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Sumsme)		
BE	Clifford House	eholder				S. Truax			
2	190. INFORMANT'S NAME (Type/Print)			- Committee		Route Number, City or T			
	Lori A. Clever	200	b. PLACE OF DISPOS			alling Wa	OCATION - CITY		
	1XXBuriel 2 ☐ Cremetion 3 Removed ☐ Donation 6 ☐ Other (Specify)	val from State	reenlawn					ort, MD	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE				ND ADDRESS OF FA			1 Home, Inc.	
	James A	Z-	-1	50 C	Dwood C	Γ, Wayne			
	A second	omplications that cause	d the death. Do n						
23. PART Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respirations that could be death. Do not enter the mode of dying, such as cerdiac or respirations that the mode of dying, such as cerdiac or respirations that the mode of dying, such as cerdiac or respirations that the mode of dying, such as cerdiac or respirations that the mode of dying, such as cerdiac or respirations that the mode of dying, such as cerdiac or respirations that the mode of dying, such as cerdiac or respirations that the mode of dying is the mode of dying and the mode of dying are the mode of dying and the mode of dying are the mode of dy						Interval Between Onset and Death			
	IMMEDIATE CAUSE (Finel disease or condition PULMONARY ED							3 DAYS	
	resulting in death) e. I ULITOTRAT EDEMA Due to (or as a consequence of):							J DATA	
Z	Sequentially list conditions,	CONGESTI						1 WEEK	
Ĕ	If any, leading to immediate cause, Enter UNDERLYING	RENAL FA	A CONSEQUENCE OF	F):					
윤	CAUSE (Disease or injury that initieted events		A CONSEQUENCE OF	F):				2 weeks	
CERTIFICATION	reaulting in deeth) LAST								
빙	DART II Other elections conditions	· · · · · · · · · · · · · · · · · · ·				5:41 4: :::::			
CAL	PART II. Other algorificent conditions	_	out not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	MULTIPLE MYE					1 _ YES	2 NO	DF DEATH?	
Σ	DIABETES MEL	TII02						1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)			
EXAMINER? 1 YES 2 XNO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify Work?) 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 28. PLACE OF INJURY At home form stead factory office.					ne 5 🗆 Residence	6 Other (Specify)			
					28d. DESCRIBE HOV	Y INJURY OCCUP	RED		
					281. LOCATION (Stre- City or Town, Ste	Street and Number or Rural Route Number, State)			
E									
3 Suicide 6 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and									
8	2 MEDICAL EXAMINER	on end/or investigation	on, in my opinion, death occurred at the time, date and piece, and due			and due to the o	cause(e) and manner ea stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	206. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)	
0 1019000. 10013							JANUARY 4, 1995		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 154 N. ARTIZAN STREET, WILLIAMSPORT, MD 21795									
	31. DATE FILED (Mopple Day, Year)	32. REGISTRARIS SIG		MD 21	/95				
	I LUM DE TOUR Ch. A.	Miller and same Back	11						



"	•	1	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

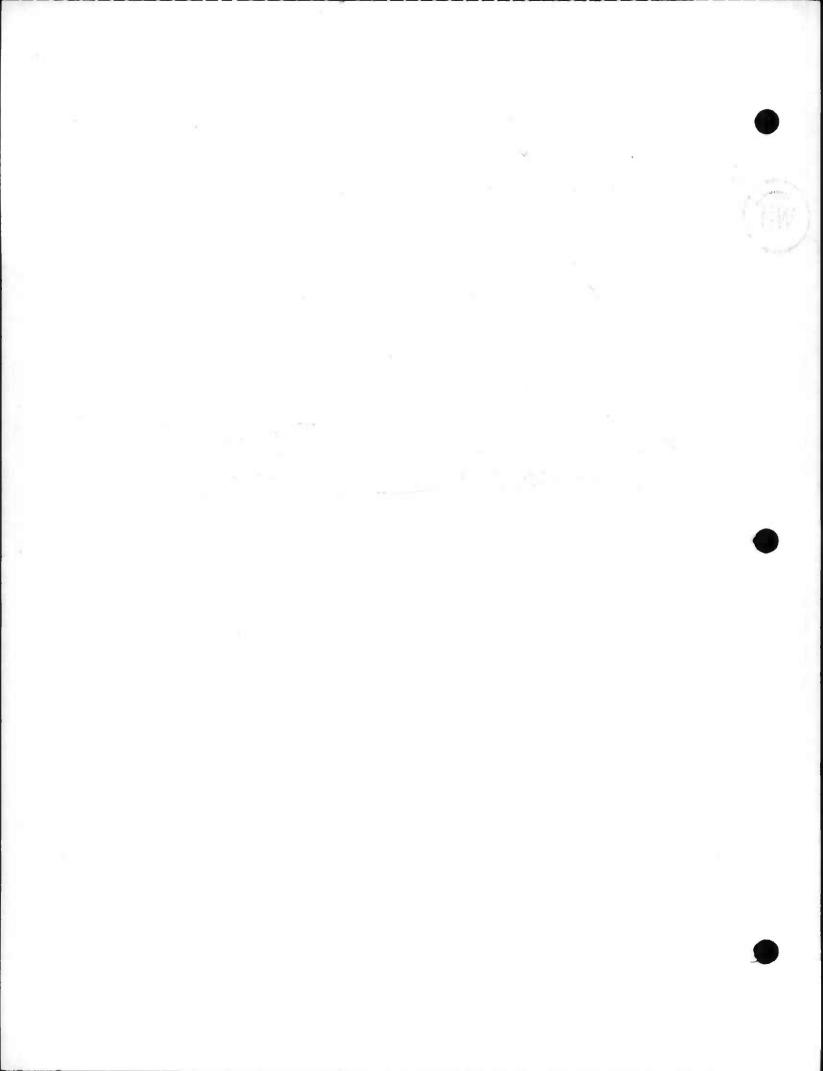
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, La Bessi	MAE Hau	20			2. DATE OF DEATH	7 95	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 262-63-2000		(In yrs. lest birthday) 104 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7	NOV. 22, 189	Co	ATHPLACE (State or Foreign untry) St Virginia	
TOR R	99. FACILITY NAME (If not institution, girls of the control of the	ing Home			OR LOCATION OF DEAT	Н	9c. COUNTY OF	e death Lngton	
DIRECTOR	10e. STATE 10b. COU			y, town or Local			10d. INSIDE CITY LIMITS? 1		
FUNERAL	10. STREET AND NUMBER Hunter Hill Ap				21740		10g. CITIZEN OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 K NO	II yee, sp	ENDENT OF HISPANIC ecity Cuban, Mexican, 2 M NO Specify:	ORIGIN? (Specify Yee Puerto Ricen, etc.)	B	ACE — American Indian, lack, White, etc.	
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	Itte. Do NOT us	vork done during mo	ON ist of working	16b. KIND OF BUS	wn home		
BE COM	17. FATHER'S NAME (First, Middle, Last) Napoleon Bonapa		1			Elizabeth	Surname)		
2	Jane E. Hixson					Rd., Hage		Md. 21742	
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 R 4 Donetion 5 Other (Specify)	lamoval from State Cer	netery, cremetory or of Rest Hav	en Cemet	ery 1-1	0-95 Hag	erstown	Town, Siete 1, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	Min.	nich	MINN.	CH FUNERA UNITED TO THE COLUMN TO THE COLUMN THE COLUM	L HOME	gerstow	m, Md. 21740	
	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	each line.	udila	de of dying, such a	na cardiac or reepir	atory arresi,	Approximate Interval Between Onset and Death	
HILLICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST								
4: MEDICAL CE	PART II. Other eignificant conditions and anticompellar Channe S.	las	n the underlyin		PERFORI	WED?	1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpet lent 3 DOA A Marketing Home 5 Registere 8 Other (Specific)								
ВУ РНУ	1 Inpatient 2 ER/Outpetlant 3 DOA Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation 2 ER/Outpetlant 3 DOA Nursing Home 5 Residence 8 Other (Specify) 28b. DATE OF INJURY (Month. Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 1 YES 2 NO								
EIED	3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	one) 2 MEDICAL EXAM	IYSICIAN: To the best of my know						e(e) and manner as stated.	
O BE	296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	B thurs 1	CATH (ITEM 27) (Time	Deinet	DOTS	ER	29d. DATE SIGN	ED (Month, Day, Year)	
	DR. E.B. MOOD 31. DATE FILED (MONTH, Day, Year)	14 1190 M	- Acta	IA RD	HACER	PSTOWN	MD	21740	
	JAN 0 9 199	15 Juli Brock	or Revolati						

ĺ		
•	(68760)	
	80	
	P.O.	
	RECORDS,	
	VITAL	
	ION OF	
	DIVIS	

ř

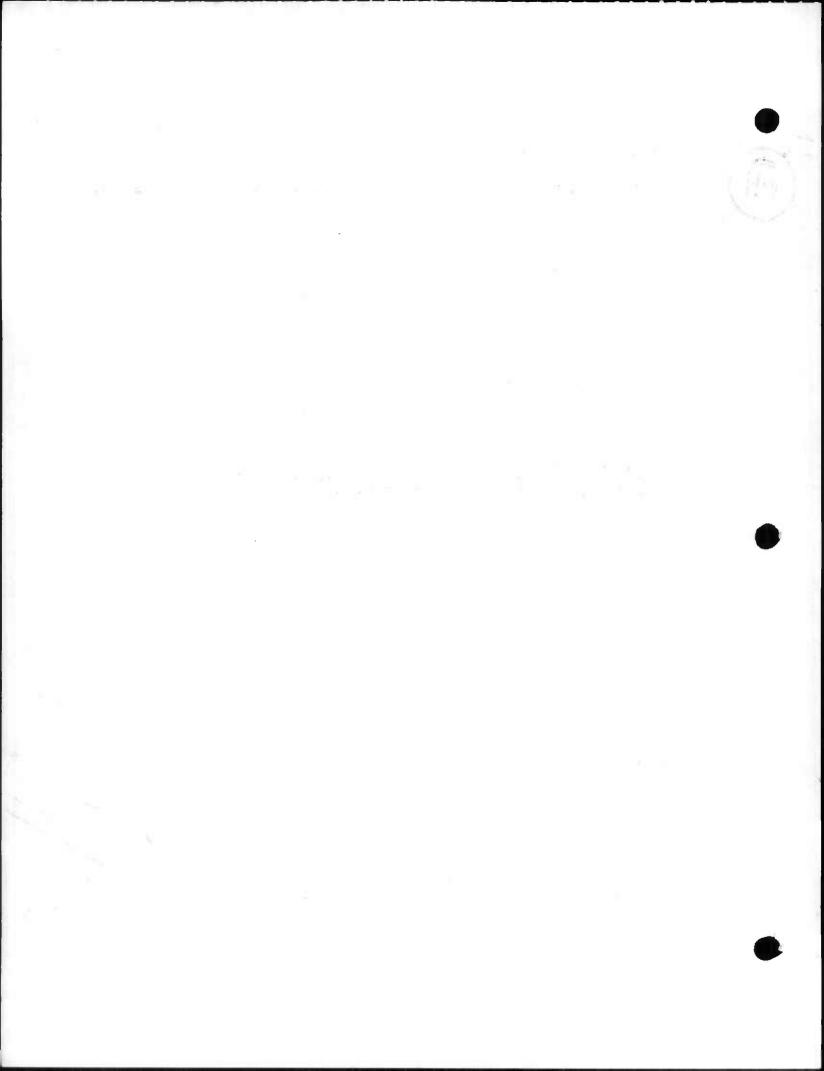
TO THE HOSPI TO THE FUNES be filed within	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Place 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-trans-	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR TO THE FUNERAL DIRE be filed within 72 hours IMPORTANT: If Item	ATTENDI	CTOR: At	28 Is 1
TO THE HOSPIT TO THE FUNERA De filed within 7	AL 0R /	AL DIRE	If Item
TO THE De filed	HOSPIT	FUNERA Within 7	TANT
	0 THE	D THE	MPOR

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.														
	OECEDENT'S NAME (First, Middle, Last) R1				2. DATE OF GEATH January 2, 1995 3. TIME OF DEA 5:00						EATH P				
	4. SOCIAL SECURITY NUMBER	RUSSETT Edward Henesy social security number 5. sex 6. Age (in yrs. last birthday							DATE OF BU	RTH	, 199	a. BIRTH	PLACE (State of		1
	214-16-1459	459 1 № м 2 🗆 ғ 75				1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year Jan - 28 , 1					919 Maryland				
_	ae. FACILITY NAME (If not institution, give s			Y, TOWN OR LOCATION OF GEATH						9c. COUNTY OF DEATH					
ğ	Reeder's Memor	Boo	onsbo	ro				WAS	HING	TON					
읦	10a. STATE 10b. COUNT	10c. CIT	Y, TOWN OR	LOCATION					10d. INSIDE CIT			HTY			
ā	Maryland Was	Ha	gers	gerstown						1 [
FUNERAL DIRECTOR	10e. STREET AND NUMBER									VHAT COUNTR	17				
N.	11235 Greenmoul	DMED.	1 12 14	21740 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee						USA					
	1 Never Merried 2 Married	T EVER IN U.S. AF YES 2 1	NO	.11	yes, specif	y Cuben, Max	Ican, Pu	verto Rican,	etc.)	or No.—	or No— 14. RACE — American Indian, Black, White, etc. Specify:				
D BY	3 Widowed 4 Divorced	I WWII											Whit	е	
13	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	ECEOENT'S Sive kind of a Do NOT us	USUAL OCC work done du se retired.)	CUPATION iring most of	f working		16b. KIND	OF BUS	USINESS/INDUSTRY				
COMPLETED	12	College (1-4 or 5 d		Clerk	<				Rai	I Ro	oad				
CO	17. FATHER'S NAME (First, Middle, Last)					-16	. MOTHER'S	NAME (First, Middle,	Meiden S	Sumame)				
BE								У	Mae			alme	r	_	
2	190. INFORMANT'S NAME (Type/Print) Helen L. Henesy		19				Number or Run						740		
	20e, METHOO OF DISPOSITION		20b. PLACE.	AND DATE	OF DISPOSIT	ION /Name	of		DATE		ATION —				_
	Burlei 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) Hagerstown, MD									MD 217	40				
	22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME														
Щ	11/11g-1/11	nun	1 m				# 34						795		
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, pr heart fallure. List only one cause on each line. Approximate interval Between										een				
	IMMEDIATE CAUSE (Final										Onset		4		
	a. We as a consequence of:											4			
Z	- Fractine Gener														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											/			
FIC	CAUSE (Disease or Injury that initiated events	c. OUE TO	(OR AS A CONSE	OUENCE O	F):		-						-i/		
ERT	reaulting in death) LAST	d													
	PART ii. Other algnificant condition	a contributing to	daeth but not i	resulting	in the und	ariying ca	uaa givan	in Part	i. 24a.	WAS AN	AUTOPSY	24b.	WERE AUTOPS	Y FINDIN	GS
MEDICAL						PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE		E				
MEC													OF DEATH?	□ NO	
ÿ	DID TOBACCO USE CONT	RIBUTE TO CA					UNCERTA	AIN E							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO	HOSPITAL:			OTHER:		a Destitorer				<u>.</u>				
HYS	27. MANNER OF DEATH	1 Dipetient 2 D	INJURY	28b. TIM	E OF 2	8c. INJURY	AT Residence	_	Other (Spec		JURY OCC	URED			_
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ay, Year)	INJ	URY M	WORK?									
	3 Suicida 6 Could not be	28a. PLACE Of building.	F INJURY — At ho etc. (Specify)	ome, farm, s	street, factor	y, office		281.	. LOCATION City or Town	(Street et	nd Number	or Runal A	toute Number,		
ET .	4 Homicide determined														
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, m my opinion, death occurred at the time, date and piece, end due to the cause(e) end manner ee stated.														
29b. SIGNATURE AND TITLE OF CONTROL 29c. LICENSE NUMBER											29d. DATE	SIGNED	(Month, Day, Ye	ar)	
5	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CHIL	E OF OFATH (ITT	M an a	Dulast	!	244	9	76		> //	3/9	5		
	Dr. Zafar Malik	20311 La	ppans R			sboro	, MD	217	13 3	01-4	132-8	470			
	JAN 0 5 1995	1	R'S SIGNATURE	L											
	C									-			DHM	1-16 Rev	1/00



	hos	ache		6
	the	det		0
	5	d b		1 at
	ined	Hou		ije.
	reta	5		ig E
•	y be	age	1	pe
	ma	00.0		15
	9 90	irect		E
	S.	le le		ine
	eath	fune		Хап
	fter c	the	OVA	a le
	Sa	70	rem	oge
	Pour	ed i	0	Ē
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notiffed at once.
	rithic	iete	геша	ant,
	bed v	Omo	al. c	Š
	recu	Pul	Don	atic
	8	an a	£ 10	Ē
	ate b	ySici	prio	ta ta
	tifica	Hd D	ene	ther
	Ce	Jding	KH	0 1
	eath	affe	ntal	7.
	he	the	Me	큳
	hat	d by	and	μ
	res 1	igne	ealth	60
	equii	en s	of H	þ
	J AND	s be	apt.	33
	he is	e ha	e D	E 2
	N: 1	ficate	Stat	ite
	SICIA	certi	the	. 0
	PHY	this	WIE	ked
	NG	fter	eath	ша
	9	A. A	er de	89
	ATTE	Ē	s afti	28
	OR	DIRE	HOURS	Ee
	TAL	AL L	72	=
	SPI	NER	thin	Ë
	포 포	3	I Wi	E
	I	품	file	0
	2	2	2	≧

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND A				HEALTH		MENT	TAL HYGIEN	E		
1	1. DECEDENT'S NAME (First,	Leonard	Frederi	ck H	OFFM/	AN			MO	ATE OF OEATH MATERIAL PROPERTY OF THE PROPERTY	year 3. Time of		TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 218-50-4986		5. SEX 1 M 2 F	6. AGE (In yrs. Ia 52	st birthday) YRS.	IF UNDE	DAYS	HOURS	MIN.	Fel	orth, Day (bar)		8. BIRTHPL Gountry) Mary	ACE (State or Foreign 1 and
DIRECTOR	47 W. Sali					or LOCATI					TY OF DEA			
HEC	10a. STATE	10b. COUNTY				Y, TOWN		_					-10	Dd. INSIDE CITY
	Maryland	9					nspo	rt			YES 2 NO			
FUNERAL	47 W. Sali				- 1	21795				US/		AT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	NT EVER IN U.S. AI I YES 2 X MAR OR DATES			If yes, s		n, Maxica	in, Puer	GIN? (Specify Yee to Ricen, etc.)	or No—	Black, V	American Indian, White, etc.		
TED		EDENT'S EDU y highest grade		. (0	ECEDENT'S	work done	durina m	ION lost of worki	ng		16b. KIND OF BUS	INESS/IND	JSTRY	
COMPLET	9	dementary/Secondary (0-12) College (1-4 or 5+)				se retired.)		Emplo		_	Agricul			
BE CO		rederi	ick Hoffm					Hi	lda	Vir	ginia D	aley		
10	Linda V.										amsport,			5
	20a. METHOD OF DISPOSITION 1													
	21. SIGNATURE OF BUREAU BERRYCE CONSERVATION OSBORNE FUNERAL HOME P.O.BOX 348, WILLIAMSPORT, Md. 21795													
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate													
	immediate cause (Finel disease or condition resulting in deeth) • Cononary Heart Disease one and in the cononary Heart Disease										Interval Between Onset and Death			
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
MEDICAL C	PERFORMED? AMI									ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?				
N: ME	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DEA	ATH YI	s 🗆	NO [UNC	ERTAIN					TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL	MOSBITAL.	26. PLA	CE OF DEA)						
YSI	1 YES 2 NO		HOSPITAL: 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
ву рн		Pending Investigation	28a. DATE OF (Month, D	lay, Year)		M	1 [JURY AT ORK? YES 2) NO	28d. C	DEŞCRIBE HOW IN	JURY OCC	URED	
ETED	3 Suicide a Could not be detarmined 28a. PLACE OF INJURY — At homa, larm, street, lectory, office building, atc. (Specify)								28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER (Check only one) 2 I MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.													
BE CC	296. SIGNATURE AND TITLE	-		mO					ENSE NUM					onth, Day, Year)
2 36-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										5 Pd Hougestown Me				
- 11	31 DATE FILED (Month Day)								-	- 21	-	, 1	-	101



FOR

JAN 03 1995

& CAMP bell STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ella Jane Heagy apprx 5:30M 1995 Jan 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS MIN 1 M 2 37F 213-24-7667 66 YRS. 8/31/1928 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CTOR 79 Liberty Street Westminster Carroll RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MIN O Maryland Carroll Westminster 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 79 Liberty Street 21157 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. MARYLAND 21215-0020 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 毫 t TYES 2 TYRO Specify BY attending a white use as ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 6 þ Elementary/Secondary (0-12) College (1-4 or 5+) the hospital COMPL page 5 should be detached Homemaker n/a notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William H. Myers Bessie A. Lockard Page 6 may be retained by 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Melvin Edward Heagy Liberty Street, Westminster, MD 21157 BALTIMORE, 8 20a. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of 14 95 DATE 20c. LOCATION - City or Town, State 20s. METHOD OF DISPOSITION

10 Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) must the funeral director, Carroll Cremations, Inc. Hampstead, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY after death. Pritts Funeral Home & Chapel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory street, Katherine Pritto Westminster. MI medical the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo Approximats DOURS shock, or heart fallura. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition this schoolic conditions who resulting in death) event. BOX 68760 executed en traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if sny, leading to immediate cause. Enter UNDERLYING that the death certificate be Mars CAUSE (Disesse or Injury other AS A CONSEQUENCE OF that initiated events resulting in desth) LAST σ. 0 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE t. of Health and N any reputeo ellale t TYES 2 SO requires t OF DEATH? Shows M 1 TES '2 000 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 r this certificate has th with the State De narked, or item 2 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | EB/Outpatient 3 | DOA EXAMINER? OTHER: 1 YES 2 TO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT marked. 26d. DESCRIBE HOW INJURY OCCURED 1 Detural 5 Pending Investigation м 1 YES 2 NO After ti BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 60 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED S Could not be DIRECTOR: 28 4 | Homicide item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL (Check only one) TO THE HOSPITAL

TO THE FUNERAL I

De filed within 72 h

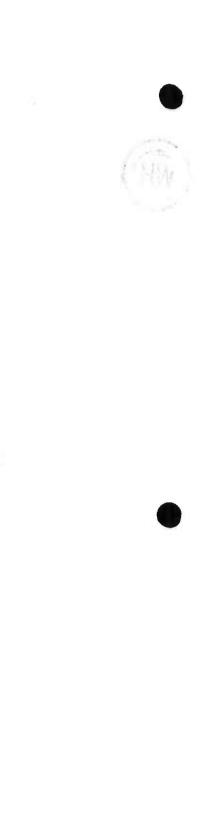
IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. 286. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 2 30. NAME AND ADDRESS OF PE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

SALIMONE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rious after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buna-training
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		FOR
1	-	STATE
•		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
- 3	ELIZABETH G. H	EARNE					I.T.	an. 1,	4:47 P.M. M				
1	4. SOCIAL SECURITY NUMBER	birthday)	IF UNDER 1 YE	AR IF UNDER 24 HF	RS. 7. C				PLACE (State or Foreign				
	218-20-9721	1 M 2 V F	67	YRS.	MONTHS DA	YS HOURS MI	N.	Month, Day, Year) 8-26-192	7	Countr	y)		
. (9a. FACILITY NAME (If not institution, giv		OF CITY TO	WN OR LOCATION O		3-20-192		NTY OF DEATH					
œ													
DIRECTOR	9820 Sharptown	xa.	ardela Sp	prin	rings, Wicomico								
Ä	10e. STATE 10b. COU	10c, CIT	Y, TOWN OR L	OCATION					10d, INSIDE CITY				
E I	Md. Wice	Man	rdela :	Springs				LIMITS?					
A	10e. STREET AND NUMBER					101. ZIP CODE	_		10g. CITIZEN OF WHAT COUNTRY?				
ER.	9820 Sharptown	Rd.				21837			USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS	DECENDENT OF HIS	SPANIC O	RIGIN? (Specify Yea	-				
F	1 Never Married 2 Married	FORCES? 1	YES 2 YN	0	If ye	YES 2X NO Se	exicen, Pu	arto Rican, etc.)		Black	Black, White, etc.		
ВУ	3 Widowed 4 Divorced				1 ''	120 2 <u>76</u> 110 3	pouny.			White			
	15. DECEDENT'S El (Specify only highest gra	DUCATION ade completed)	18e. DEC	CEDENT'S	USUAL OCCU	PATION g most of working		16b, KIND OF BUS	SINESS/IN				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Hin	Do NOT us	se retired.)	g most or working		Second	Best	Inc			
MP	_10		Sal	les (Clerk			0000114		LIIC.	·		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	S NAME (F	irst, Middle, Maiden	Surname)				
BE (Percy G. Lewis					Cathe	erin	e Marsh	Hast	ings			
TO B	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Str	eet and Number or Re	tural Route	Number, City or Town	n, State, Zi	ip Code)			
F	Harry W. Hearne			9820	Sharp	town Rd.	Marc	dela Spr	21837				
	20a. METHOD OF DISPOSITION	- continue Cont	20b. PLACEA	NDDATE	OF DISPOSITIO	N (Name of		OATE 20c. LO	CATION -	City or To	wn, State		
	1 N Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	mover from State	Spring	ghil.	ther place) L Memo:	ry Garden	ns	1-4 Hebron, Md.					
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE / /				E ANO AOORESS OF							
	M1111, -	1/1//	41			rt Funera							
	23. PART I. Enter the diseases, or complifications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
	shock, or heart fellur	a. List only one ceus	e on asch line.	, DO 1	iot enter the	mode of dying,	such ss	ceraisc or respi	ratory si	rest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	^	. /					Onset and Death					
	disease or condition resulting in death) a. carcinoma of esophagus DUE TO (OR AS A CONSEQUENCE OF):									6 months			
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions, DIE 70 (CD 40 4 COURSELINE)												
ATI	If any, leading to immediate cause. Enter UNDERLYING												
윤	CAUSE (Disesse or Injury	C. DUE TO (C	OR AS A CONSEO	LIENCE OF	F) .								
Ē	that initiated events resulting in deeth) LAST	10 (0	AN AN A CONSEC	DEIVOL O							i 1		
B		, d,											
MEDICAL CERTIFICATION	PART II. Other significent conditi	ons contributing to d	eeth but not re	sulting	in the under	lying ceuse given	n In Pert			24b.	WERE AUTOP5Y FINDINGS		
S								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
								7 8 123 2	2 110		DF DEATH?		
	DID TOBACCO USE CON	TRIBUTE TO CAU	ISE OF DEAT	TH YE	S \square NO	☐ UNCERT	ΔΙΝ Γ	٦			18 123 2 1 10		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T			H (Check only		AII L	4					
SI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	Home 5 Residen		Other (Constitut					
¥	27. MANNER OF OEATH	28e, DATE OF IR	NJURY	28b. TIM	E OF 28c	INJURY AT	DESCRIBE HOW IF	W IN HIRY OCCURED					
	1 Natural 5 Pending	(Month, Day,	, Year)	INJ	URY 1	WORK? YES 2 NO	- 1				2		
BY	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF	INJURY — At hon	ne, farm, a				281. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide 8 Could not b	building, et	lc. (Specify)				-	City or Town, State)		. Or Holer I	outo (turnout,		
COMPLETED	29a. CERTIFIER												
₹ I		SICIAN: To the best of m											
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated,										and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER									29d. DA1	E SIGNED	(Month, Day, Year)		
6	CHENS ISK	-				U 30	787	3		1/3/	95 ms 2(801		
	30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE	OF OEATH (ITEM	27) (Type,	Print)	0	CI	+ 1	1.1	1			
	Charles J.	Silvia	72 M	9	100	10wer	744	et la	5115	wy 6	1 08)2 am		
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR	S SIGNATURE										
JAN 03 1995 Julia Saudism Rarlett													



	TO BE COMBI ETER BY BUYER INTERIOR OF THE INTERIOR
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Til.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	E	Halbaah	2. DATE OF DEATH MONTH DAY

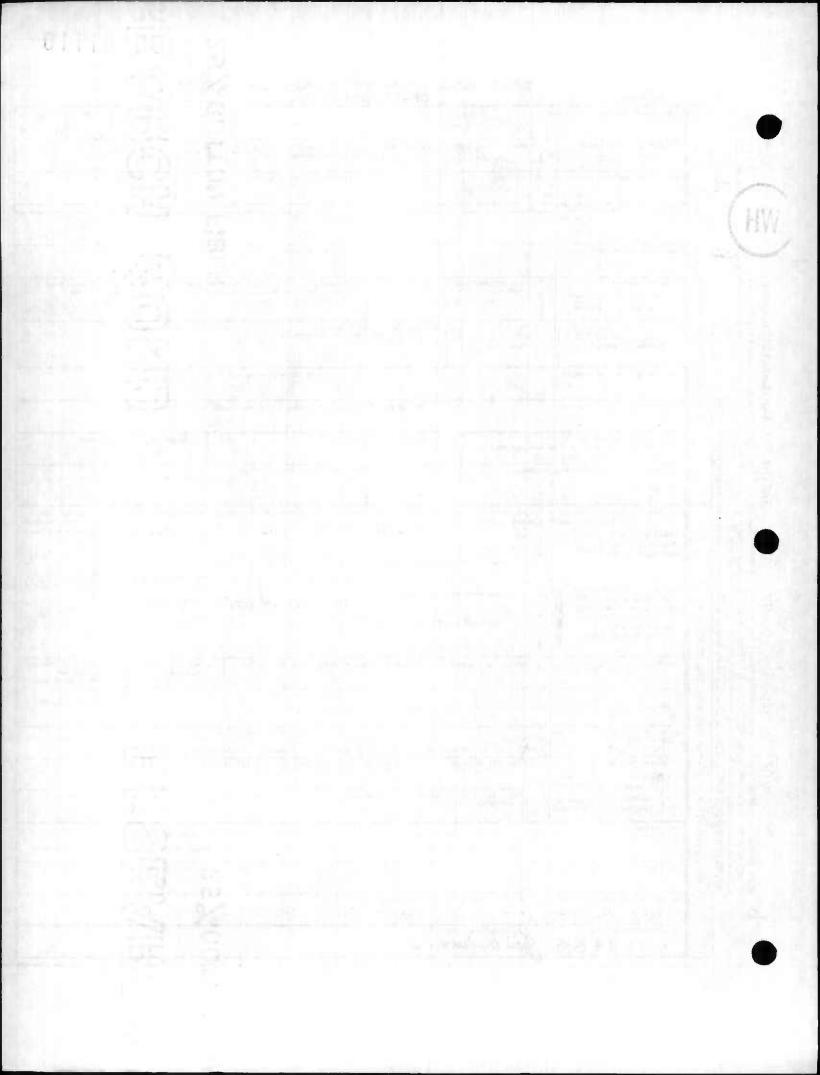
	REGISTRAN		CENTIF	ICAIL	JE DEAL	П	REG.	VO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Hall	bach			2	MONTH	DAY	1905	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX		rs. last birthday)	IF UNDER 1 Y	AR IF UNDER	24 HRS. 7.	DATE OF BIRTH		B. BIRTH	PLACE (State or Foreign
	213-12 - 1187 10M2 D	8.	3 YRS.	MONTHS D	WS HOURS	MIN.	(Month, Day, Year		Hage	erstown, Md
_	9a. FACILITY NAME (If not institution, give street and number)	1.						UNTY OF D		
OHO	Wishington County	TOL	al Hagerstown md Washing					instan		
ក្ខ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	y	10c CIT	Y, TOWN OR L	OCATION					10 1 110105 0171
DIRECTOR	MD. Washington			gerst						10d. INSIGE CITY LIMITS?
	10e. STREET AND NUMBER			90100	10f. ZIP CODE			10a CI	TIZEN OF W	MXYES 2 □ NO NAT COUNTRY?
FUNERAL	12 S. walnut St A	7		2174		USA				
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES?	DENT EVER IN U.	S. ARMED	13. WAS	OECENDENT O	F HISPANIC	ORIGIN? (Specify Puerto Ricen, etc.)	Yea or No-	14, RACE	- American Indian, White, atc.
B⊀		E WAR OR DATE			YES 2X XNO		darto mean, etc.		whit	
Ĕ	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	Give kind of	USUAL OCCU	PATION og most of worldin	g	16b, KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 o	5+)								
\$	17. FATHER'S NAME (First, Middle, Last)		mln	istry				lgion		
	Daniel R. baker						(First, Middle, Mail Hines	len Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St			te Number, City or	Town State 7	in Code)	
임	Alan Robinson		1082				rive Ha			. MD
	20a. METHOD OF DISPOSITION		ACE AND DATE	OF DISPOSITIO				LOCATION -		
	1 Burlel	Ro	ry, cremetory or o osedal	ther place) e Cre	matory	V	Ma	artin	sbur	g,WV
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAN	E AND ADDRES	S OF FACILI			_	
	I Sevesan & J	end e	J				eral Cl			
	23. PART I. Enter the diseases, or complications shock, or heart fellure. List only one	thet cauead th	a death. Do r	ot entar the	mode of dyle	ng, auch a	a cardlec or re	spiratory a	rreat,	Approximeta
	IMMEDIATE CAUSE (Final	1	ilita.	- 0	^		<			Intarval Batween Onset and Daath
	disease or condition resulting in death)	re M	youan	deal	Inla	ret	con			
	DUE TO (OR AS A CONSPOLIENCE OF):									
o N	Sequantially list conditions,	u a	i Candiovascular D			bull	ase	<u></u>		
S	If any, leading to immediata cause. Enter UNDERLYING									į
Ě	that initiated events	TO (OR AS A CO	INSEQUENCE OF	7):		_				
CERTIFICATION	resulting in death) LAST									
	PART II. Other algolificant conditions contributing	to death but	not raculting	n the under	lying causa g	Ivan In Par	rt I. 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL							PER	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED							_	2 🙀 NO		OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE TO	AUSE OF I	DEATH YE	S NO	□ UNCI	ERTAIN	_			
동	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEAT	H (Check only						
Š	HOSFITAL	2 ER/Outpatie	nt 3 🗆 DOA	OTHER:	Home 5 - Rec	aldenca 6	Other (Specify)			
PHYSICIAN:		OF INJURY , Day, Year)	28b. TIM	URY	INJURY AT WORK?		d. DESCRIBE HO	W INJURY OC	CURED	
≧	2 Accident Investigation				YES 2					
	3 Suicide 8 Could not be 4 Homicide determined	e OF INJURY — ng, atc. (Specify)	At home, ferm, s	street, fectory,	office	28	SI. LOCATION (Stre City or Town, St	et and Numbe ite)	or Aural A	oute Number,
9	29a. CERTIFIER									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of									
- 111	29b. SIGNATURE AND TITLE OF CERTIFIER									
O BE	Turn Washer	NU			12	NSE NUMBE		29d, DA	~ 8-	(Month, Day, Year)
F	Eric M. Wagshal, MD 1	AUSE OF DEATH	Well I	Print) Road	Hagers	stown	, Md 2	1740		
	31. DATE FILED (Month, Day, Year)						7 110 2	. / 40		A117
	JAN 1 8 1995 ghinds	under Re	bell							

308 n ...

	8.30	
BALTIMORE, MARYLAND 21215-0020	Fhours after death, Page 6 may be retained by the hospital or attending physician. If the funeral director, page 5 should be detached for use as the burial-transit, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the loss that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal.	

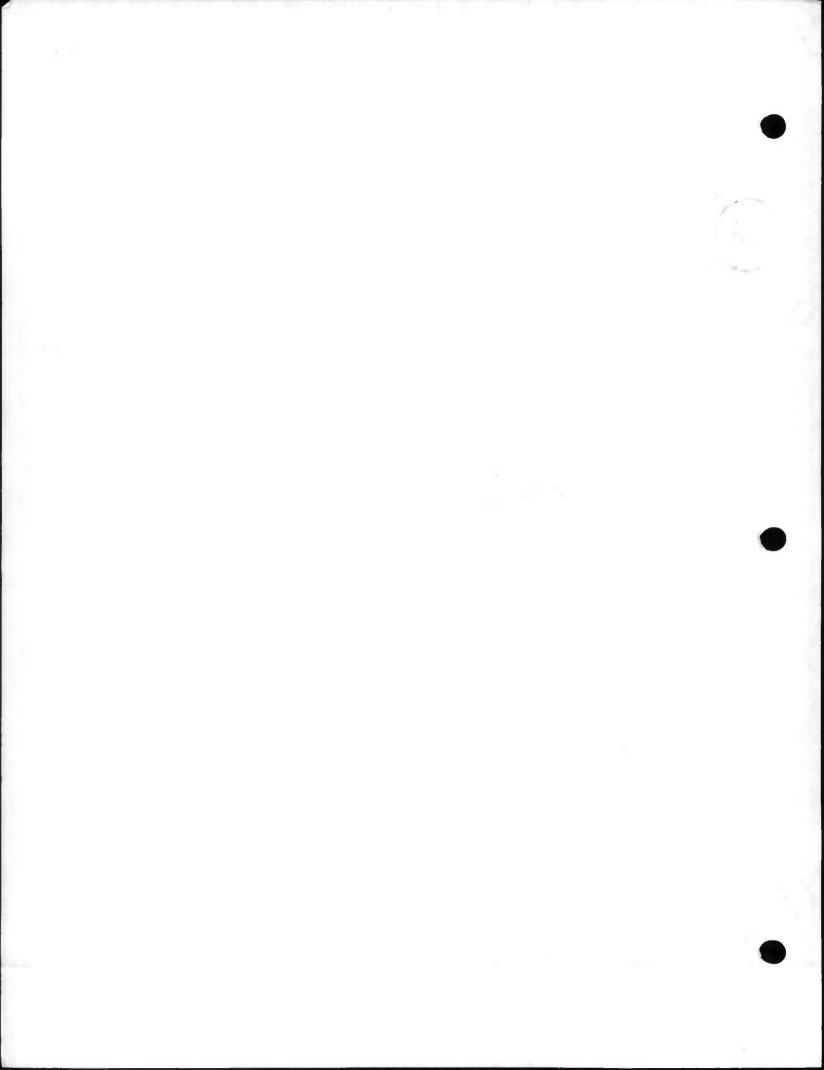
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG. NO.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	1 44	CERTIFIC	CATE OF	DEATH	REG. NO).	Ta vous as assess		
	1. DECEDENT S NAME (FIRST, MILLOR, LESS)	HATTIE-	JA	PRPE	77	2. DATE OF DEATH MONTH	M/G TYEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-32-7467	1 D M 2 P		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 10	Co	THPLACE (State or Foreign intry) Tyland		
	96. FACILITY NAME (II not institution, give Dorchester (EATH	9c. COUNTY OF DEATH Dorchester							
	100. STATE 10b. COUNT Maryland	Dorchester	TOWN OR LOCAT	bridge		10d. (NSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		ZIP CODE		1 ☐ YES 2 ☑ NO 10g. CITIZEN OF WHAT COUNTRY?					
	2211 Hudson I	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 K NO	If yes, spi	cify Cuban, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	8	ACE — American Indian, ack, White, etc.		
	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	16a, DECEDENT'S US	1 TYES	N		SINESS/INDUSTIN	white		
	(Specify only highest grad	College (1-4 or 5+)	house c	1111	st of working	domes				
	17. FATHER'S NAME (First, Middle, Lest) Ben	jamin Kemp				ME (First, Middle, Malder nie McMa	Sumame) anus			
	190. INFORMANT'S NAME (Type/Print) Mr. Edward B. Jai	rrett				Acute Number, City or Too Cambridge				
Anna Canada	20a. METHOD OF DISPOSITION NX Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State	Ob. PLACE AND DATE OF semetery, crematory or othe East New Mi	DISPOSITION (Na	med		cation - chy or			
	21. SIGNATURE OF PUNERAL SERVICE L		ase new ii	Thoma	s Funera	CILITY	1925			
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. COPP DUE TO (OR AS C. HOV	S A CONSEQUENCE OF:			ulmonary D		20 yr		
	PART II. Other algnificant condition		but not resulting in	the underlying	j cause given in		RMED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
	1 YES 2 O September 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY OF IN									
	1 Nectural 5 Pending Investigation 2 Accident 5 Pending Investigation 3 Suicide 6 Could not be datermined 4 Homicide 4 Homicide 6 Could not be datermined 5 Pending Investigation 7 Nectural 8 Pending Investigation 8 Pending Investigation 8 Pending Investigation 8 Pending Investigation 9 Nectural 8 Pending Investigation 9 Pending Investigatio									
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as									
	296. SIGNATURE AND TITLE OF CERTIFI	In my opinion, death occured at the time, date end place and place and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and place are also as a second at the time, date and a second at the time, date and a second at the time, date and a second at the time, and the time, date are also as a second at the time, and the time, and the time, and the time, and the time, and the time, and the time, and the time, and the time, and the time, and the time, and the time, and the time, are also as a second at the time, and time, and the time, and time, an			29d. DATE SIGNED (Month, Day, Year)					
	30. WAME AND ACORESS OF PERSON W Vinodrai Mehta	, M.D.	DEATH (ITEM 27) (Type, P. 400 Aurora		Cambr	idge, MD				
11										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	/
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tranit permy Expess 1, 2 to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	by be retained by the hospital or attending physician. page 5 should be detached for use as the burial-train t perm	ng Ess i. 2 8 should

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN				
	1	1. DECEDENT'S NAME (First, Middle, Last Willi		am Nicholson Jones, Sr.				AY YEA			
p		4. SOCIAL SECURITY NUMBER 416-60-8630	5. SEX 6. AGE	(In yrs. lest birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	January 2, 7. DATE OF BIRTH (Morth, Day, Year) Dec. 11, 1	1901	5:00 A M HRTHPLACE (State or Foreign Journity) Alabama		
mm Fig. 2.28 should	FUNERAL DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) 10301 Cutters Lane Potomac Potomac Montgom									
		Alabama 10s. STREET AND NUMBER	y Jefferson	10c. CIT	Mt. Bro	_			10d, INSIDE CITY LIMITS? TYPY YES 2 NO		
an.		365 Overbrook I				35213		Unite	ed States		
JANU ZIZIS-UUZU the hospital or attending physician, detached for use as the burial-tran once.	B A	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp		NIC ORIGIN? (Specify Years, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
D ZIZIO pital or attend ed for use as	LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	,	ON ost of working	166. KIND OF BU				
the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)		Physic	lan	17. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ME (First, Middle, Malden				
retained by the S should be notified at	TO BE	Robert Jeffer 190. INFORMANT'S NAME (Type/Print) V. Brewster Jo		1		and Number or Rural	Louvenia Houte Mumber, City or Tow	vn, State, Zip Code	(e)		
ay be		20e. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Re 4 Donation S Other (Specify)	moval from State 20k	p. PLACE AND DATE netery, cremetory or column C	OF DISPOSITION (No	ame of	1005	CATION - City of	or Town, Stats		
death. Page tuneral directions		Michael &	Xeemsee	M00846	RODEY 300 We Rocky:	NO ACCRESS OF FA T A PUMI est Monto ille, Mai	onrey Funer Jomery Aver	ral Hom nue 850-280	Alabama ne/Rockville, Inc.		
ted within 24-fours after completely filled in by the fall cremation, or removal.		23. PART Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Cene	b to	Vasco		has cardiac or resp		Approximate interval Between Onset and Death		
be executed cian and corrior to burial.	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
th certificat ending phy Hygiene p	111	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	f):						
that the or by the h and Me	4: MEDICAL C	PART II. Other algnificant condition	ona contributing to death b	out not resulting	in the underlyin	g cause given in	Part i. 24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
N: The law icate has t State Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 EP/Outs		OTHER:	LACE OF DEATH (Ch	eck only one) • Other (Specify) Sc	on's Pe	sidence		
NG PHYSICIA fler this certificath with the marked, or	Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, Til	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW				
TTENDI TOR: A after d	ED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s PLACE OF IN HIRY	r — At home, isrm, city)			28f. LOCATION (Street City or Town, State)	and Number or Ru	ural Route Number,		
TAL OR TAL OR TA DIR	COMPLET		SICIAN: To the best of my know IER: On the bests of examination						use(s) and manner as stated.		
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	29b, SIGNATURE AND TITLE OF CERTIFI	Keel			29c. LICENSE NUI	MBER 349	29d. DATE SIG	SNED (Month, Day, Year)		
20	Δ 1	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	0	ESEA	nel+ (3145 0) octobris	10 ma 20800		
		31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGN	W 48			71.00	VERCOT	10000		



TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIFIC	CATE (OF DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last))				2. DATE	OF DEATH	AV		3. TIME OF DEATH
Kan	arig Janigian	n				uary 3		YEAR 9.5	9.75 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YE		7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
578-62-3794	1 M 2 R F	99 YRS. 1	ONTHS DA	HOURS MIN.		15, 1	895	Count	Turkey
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF DE				NTY OF E	
Holy Cross Hos	pital		Silv	ver Spring			Moi	ntgoi	mery
10a. STATE 10b. COUN	TY		TOWN OR L	ocation ton, D.C.					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			JIIII G	10f, ZIP CODE			10a, CIT	IZEN OF 1	1 ₩ YES 2 NO
4211 Alton Plac	e, N.W.			20016-20	17				States
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If ye	BECENDENT OF HISPAN s, specify Cuben, Mexice YES 2 NO Specify	n, Puarto	N? (Specify Ye Rican, etc.)	e or No—	14. RACI Blac Spec	E — American Indian, k, Whita, etc. #y: White
15. DECEDENT'S ED (Specify only highest grad	UCATION for completed	160. DECEDENT'S U	SUAL OCCU	PATION ig most of working	16	b. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use	retired.)	g most or wonling					
17_FATHER'S NAME (First, Middle, Last)		Homema	aker	44 1407715010 111		Own Ho		_	
Garabed	2			18. MOTHER'S NA	ter				
190. INFORMANT'S NAME (Type/Print)	lan	T 195 MAILING A	OODESS (S)	reet and Number or Rural I	-				able)
Richard Janigian									
20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF		Place, NW	Wasi		Ω , D , $CATION$ $-$		
1 ☑ Burial 2 ☐ Cremetion 3 ☐ Res 4 ☐ Donation 5 ☐ Other (Specify)	moval from State Cen	netary, crematory or other arklawn M	er place) J	an. 5, 199	5				Maryland
21. SIGNATURE OF FUNERAL SERVICE L	Loune	M00198	755	ert A. Pum Bethesda 7 Wisconsi	phre -Che n Av	y Fune	ral se	Home	/ 20814-3501
ehock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Prumori	A CONSEQUENCE OF:						,	Approximate Interval Between Onaet and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	с	A CONSEQUENCE OF):							
PART II. Other algniticent condition	ns contributing to death b	nut not resulting in	the under	fulna cours alves la	Dort I	24a, WAS AN	ALITABAN		WERE AUTOPSY FINDINGS
			the under	iying cause givan in	——————————————————————————————————————	PERFOI	RMED?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (Ch	ack only o	(10)			
EXAMINER?	HOSPITAL:		OTHER:						
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c	Home 5 Rasidence INJURY AT WORK?		SCRIBE HOW	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, atr		YES 2 NO		CATION (Street		r or Rural	Route Number,
4 Homicide datarmined	Tanang, are, jope	//			City	or Town, State			No.
222	SICIAN: To the best of my know IER: On the beste of axamination								s) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	h mo			29c. LICENSE NUN	MBER 032		29d. DAT	I 3	(Month, Day, Year)
30. MAKE AND ADDRESS OF PERSON W	ASHER 37	20 FARRA	GUT	AVE KEI	NS 10	VETOI	V M	Da	0875
JAN 6 1995	32. REGISTRAR'S SIGN								

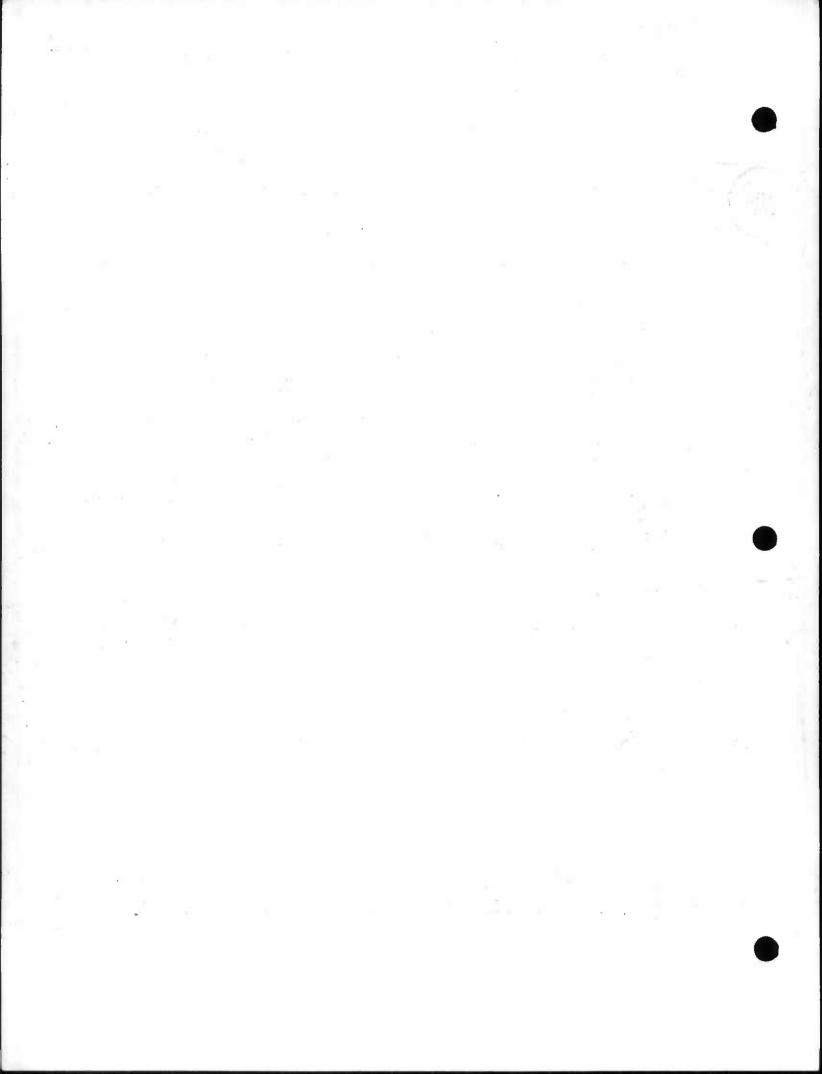
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



Approximate interval Batween Onsst and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

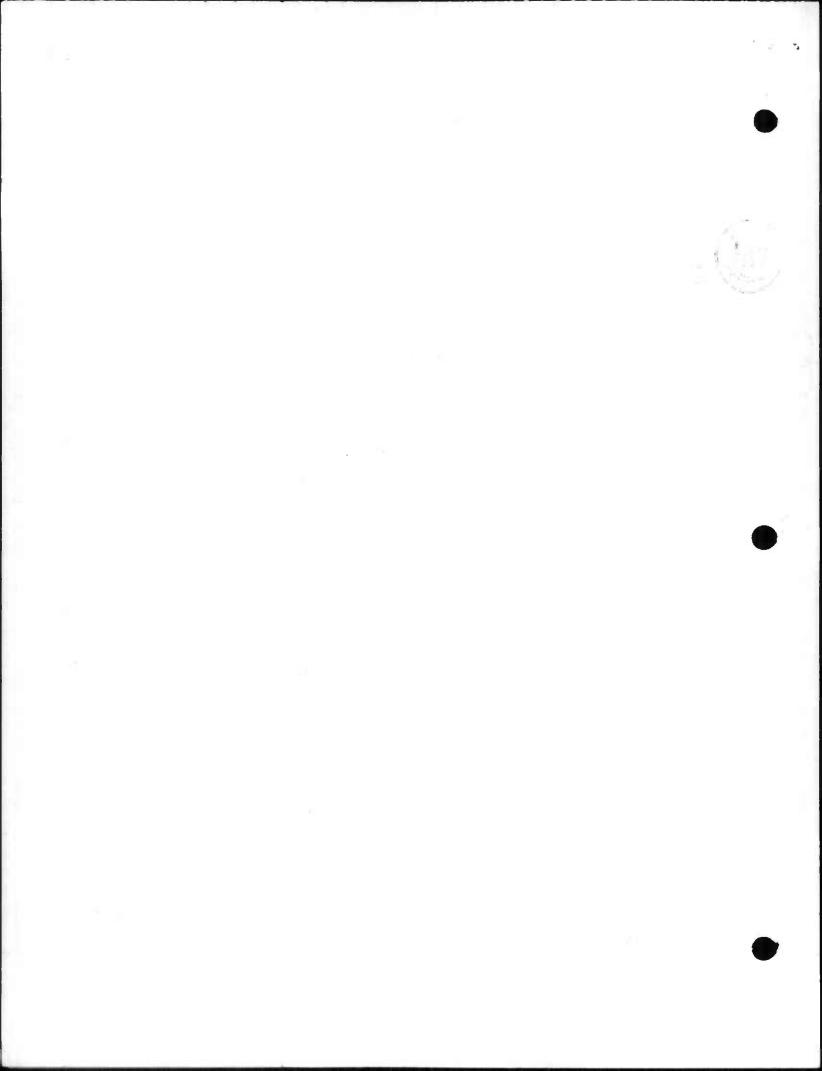
11:58 PM

•		1. DECEDENT'S NAME (First, Middle, Leat) HENTY Eldridge Jolliffe 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) FUNDER 14 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State of Speak)
pp.		146-10-6651 1 M 2 F 83 YRS. MONTHS DAYS HOURS MIN. Aug 14 1911 S. GHITTING. (State of Foreign
1, 2, 3 sho	TOR	9a. FACILITY NAME (If not institution, give street and number) Harford Memorial Hospital RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Havre de Grace Harford Harford
1	DIRECTOR	MD Cecil Rising Sun 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS? $1 \times 1 \times 1 \times 1 \times 1 \times 1 \times 1 \times 1 \times 1 \times 1 $
WH))	FHAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 18 Haines Ave 21911 USA
00- 00 de ma 100	BY PE	12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — Amarican Indian, 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 17. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OR NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OR NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OR NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OR NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OR NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OR NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OR NISPANIC ORIGIN? (Specify Yee or No— 18. WAS DECEDENT OR NISPANIC OR
21215-00 tal or attending p	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.) 16b. KIND OF BUSINESS/INDUSTRY
LAND : The hospital of detached to		9 Service Station Proprietor Retail 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
MARYLAND retained by the hospit 5 should be detached notified at ence.	TO BE	Joseph Jolliffe Edith Eldridge 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
		Dorothy Jolliffe 18 Haines Ave Rising Sun, MD 21911 20a. METNOD OF DISPOSITION 1 Dariel 2 Cremetion 3 Ramoval from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Espelary, cremetory or other place) Hilltop Cemetery Jan 7 1995 Mendham NJ
BALTIMORE, ter death. Page 6 may be the funeral director, page hall.		22. NAME AND ADDRESS OF FACILITY R T Foard Funeral Home 111 S Queen St Rising Sun, MD 21911
corfficate be executed within 24 hours all oding physician and completely filled in by hygiene prior to burial, cremation, or remy r other traumatic event, the medic.	CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
CORDS uires that the d signed by the Health and Me.	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
OF VITAL RE PHYSICIAN: The law requires certificate has been with the State Dept. of the do, or Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) Ther: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 8 Other (Specify)
O 동 블 롱 호	BY PH)	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Prestigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 Is man		3 Suicide 8 Could not be 4 Homicide Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
로 로 로 =	COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)
		TIT Lee MID 3075 Union for House de Grace MD.
		JAN 04 1995 Julia Structure Reveals 2070

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

DHMH-16 Rev 1/89

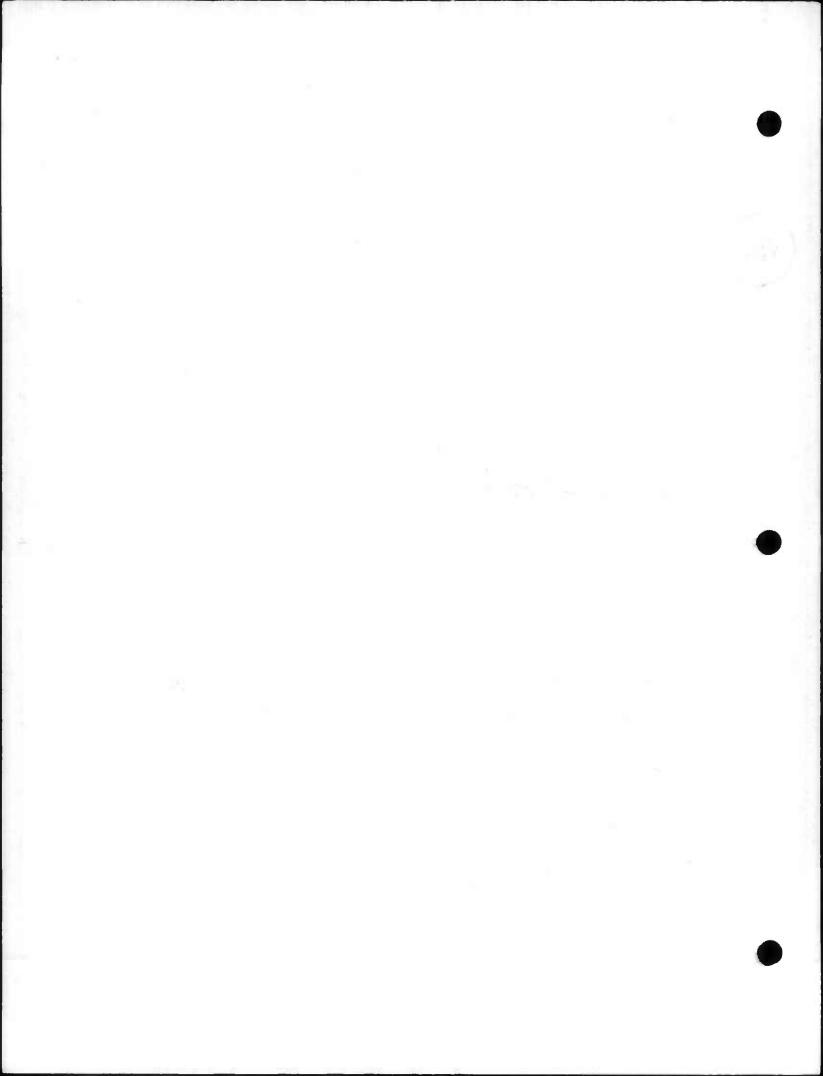


OHMH-16 Rev 1/89

. 4.8.4

	G	5	Ę
	S	5	
_	2	D	è
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours an	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	he fled within 79 hours about death with the Cree Bank of Wantsh and Marian which to haring overmely as one
		2	200
Ţ	6	ete	Ę
2	.₹	ā	200
ζ.	8	20	_
0	S	3	÷
D	9	8	ž
<	63	=	5
5	2	Cia	è
n	35	3	è
-	ĥC2	6	9
·	Ē	D	in
•	8	9	÷
L	=	e	-
2	Jea	at a	è
2	9	9	ž
5	E	2	3
	Jat	5	è
)	-	9	4
)	89	ğ	0
Ú	3	S	3
-	ě	ee	2
	3	ŏ	ż
3	10	188	å
4	he	63	9
	-	Cat	100
>	A	J.	č
	$\overline{\circ}$	9	ŧ
	35	S	4
,	F	-	
DIVISION OF VITAL RECORDS, F.O. BOX 80100	9	9	ŧ
)	N	Att	į
	×	è	
2	Ħ	2	ş
•	A	E	1
-	8	8	3
3	$\overline{}$	-	å
	M	\$	٤
	20	EF	
	ŏ	5	4
	LA.	LL	7
	Ξ	E	2000
	0	0	9 4
	F	=	£

	1 - STATE REGISTRAR	SIAIL OF MIA	CERTIF	FICATE OF	DEATH	MENIAL HYGIEN REG. NO.					
100	1. DECEDENT'S NAME (First, Middle, Last) ELEANDRA	5. 70H	MSON			2. DATE OF DEATH MONTH	w /	YEAR S. 29 P M			
	4. SOCIAL SECURITY NUMBER 578-05-8789		AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 14 191	14 M	BIRTHPLACE (State or Foreign Country) Ashington, DC			
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF D			Y OF DEATH			
RECTOR	Meridian Health C	are Facilit	ty	Anna	polis		Ann	e Arundel			
E C	10a. STATE 10b. COUNT	TY	10c. Cl	TY, TOWN OR LOC	ATION		10d. INSIDE CITY				
1	MD Anne	Arundel		Annap	olis		LIMITS? YES 2 NO				
7	10s. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZEN OF WHAT COU				
FUNERAL	2533 Painter Cou	1			214		ed States				
B	11. MARITAL STATUS 1 Never Married 2 Married **State of the control of the contr	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES XX NO	If yea, t	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No— 1	4. RACE — American Indian, Black, Whita, etc. Specify White			
	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S	S USUAL OCCUPAT	ION lost of working	16b. KIND OF BUS	SINESS/INDU				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during nuse retired.)		- i					
COMPL	17. FATHER'S NAME (First, Middle, Last)		HOTE	emaker	THE MOTHER'S N	AME (First, Middle, Maiden	lome				
ш	Adolph Seidler					Callahan	Sumame)				
00	19s. INFORMANT'S NAME (Type/Print)		19b, MAJLIN	G ADDRESS (Street		Route Number, City or Town	n, State, Zip C	code)			
ř	Walter H. Johnson	, Jr.	1346	Riverwo	od Way Ba	altimore, N	1aryla	nd 21226			
	20a. METHOD OF DISPOSITION NY Burlel 2 Cremation 3 Ran	noval from State	20b. PLACE AND DATE	EOF DISPOSITION (I	Name of	DATE 20c. LO	CATION - CI	fy or Town, State			
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ⊔	CENSEE	Ariington	Nationa	I Cemeter	y 1/13/95	Arlin	gton, VA r Funeral Home			
	D. 6	Plan).	147 D	uke of G	Loucester S	taylo	napolis, MD			
	23 PART Enter the diseases to	tilly	No.								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): Approximata Interval Between Onset and Daeth UNStant										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART IL Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART IL Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART IL Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 1										
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUSE C		YES N	neck only one)	···				
2	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHEM: 4 3 Nursing Ho	me 5 🗆 Rasidence	8 Other (Specify)					
-	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,			JURY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED			
2	2 Accident Investigation	20 21 105 05 10			YES 2 NO						
ELED	3 Suicide 8 Could not be 4 Homicide determined	building, atc.	IJURY — At home, farm, (Specify)	, street, factory, off	ca	281. LOCATION (Street a City or Town, State)	ind Number of	Rural Route Number,			
COMPLEIEU		SICIAN: To the beet of my ER: On the beele of exem						cause(a) and menner as stated.			
D L	MATURE AND TITLE OF CERTIFIE	7 /			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day (feer)			
2	Title to	esto	mul	w	011	653	> /	-6-95			
-	30. NAME AND ADDRESS OF PERSON WI										
	Peter F. Verko 31. DATE FILED (Month, Day, Year)	uw, M.D.	1833-A For	est Driv	e Annapo	lis, Maryla	and 21	401			
	JAN 11 1995	Julia d'au	SIGNATURE CLAR RANGEL								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

Once
F
notified
å
must
it, the medical examiner
adleal
Ě
the
s any injury, or other traumatic event, t
atic
mneu
er t
do 1
9
njury
A
9
WO
듦
23
I, or Item 23 shows an
9
marked,
ma

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH REGISTRAR CERTIFICATE OF DEAT	AND MENTA	L HYGIENE REG. NO.							
	1. DECEDENT'S HAME (First, Middle, Last) GEORGE WILLIAM JOHNS		E OF DEATH	1995 YEAR	3. TIME OF DEATH 2:25 A. M					
	4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 214-05-2189 WONTHS DAYS HOURS	24 HRS. 7. DATE	OF BIRTH th, Day, Year)	8. BIRTH	IPLACE (State or Foreign					
TOR	9a. FACILITY HAME (If not institution, give street and number) ANNAPOLIS -NURSING & REBAB CENTER ANNAPOLIS-M RESIDENCE OF DECEDENT			9c. COUNTY OF D ANNE ARU						
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ANNE ARUNDEL ANNAPOLIS			10d. IHSIDE CITY IMITS? TES 2 NO						
FUNERAL		401		10g. CITIZEH OF V	S.A.					
₽	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES 2 NO If yes, apoethy Cubai 3 Wildowed 4 Divorced 12. WAS DECEDENT OF IN U.S. ARMED FORCES? YES 2 NO If yes, apoethy Cubai 1 YES ON NO	F HISPANIC ORIGII n, Maxican, Puerto Specify:	N? (Specify Yes of Rican, etc.)	Black	E — American Indian, k, White, atc.					
COMPLETED	15. DECEDENT'S EDUCATIOH (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of workin life. Do NOT use retired.) LOBORER	9 162	KIHD OF BUSIN	HESS/INDUSTRY						
E COM	17. FATHER'S HAME (First, Middle, Last) 18. MOTH	HER'S NAME (First, ANCHE I								
TO BI	19a. INFORMANT'S NAME (Type/Print) JUANITA FORMS PRICE 19b. MAILING ADDRESS (Street and Number SAME AS 10 E.	or Rural Route Num	ober, City or Town,	Stete, Zip Code)						
	20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of the place o			GATE RD.	A.A.CO.MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE SHARLES E. HICKS 111 HOUSE OF H	ICKS 192	22 FORES	21401 ST DRIVE	ANNA. MD.					
	23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dyl ahock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):	ng, auch aa cen	(4)		Approximate Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 2. DELECTION DESCRIPTION 1 YES 2 KNO 2. DELECTION DESCRIPTION 1 YES 2 KNO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rai	EATH (Check only or								
ву РНҮ	27. MAHNER OF DEATH 1 Natural 5 Pending Investigation Investigation Processing Control of the C	28d. DES	SCRIBE HOW INJU	URY OCCURED						
8	2 Accident investigation 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or lown. Street 28f. LOCATION (Street and Number or Rural Route Number, City or lown, Street)									
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	Cult the to	NSE NUMBER P453	2	PI - 1	(Month, Day, Year)					
	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM \$7) (Typo, Print) BUD L - A - V	De. S	-R, B.	legan	~ mD214					
	JAN 11 1995 This Daviden Randall			-	180					

. * **** - FAST - 1 . . . • satur g 6

-
BALTIMORE, MARYLAND 21215-0020 nous stree death. Page 6 may be retained by the haspital or attending physician. of in by the functor, page 5 should be detached for use as the burish-transit or removal. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDED PHYSICIAN. The Law requires that the death cartificate be executed without of a family. Page 6 may be retained by the hampital or attending physician. TO THE FUNESAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funcial director, page 5 should be detached by use as the burist-training per the lited without 22 hours after death with the State Dept. of Health and Mental Higgens prior to burist, cremation, or removal. MIMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	YEAR	3. TIME OF DEAT	THI.		
	MATILIW	J.	JANU		3:02	Δ						
	4. SOCIAL SECURITY NUMBER	S. SEX S. AGE	(fis yes, likel birthology)	JOHNS ,	SR.	7. DATE	OF BIRTH	5. 0077	THPLACE (State or Fo	reige		
	166-20-7802	1 ₩ 2 □ #	6 7 YRS.	MONTHS DAYS	HOURS MIN.	5-3	Deg. Hear) - 2 7	Pe	nnsvlva	nia		
	9s. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWN O	R LOCATION OF D			COUNTY OF		пта		
DIRECTOR	NORTH ARUNDEL HO		LATION	GLEN	BURNIE		Α	A.A. C	OUNTY			
R	10s. STATE 10b. COUNTY	6	His. CITY	TOWN OR LOCAT	KON				10d. INSIDE CITY UMITS?			
		e Arundel		Sever	na Par	k			1 - YES 2 X	NO		
FUNERAL	10s. STREET AND NUMBER			101	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?			
Ä	380 Sheffield	The state of the s			21146			U.S.A.				
5	11. MARITAL STATUS 1 Never Married 2 X Married	19. WAS DECEDENT EVER IN PORCES? 1 2 YES		13. WAS DEC	ENDENT OF HISPA solfy Cuban, Maxic	MIC ORIGIN	T (Specify Yes or No lines, etc.)	- 14. RAF	CE - American India ck, White, etc.	in,		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 X NO 5000		many many	1000	ofy:			
	15. DECEDENT'S EDUC	WW II	16a. DECEDENT'S L	I OCCUPATION		Tax			White			
COMPLETED	(Specify only highest grade	completed)		ork done during mo		166.	KIND OF BUSINESS	INDUSTRY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		0.000			200	1 12				
M	17. FATHER'S NAME (First, Mickelle, Least)		Police	Offic	AUTOMORPH CO.				cement	_		
							ficksle, Maiden Sumen					
BE	John R.	Johns	Tom MAN INC.	1000000	Elean		Higgi ex City or Town. State					
2	CONTRACTOR DESIGNATION OF							11-1-2-11-2-2-1				
	Doris Johns 200. METHOD OF DISPOSITION	1							MD 211	46		
	1 X Burtal 2 Cremation 3 C Remi	oval from State com	PLACE AND DATE OF	rer place)		DATE						
	4 □ Donation S □ Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LIG	ENCEC M	D Veter		III .	11-	6 Crown	svil	le. MD			
	.(1)/)(2	7		22. NAME AN	D ADDRESS OF F	ACILITY	Rit	chie	Hwy.			
	Law it	Dune.		Barra	nco Fu	nera	1 Home	Seve	rna Pk	MD		
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirators arrest. Approximate integral Returns.											
	IMMEDIATE CAUSE (Final	List only one cause on a	gon line.	1111	01	111	0	1/2	Onset and			
	disease or condition resulting in death)	Massi	we c	refle	04 /s	Ma	us Es	600				
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	ı	1 0				-	_		
z	DUE TO (OR AS A CONSEQUENCE OF):											
2	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or Injury c.											
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF									
E	resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 34s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICAL	The state of the s	a commouning to death b	at not resulting in	the underlying	canne given in	Part I.	PEREDMMEDT		AMILABLE PRIOR	10		
ă						-	I DIES 2 DIE	,	OF DEATH?	AUBE		
×						-			TO YES 200	10		
PHYSICIAN:	DID TOBACCO USE CONTE				UNCERTAL	N 🗆						
ㅎ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	OTHER:								
YS	1 TYES TO NO	1 Impetient 2 - ER/Outp	(Specify)									
표	17. MANNER OF DEATH	1 Unpetient 2 ER/Outpatient 3 DOA 4 Numing Home 5 Residence 6 Other (Specify)										
BY	1 Notifiers 5 Pending 2 Accident Investigation											
	3 Suicide & Could not be	2 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, term, street, factory, office 28t. LOCATION (Street and A										
COMPLETED	4 Homicide delemnined	40.00 AM 1507, 1947				13.00				_		
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred	of the time, date	and place, and du	a to the caus	e(s) and manner as	stated.				
8	2 MEDICAL EXAMINE	R: On the beats of examination	and/or investigation	, in my opinion, de	seth occursed at the	time, date	and place, and due	to The cause	(a) and manner as st	ated.		
O	296 SIGNATURE AND TITLE OF CENTIFIER				29c. LIGRYSE NU			DATE SIGNE		_		
BE	Mann	YVS			D3/	25	6	177	190			
2	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE OF DE	ATH (ITEM 27) /Box /	Projecti	100	2)	Ψ	1/0	11)	_		
	JORGE M. RAMERE				S/GLEN D	HIDNITE	MD 240	161				
	ST. DATE FILED (Month, Day: Year)	32. REGISTRAR'S SIGN	ATURE		JULEN B	OKNIE	, MU Z10	0.1		_		
Ш		995 Juli Da	wilson Rardo	11								
		- American										

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFI
ECEDENT'S NAME (First, Middle, Last)	PECTMA TO-EUC

TMENT OF HEALTH AND MENTAL HYGIENE

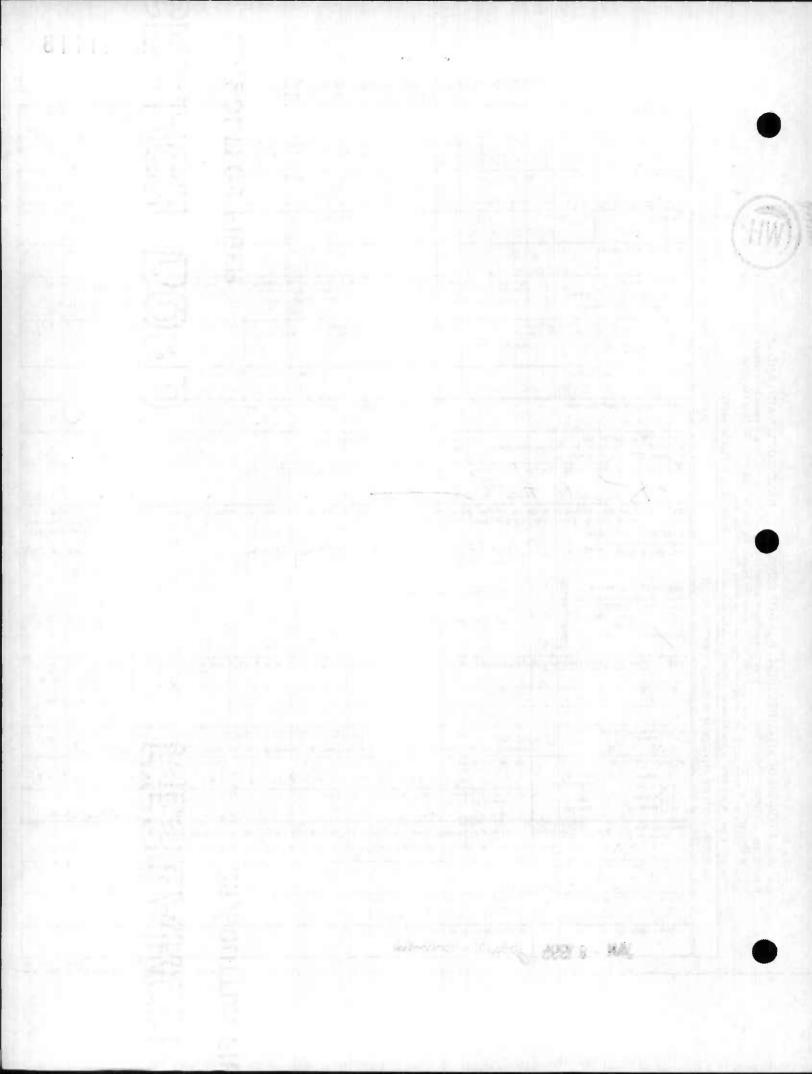
1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) REGINALD_EUGENE JAMES REGINALD_EUGENE JAMES	2. DATE OF DEATH DAY 5	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 214 - 26 - 6928 1 MM 2 F 63 YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIFTHPLACE (State or Foreign Country)
9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DE	10-15-31 1 ATH 9c. COUNTY	naryland of DEATH
Anni Annapolis, N RESIDENCE OF DECEDENT	ld. AA	
Md. 100. COUNTY AMADOLIS		10d. INSIDE CITY LIMITS? 1 Ves 2 No
100. STREET AND NUMBER 101. ZIP CODE 21403		Led States
11. MARITAL STATUS 12. WAS DECEDENT VER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANI 1 Never Married 2 Married 17. WAS DECEMBENT OF HISPANI 18. WAS DECEMBENT OF HISPANI 19. WAS DECEMBENT O	C ORIOIN? (Specify Yes or No- 14, Puerto Rican, atc.)	RACE — American Indian, Black, White, atc.
3 Wildowed 4 Divorced Specify:		specify: black
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working lift) Do NOT uselimited.) Elementer/Secondary (0-12) College (1-) or 5 a) Item Do NOT uselimited.)	16b. KIND OF BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Lest)	NE (First, Middle, Made) Surname)	
199_INFORMANT'S NAME (Type/Print) 199_ MAILING ADDRESS (Speedland Number or Rural-fig.	oute Number, City es fown, State, Zio Co.	4
CAPPIE CDATES 1802 WHITON	TI/THNA,	11/2.2/40/
Donation 5 Other (Specify)	DATE 20c. LOCATION - City	NSVILLE
22. NAME AND ADDRESS OF PACE	E. Hicke	ANNA!
23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	as cerdisc or respiratory screet	interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. √ENTRICULAR FI.		Onset and Death
DUE TO (OR AS A CONSEQUENCE OF): SEVERE CHRONIC OBSTR.	UCTIVE DISE	156
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): A CLOHOL ABUSE		
CAUSE (Disease or injury that initiated events resulting in deeth) LAST		
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in F	Pert I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: OTHER: 1 Inpetient 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Residence (
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 27. Manual 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	ED
2 Accident	26f. LOCATION (Street and Number or F City or Town, State)	Rural Route Number,
29a. CERTIFIER (Check only one) CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and place, and due to my knowledge, death occurred at the time, date and death occurr		ause(s) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NYMI		ONED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	TAMA	Malaunt
31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE	1 /TN/Y H	7 14 41401
JAN 10 1995 This Davided Rarball		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYGIEN				
0)	1. DECEDENT'S NAME (First, Middle, Las	11)		2. DATE OF DEATN 3. TIME OF DEATN						
	Anna Matilda	Johnson			Jan 5	1995	13:05			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.8	IRTNPLACE (State or Foreign ountry)		
	214-32-0399 Da. FACILITY NAME (If not Institution, give		63 YRS.		R LOCATION OF D	FEB. 20,	1931	Md.		
DIRECTOR	Rt. 50 & Bloo	mingdale Roa			reville		-	en Anne's		
3EC	10e. STATE 10b. COU	NTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY		
	Md.	Queen Anne	(Queens	town			VES 2 NO		
FUNERAL	10a. STREET AND NUMBER			101	ZIP CODE	194	10g. CITIZEN	OF WHAT COUNTRY?		
NE	822 Arrino				21658		USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2X NO	It yes, spe		INIC ORIGIN? (Specify Yean, Puerto Rican, etc.) lly:		RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S E (Specify only highest gri		16a. DECEDENT'S USI			16b. KIND OF BL	USINESS/INDUSTR	TY .		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	etired.)	st or working					
MP	08		Labore	er			estic			
	17. FATHER'S NAME (First, Middle, Last)				Meli	nda Gre				
BE	Samuel Johr	ISON	405 14411 1910 40	DDF00 (0)		Route Number, City or To				
5	Alice Hutchi	ns				 Queens 				
	20a. METHOD OF DISPOSITION	20b.	PLACEANDDATEOF	DISPOSITION (Na			OCATION — City of			
	4 Dentition 5 S Other (Specify)	J J	ohn Wes.	ley Ce	metery	1/11 Qu	eensto	wn,Md.		
	25. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/	FOOK	S Fune	ral Serv	ice			
	* Turall	# Jay	1					Md.21601		
CERTIFICATION	iMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	bDUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	19	ryn	y		Interval Between Onset and Death ///W//GUT ATE		
PHYSICIAN: MEDICAL CER	PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?									
. W								1 TYES 2 K) NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C					
YSI	1 PYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		THER: Nursing Nom	o 5 ☐ Residence	My Other (Specify)	WA	US.50		
ву РН	27. MANNÈR OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJURY 13: CA	y wo	RK?	26d DESCRIBE NOW	ELICLE	Accident		
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rura City or Town, State),									
COMPLETED	cont of the	YSICIAN: To the best of my knowl						use(a) and manner as stated.		
8E	296. SIGNATURE AND TITLE OF CENTR	Ely a	2		29c. LICENSE NU	IMBER 754	29d. DATE SIG	NED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON. Ralph Libby,		Tille, M				Tool !			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA						211/22/21		
	JAN - 9 19	95 Jahr davids	or Randall				Carry C			

DNMH-18 Rev 1/89



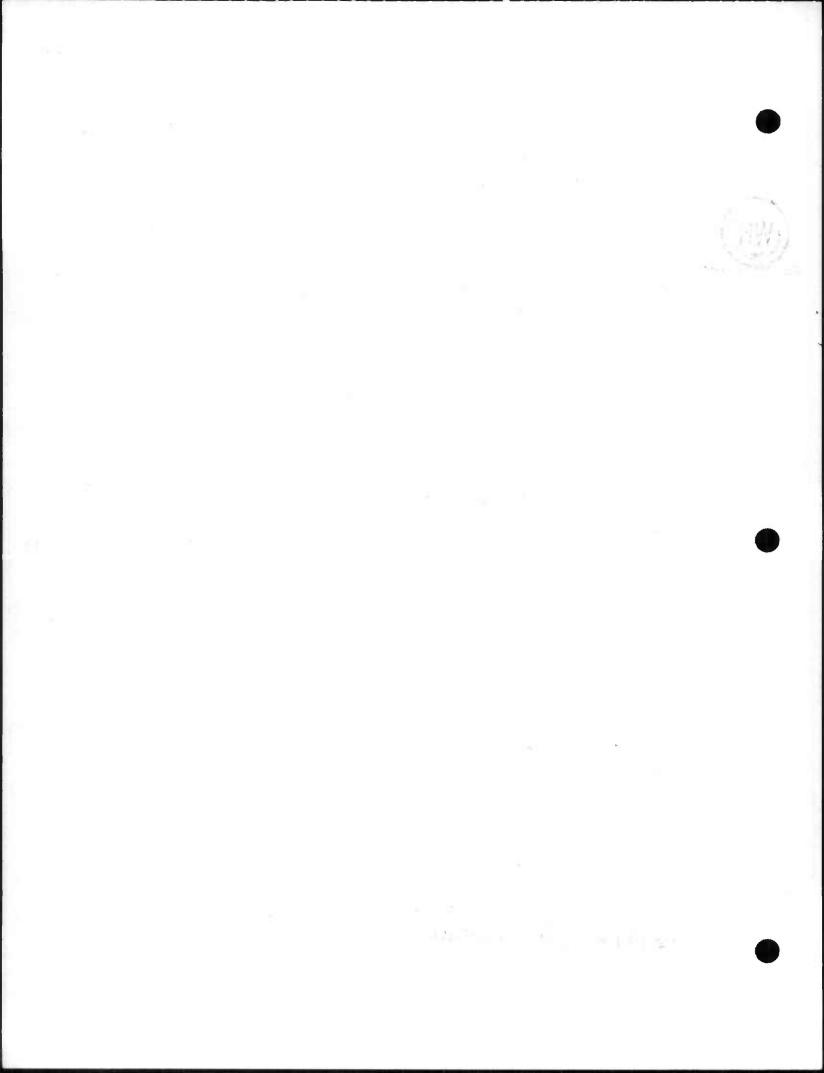
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	MORE, MARYLAND 21215-0020	V
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	e 6 may be retained by the hospital or attending physician	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rector, page 5 should be detached for use as the burial-transfer	1
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	must be notified at once.)

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND / CE				EALTH A			GIEN	E			
1	1. DECEDENT'S NAME (First, Middle, Last) LOUIS	EDG	AR	Jones					2. DATE OF DE	D/		YEAR	3. TIME OF GEATH	04.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIR	fн	2,11	8. BIRTH	IPLACE (State or For	elan
1	213-12-8902	1 M 2 F	80	YRS.	MONTHS	DAYS	HOURS	MIPS.	(Month, Day, Jan. 11		1914	Countr	vland	
FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give st PENINSULA REGION		AL CENTE	R	9b. CITY		ISBUR		ATH		9c. COU	ICOM	EATH	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			40 - 017	v zovat	OR LOCAT								
3				10c. CH									10d. INSIDE CITY LIMITS?	
3	Maryland Som	erset			Pri		SS Ar	nne			T 40. 01		1 YES 2 P	10
PA		Desire				101.			_		10g. CI1	IZEN OF V	VHAT COUNTRY?	
N N	11984 Drexwood	UTIVE 12. WAS DECEDENT	FVENTIN II S ADA	MED	12	WE DEC		185	3 IC ORIGIN? (Spec	. IA . W	11	41.010	S . E — American Indian	
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W World	YES 2 N	O		It yes, spe	elfy Culvan, 2 NO	Mexicen	, Puerto Ricen, e	itc.)	or No-	Speci	k, White, etc. Hy:	١,
	15. DECEDENT'S EDUC	ATION		CEDENT'S	USUAL O	CCUPATIO	M.		16b, KIND	OF BUI	DIMEGO /IAI		ite	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Gh	ve kind of a	work done se retired.)	during mos	st of working		100. KIND	OF BUS	SIME 25/IM	DUSTRY		
PLE	1 2	College (1-4 or 5+	1	arm					۸	:	a 1 d.			
O	17. FATHER'S NAME (First, Middle, Last)			arı	ET.		16. MOTHE	R'S NAM	AE (First, Middle, I		CUIT	ure		
	Carlie W. Jone	2 0					Sa		ie Mas	0.0				
BE (19e. INFORMANT'S NAME (Type/Print)	,,,	19b	MAILING	ADDRES	S (Street e			oute Number, City		n, State, Zi	p Code)		
2	C. Hulbert Jone	es	Mt	. V	ern	on F	Rd P	rii	ncess	Δnı	ne	Md	21853	
	200. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOS	ITION (Ne		4 4 1				City or To		
	1 Buriet 2 Cremation 3 Remo	val from State	cemetery, cren	natory or o	ther plece)	eter	2.1/		1/6 M	+	Vern	on	Marvland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		, <u>, , , , , , , , , , , , , , , , , , </u>	22.	NAME AN	D ADDRESS		HLITY			ULL	LIGT A TOLLO	
	* ()	/.	2						eral H					
	23. PART //finter the dieeeses, or c	omplications that	MUU.	295		Prin	cess	Ar	nne. M	<u>d.</u>	218	53	to comme	
- 1	shock, or heart fellure. I	iet only one ceu	se on each iins.	BUIL DO F	iot enter					reepi	retory ar	reat,	Approximation intervei Bet	tween
	IMMINIATE CAUSE (Finel disease or condition	A	7	regrandial in					in fa	Facation				Death
	resulting in death)	umark or	ender on:						-	70	-y			
_		C	· LL	1 / /	043	100	ster	ch					1	
ౖౖ	Sequentially list conditiona,	OUE TO (OR AS A CONSEQ	DENCE OF	FI:	-	0						<u> </u>	_
¥	if any, leeding to immediate cause. Enter UNDERLYING												İ	
CERTIFICATION	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEQ	UENCE OF	F):								1	_
	resulting in deeth) LAST	2												
2	DART II Other significant conditions	neat-thuiles to	datab bud and a									1		
MEDICAL	PART ii. Other eignificant conditions	contributing to	ueem but not re	sulung	in the ui	aeriying	cause giv	en in F	Pert I. 24a. Y	ERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FIN AVAILABLE PRIOR TO	0
ă									_ 101	YES 2	NO S		OF DEATH?	USE
Σ				_									1 YES 2 NO	О
Ž	DID TOBACCO USE CONTR	IBUTE TO CAI					UNCE	RTAIN						
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	E OF DEAT	OTHEI									
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH	1) Inpatient 2			4 🗆 Nur	sing Home		dence (6 Other (Speci					
	1 Natural 5 Pending	28e. DATE OF I (Month, Da	y, Year)	28b. TIM INJ	URY M	26c. INJU	RK7		28d. DESCRIBE	HOW II	NJURY OC	CURED		
B	2 Accident Investigation	28s PLACE OF	IN IURY — At hon	no term o	" I	1 TY		\rightarrow	CON LOCATION	Ot 1			No. 40 AV and	
ETED	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, term, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, State)													
MPLE	29e. CERTIFIER (Check only	IAN: To the best of I	my knowledge, dea	th occurre	ed at the t	ime, dsta	and place, e	nd due t	to the cause(s) e	nd men	iner se sta	ted.		
0 1	onel —) end manner ee sta	ted.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	KX	12e	29b. SIGNATURE AND TITLE OF CESTIFIER 4 29d. OATE SIGNED (Month, D										

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

Salisbury NID 21801



	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /				IEALTH AND DEATH	MENTA	AL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, L	Last)							E OF DEATN		3	. TIME OF DEAT	IN
à	Margaret Frances Kiernan								n. 2	, 1	995	2:45	A. M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	_	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		A BIRTNEL	ACE (State or Fo	aminn.
	578-14-5367	1 □ M 2 🙀 F	88	YRS.	MONTHS	DAYS	HOURS MIN.	July	y 16,	1906 N	lew Y	ork, N.	.Y.
	9a. FACILITY NAME (If not institution, g	give street and number)			9b. CITY	Y, TOWN	OR LOCATION OF				TY OF DEA		
DIRECTOR	Carroll Manor				Ну	atts	sville			Princ	e Ge	orge	
E E	10a. STATE 10b. CO	DUNTY		10c. CITY	, TOWN	OR LOCAT	TION				10	0d. INSIDE CITY	,
		ne		Was	hing	ton	, D.C.				1	X YES 2	NO
FUNERAL	10e. STREET ANO NUMBER					101	, ZIP CODE			, ,		AT COUNTRY?	
ÿ	2141 I St., N.						20037			U.S	.A.		
필	11. MARITAL STATUS 1 Never Married 2 Married		NT EVER IN U.S. AP				ENDENT OF NISP			or No 1	I4. RACE -	- American India	an,
ВУ	3 Widowed 4 Divorced		WAR OR DATES				2 NO Spec		Thomas, every	- 1	Specify:		
	15. DECEOENT'S	EDUCATION	16a DE	CEDENT'S	I SUAL O	CCUBATI	DN		b. KIND OF BU	1		ite	
E	(Specify only highest (Elementary/Secondary (0-12)	grade completed)	(G		rock done	during mo	ost of working	10	D. KIND OF BU	SINESS/INDU	STHT		
PL	12	College (1-4 or	· _	ecret	arv				U.S. C	Govern	ment		
COMPLETED	17. FATHER'S NAME (First, Middle, Last	0					18. MOTHER'S N	AME (First.					
	Edward Kiern	an					Mary	Hoga		00.710.7			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	and Number or Rura			n. State. Zio C	Code)		
5	Helen Phelan						New Yor						
	20a. METHOD OF DISPOSITION 1 1 Burlai 2 Cremation 3 C	Removal from State	20b. PLACE	AND OATE O	F DISPOS	SITION (Na	ame of	OA"	TE 20c. LO	CATION — C	ity or Town	, Stata	
	4 Donation 6 Other (Specify)		Mt. 0	livet	Cer	nete	ry Jar	1. 4,	1995	Wash:	ingto	n, D.C	
	21. SIGNATURE OF FUNERAL SERVICE	F. De-	Val		22. 22 Wa	222 ashi	Wisconsington, I	in Av	DeVol e., N. 20007	Funera W.	al Ho	me	
	23. PART I. Entar the diseases, shock, or heart falls	or complications th	at caused the de	eath. Do n	ot anter	tha mo	da of dying, su	ich aa car	diac or reapi	retory arre	at,	Approxima	
	IMMEDIATE CAUSE (Final	ore. List Dilly Dila Co	suse on auch line									Onset and	
- 1	disease or condition resulting in death)	Aspir	ation Pn	eumon	ia							4Hour	S
ŀ			O (OR AS A CONSE										
Z	Sequentially list conditions,	Strok										6Week	s
Ĕ	If any, leading to immediate		O (OR AS A CONSE		,								
걸	cause. Enter UNDERLYING CAUSE (Disease or Injury	Cardiovascular Disease					se			Year	s		
CERTIFICATION	that initiated events resulting in death) LAST	OUE !	O (OR AS A CONSE	DUENCE OF):								
ä		d										ļ	
	PART II. Other algnificant cond	Itiona contributing t	o death but not a	reaulting is	n the ur	nderlyln	g cause given i	n Part I.	24a. WAS AN			ERE AUTOPSY FIR	
5									PERFOR		CC	MAILABLE PRIOR 1 OMPLETION OF C	
Ä										DQo		F DEATH?	40
=											'	☐ 1E3 2 ☐ H	10
Ž	25. WAS CASE REFERRED TO MEDICA	NL				26. PL	ACE OF DEATH (C	check only o	ne)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHEI		e 5 🗆 Residence	S □ Oth	er (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF OEATN	26a. OATE C	OF INJURY Day, Year)	28b. TIME	OF	28c. INJ	URY AT	T	SCRIBE NOW I	NJURY OCCU	PRED		
BY	1 Natural 5 Pending 2 Accident Investigati	INJU	M		PRK? YES 2 NO								
	3 Suicide 6 Could not	28e. PLACE	OF INJURY — At he	me, farm, s					261. LOCATION (Street and Number or Rural Route Number,				
TED	4 Homicide determine		y, etc. (opecity)					City	or Town, State)				
7	29a. CERTIFIER (Check only	NYSICIAN: To the best	of my knowledge, de	ath occurre	d at the t	ime, data	and place, and du	in to the ca	use(s) and mer	ner as stated	s.		
COMPLET		MINER: On the basis of										nd manner as st	inted.
w II	296. SIGNATURE AND TITLE OF CERT						29c. LICENSE NI					lonth, Day, Year)	
∞	Martalandan	UNKTH.	7)				D2633					1995	
2	30. NAME AND AODRESS OF PERSON	WHO COMPLETED CA	IRE OF OFATH (ITE	M 070 /T	Delega								

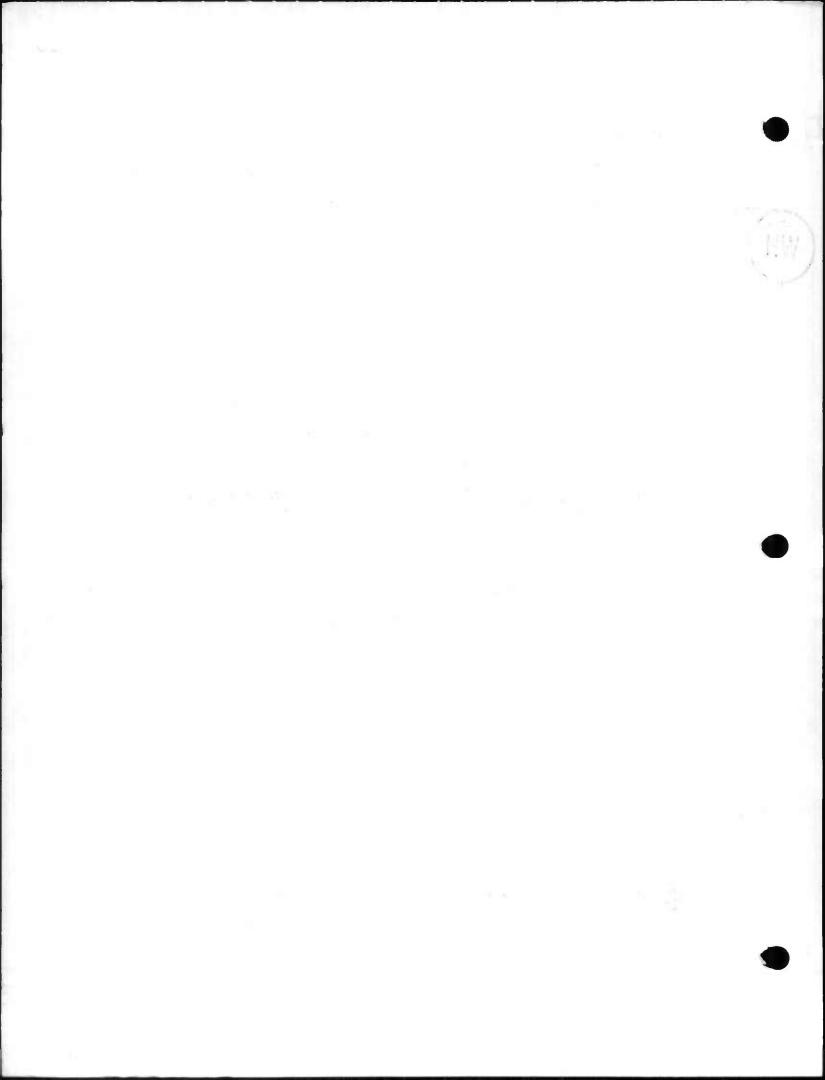
Marta A. Schneider, M.D. 5401 MacArthur Blvd., N.W. Washington, D.C.

DATE FILED (Month, Day, Year)

JAN 5 1995

July of Audion Landell

JAN 5 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: Il item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DI

FOR		CTA	TE (NE	MADVI	AND	1	DEDADTMENT	OE.
21211	 	LHOURAL	IV I.		LILI	u- / 2	4. 6	4/13/93	L.

1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTA				
1. DECEDENT'S NAME (First, Middle, Las	11)	CENTIF	ICATE	F DEATH	2 DATE	REG. NO.			3. TIME OF DEATN
Emma Mary	Karst				MONT	H DAY		YEAR	
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	_	uary 2			12:10 P M
579 -03-4454	1 🗆 M 2 🔲 F	88 YRS.	MONTHS DAY			h, Day. Year)		Country)
9e. FACILITY NAME (If not institution, giv		30	96. CITY, TOW	/N OR LOCATION OF D	ADIT	T 13,15	9c. COUNT		ington, D.C.
Bedford Court R	etirement Ho	m o		r Spring			Mont		
RESIDENCE OF DECEDENT							Mont	gome	ТУ
10a. STATE 10b. COUI	VTY	10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland Me	ontgomery		Silv	er Spring	5				1 YES 2 NO
		_		101. ZIP CODE					HAT COUNTRY?
3901 Internation				20906				S.A.	
1 K Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	S 2 NO	If yea	DECENDENT OF HISPA , specify Cuban, Mexic	en, Puerto	N? (Specify Yea Rican, etc.)	or No- 1	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES	10	YES 2X NO Speci	ity:			Specif	
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S	USUAL OCCUP	ATION	168	. KIND OF BUSI	NESS/INDU		hite
(Specify only highest gra	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during se retired.)	most of working					
	4	Secreta	ry/Trea	surer	P	rivate	Indu	stry	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
John	Karst			Rosa			Unkn	own	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Num	ber, City or Town	State, Zip C	Code)	20754
Lillie T. Barre	tt	502 H	erring	Avenue Fa	irHa	ven Du	ınkir	k,Ma	ryland
20a. METHOD OF DISPOSITION 1 1 1 Street	moval from State	10b. PLACE AND DATE	OF DISPOSITION	(Name of	DAT	E 20c. LOC	ATION - CI	ity or Tov	vn, State
4 Donation 5 Other (Specify)	2 1	St. Mary			/05/	95 Wash	ingt	on,	D.C.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11		cis J. Co		c Funos	- 1 U	Om O	Tno
Mark 1.	Willer	ll.						-	,MD 20901
23. PART K Enter the diseeses, o	r complications that cau	sed the desth. Do	not enter the	mode of dying, suc	ch es can	diec or reepir	alory srre	st,	Approximete
enock, or neert failur iMMEDIATE CAUSE (Finel	e. List only one ceuse or								Interval Between Onset and Desth
disesse or condition resulting in desth)	metact	atic	liver	dise	920				n ortho
resulting in destil)	DUE TO (OR A	S A CONSEQUENCE O	F):	01/3-0	-				Inon' no
	e. metast DUE TO (OR A DUE TO (OR A	un pri	MARY	tumor	-				months
Sequentisily list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):						17.3
CAUSE (Disease or injury	С.								
that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):						
	d								
PART ii. Other significant conditi	one contributing to deati	but not reculting	In the underly	ying ceuse given in	Part I.	24s. WAS AN A			WERE AUTOPSY FINDINGS
						PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 1 123 2	- NO		OF DEATH? 1 YES 2 NO
DID TOBACCO USE CON	TRIBUTE TO CAUSE	OF DEATH YE	S I NO	UNCERTAI	NΠ				1 123 2 1 110
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA			., .,		_		
1 YES 2 ANO	HOSPITAL: 1 Inpetient 2 ER/O	utpatient 3 🗆 DOA	OTHER:	iome 5 Aeeldence	8 Othe	er (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Yea			INJURY AT WORK?		SCRIBE HOW IN	JURY OCCU	JRED	
1 Natural 5 Pending 2 Accident Investigation		/		YES 2 NO					
3 Suicide 6 Could not b	26a. PLACE OF INJU building, stc. (S	RY — At home, ferm,	strast, factory, o	ffice	28f. LOC	ATION (Street ar or Town, State)	d Number o	r Rural Ro	oute Number,
4 Nomicide determined					,	or form, orang			
29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my kn	owledge, death occurr	ed at the time, o	late and place, and du	to the cau	use(s) and mann	er aa stated	1.	
	NER: On the basis of examina								and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
martha loan-	n lagre	ha		D411	7-	3	// /	- 7-	25
30. NAME AND ADDRESS OF PERSON V	VNO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type	, Print)	VIII	-	-	-		
Martha S.S	aavedra.	3701 I	nterna	tional	Dr	ive, 5	1/1100	C	ring. Md.
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		- 1-1		, - 1	, ,	114-01	30	1710
JAN 6 1995	, in a d'audeon	Revolath							7



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Carolyn B. Hendricks,

1995

31. DATE FILED (Month, Day, Year)

JAN

2

1 -

1995

3. TIME OF DEATH

20895

10605 Concrod Street, Kensington, MD

REG. NO.

2. DATE OF DEATH

\	-	20	t	anda.	1
0		BALTIMORE, MARYLAND 21215-0120	retained by the hospital or attending	5 should be detached for use as the	to to be been
		BALTIMORE,	4 hours after death. Page 6 may be	illed in by the funeral director, page n, or removal.	of the state of the state of the state of
		DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending interest.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the turnial hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	from 29 is modest or item 22 shows any injury as after fourmable asset the medical assemblers much he modified at an expension.

				Barbara	Ann	Ker	ns					Janu		, 199	5	12:54 A
		4. SOCIAL SECURITY NUMBER 215-43-150		5. SEX	6. AGE	(In yrs. les		IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE ((Month)	OF BIRTH Day, Year)		B. BIRTHP Country)	PLACE (State or Foreign
Pa		215-43-150. 9a. FACILITY NAME (If not in		1 M 2 X F		61	YRS.			1022			15,			nington, DO
1, 2, 3 should	Œ	3509 East						96. CITY		OR LOCATI		ATH			ntao	mery
1, 2,	18	RESIDENCE OF DEC								2						
1	DIRECTOR	Maryland	Mont	gomery			10c. CIT	Che		tion Chase					- 1	10d. INSIDE CITY LIMITS? 1 YES 2 A NO
15	AL.	10e. STREET AND NUMBER							10	H. ZIP COD				10g. CITIZ		HAT COUNTRY?
1.1	FUNERAL	3509 East 1	West Hi	ghway							20815	5		U	nite	d States
ding pillings the burdate	ВУ	11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo	Merried	12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	YES	2 🔀 N			f yes, s		ın, Maxican	, Puarto R	o Ricen, etc.) Black, White, a			
r attending use as the	밀		EDENT'S EDUCA y highest grade co			18a. DE	CEDENT'S	USUAL O	CCUPAT	ION lost of workli	na	16b.	KIND OF BU	SINESS/INDU	JSTRY	
spital o	COMPLETED	Elementary/Secondary (0		College (1-4 or 5+	-)	life.	Book	se retired.)		out or works	.9	Tr	uckin	g Com	pany	
the hoderact	ő	17. FATHER'S NAME (First, M	iddle, Last)							18. MOT	HER'S NAM	AE (First, M	liddle, Maiden	Sumame)		
क 8 €	BE (Edwin L. Bright Mary R. LaFontaine 198. INFORMANT'S NAME (Type/Primt) 198. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)														
should to should notified	5					- 1										1 00015
y be	i	Mary R. Br.			201		NDDATE		-		у.,	DATE	-	cation - c		nd 20815
Page 6 may al director, par mer must b	š	1 XBurial 2 Crematic 4 Donation 8 Other	Commetter Comm									aryland				
funera xami		21. SIGNATURE OF FUNERA	L SERVICE LICES	w.L		M001	98	22 R	DDE1	thes	Pumi Pumi da-Çl	onrey nevy	Fune	ral H	ome/	20814-3501
ted within 24 hours after completely filled in by the ial, cremation, or removal: event, the medical e		23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in dasth)	aart fsilure. Li	Metast	se on a	c Br		Can	tha m	oda of dy	ing, auch	aa card	ac or raapi	ratory arre	at,	Approximate interval Between Onset and Death
th certificate be execuending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list condition of the condi	diate ING Iry c.				DUENCE OF									
ires that the c signed by the Health and Me	MEDICAL C	PART II. Other algnifica	nt conditiona	contributing to	dasth b	out not re	sulting	In the un	darlyir	ng cause (givan in F	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
v red been t. of		DID TOBACCO U	SE CONTRI	BUTE TO CA	USE C	F DEA	TH YE	S 🔲 I	10 £	3 UNC	ERTAIN					1 YES 2 NO
	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		_	E OF DEAT	H (Check	only one							
	YS!	1 TYES 2 NO		☐ Inpetlant 2 ☐	ER/Outp	patient 3	□ DOA	OTHER		ne 5 🕮 Ra	sidenca (□ Other	(Specify)			
The this	ву Рн		Pending Investigation	28a. DATE OF (Month, De			286. TIM INJ	E OF URY M	W	JURY AT ORK? YES 2] NO	28d. DE\$6	CRIBE HOW I	NJURY OCC	JAED	
TTENDI TOR: A after de		3 Suicide 8	Could not be determined	28s, PLACE Of building,	F INJURY atc. (Spec	— At hor	ne, farm, :	treet, fact	ory, offi	Ce			TION (Street a r Town, State)	and Number o	or Rural Ro	ute Number,
OR OUT	COMPLETE			AN: To the best of												
FUNERAL C WITHIN 72 H	00			On the pasts of ax	-minatio	n and/or li	rivestigatio	n, in my o	pinion,				and place, en	d due to the	Cause(s)	and menner as stated.
TO THE TO THE De filed v	O BE	2 GRATURE AND TITLE	N CERTIFIER	Hu	rd	m	ea	0		29c. LICE	373	23	6	29d. DATE	SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

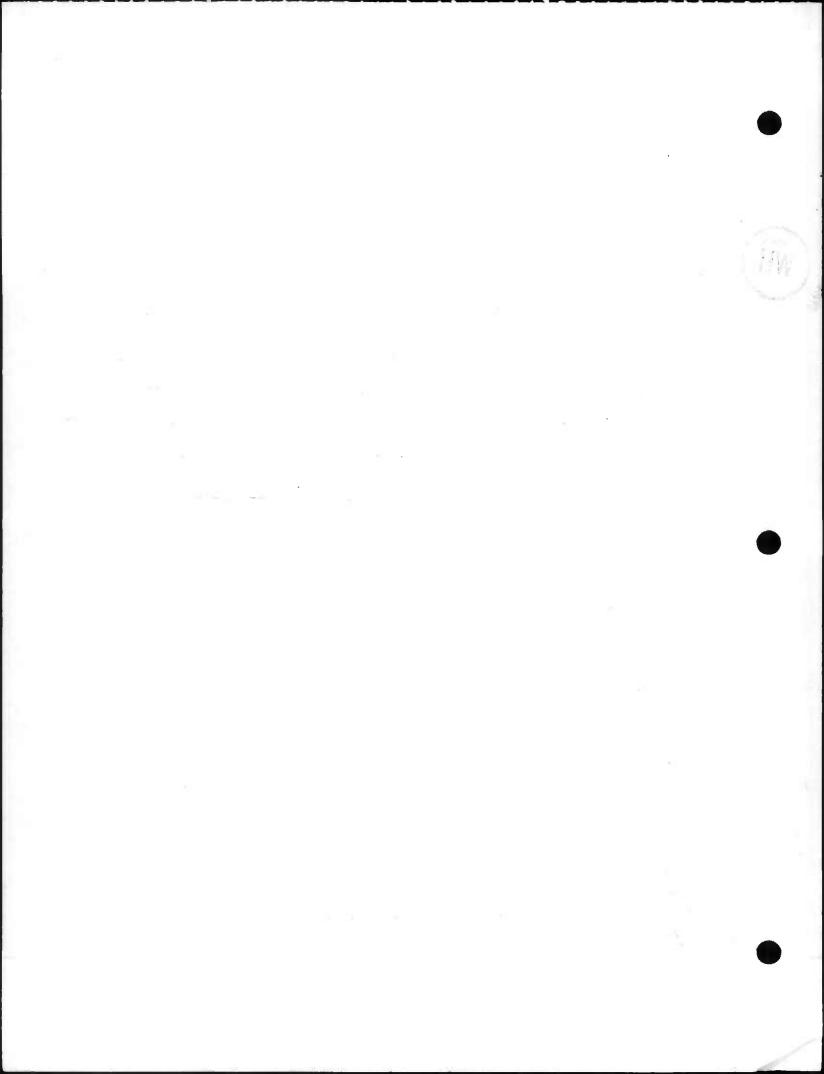
32. REGISTRAR'S SIGNATURE Sander Kardall

M.D.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

OHMH-18 Ray 1/89

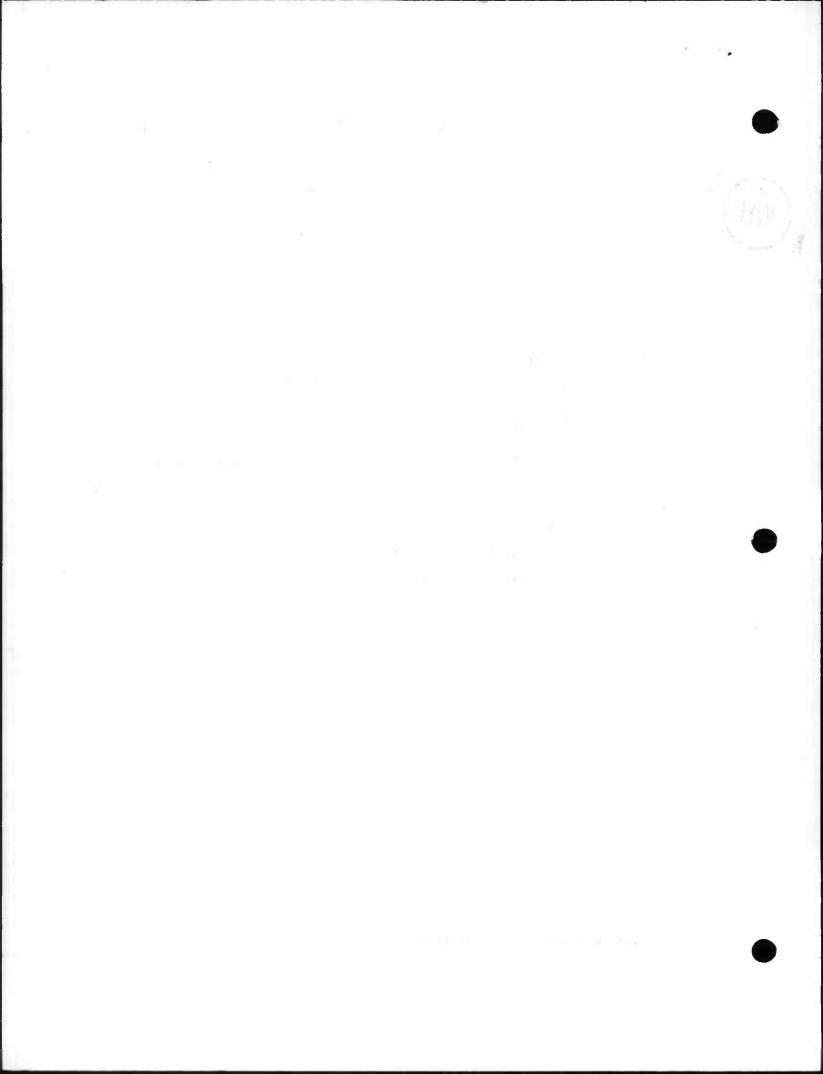


TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within AF hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	LV.	YEAR 3	. TIME OF DEATH
		Allen Wal	lter Kir	tsche	r Sr.		5,19	95	4:30 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	ACE (State or Foreign
	212-05-4360	1 🕅 M 2 🗌 F	88 YRS.	NONTHS DAYS	HOURS MIN.	05-24-190	6	Country)	MD
	9a. FACILITY NAME (If not institution, give		.1	9b. CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COUN	TY OF DEAT	
RO	Harford Memor	rial Hospital		Н.	avre de C	Grace	H	larfo	rd
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT								
DIRECTOR			10c. CITY,	TOWN OR LOCA				10	Dd. INSIDE CITY LIMITS?
	MD 10e, STREET AND NUMBER	Harford			avre de (race			X YES 2 NO
A I		C.		.11	H. ZIP CODE		10g. CITIZ		AT COUNTRY?
FUNERAL	1109 Revoluti				21078		L	USA	
	1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 X NO	I1 yes, s	pecify Cuban, Maxican		or No-	14. RACE — Black, V	- American Indian, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S 2 X NO Specify:		- 1	Specify:	White
	15. DECEDENT'S EDI		16a, DECEDENT'S US	SUAL OCCUPAT	ION	16b. KIND OF BUS	UNESS/INDI	_	Mille
	(Specify only highest grad Etementary/Secondary (0-12)	(completed) College (1-4 or 5+)	(Give kind of wor	rk done during m retired.)	ost of working				
립	3	50110g5 (1-4 01 0 4)	Gas F	itter		Utility	/ Com	npany	,
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden		15 4411/	
BE C	Walter	Allen Wheeler	r		Bes	ssie Irene	Mitze	el	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	end Number or Rural Ro	oute Number, City or Tow	n, State, Zip (Code)	
F	Mr. George R. I	Kirtscher	1109	Revolu	tion St.,	Havre de	Grad	ce, M	ID 21078
	20e. METHOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Ren	nound from State	b. PLACE AND DATE OF	DISPOSITION //	lama of		CATION — C		
	4 Donation 5 Other (Specify)	cen	Angel Hill	Ceme	tery	1/9 Ha	vre d	e Gr	ace, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	•	22. NAME /	ND ADDRESS OF FAC	ILITY			
	Plan Quain	XX	577-		e de Grad	Funeral I			
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not						Approximata
	ahock, or heart fallure. IMMEDIATE CAUSE (Final	. List only one cause on a	ach line.						Interval Between Onset and Death
	disease or condition	MOIN	MADAA.D.						Cilibert and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF)						
z	•	· Rosp -	Ladlun	9					1
은	Sequentially list conditions, if any, leading to immediate	DUE TO FOR AS	CONSEQUENCE OF:	ē.					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	· 4501	70						
E	that initiated eventa	DUE TO (OR AS A	A CONSEQUENCE OF):						
CERTIFICATION	resolding in death) EAST	a () ()							
0 11									
	PART II. Other algnificant condition	na contributing to death b	out not resulting in	the undarlying	ng cause given in P	Part I. 24a, WAS AN	AUTOPSY	1 24b. WI	FRE AUTOPSY FINDINGS
	PART II. Other algolificant condition	na contributing to death t	out not resulting in	the undarlyin	ng cause given in P	PERFOR	MED?	Av	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE
EDICAL	PART II. Other algnificant condition	na contributing to death t	out not resulting in	the underlying	ng cause given in P		MED?	CC OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL						PERFOR	MED?	CC OF	MILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL			□ №	UNCERTAIN	PERFOR	MED?	CC OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	DF DEATH YES	OTHER:	UNCERTAIN	PERFOR	MED?	CC OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUSE O	DF DEATH YES 26. PLACE OF DEATH petient 3 DOA 4	(Check only one OTHER: Nursing Hoto OF 26c. IN	UNCERTAIN The 5 Realdence 6 JURY AT	PERFOR	MED?	OF OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	RIBUTE TO CAUSE C	DF DEATH YES 26. PLACE OF DEATH petient 3 □ DOA 4	Check only one OTHER: Unusing Hot OF 26c. IN	UNCERTAIN	PERFOR 1 YES 2	MED?	OF OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	RIBUTE TO CAUSE C HOSPITAL: Inpetient 2 ER/Outy (Month, Day, Year) 28e. PLACE OF INJURY	DF DEATH YES 26. PLACE OF DEATH pettlent 3 DOA 4 28b. TIME 0 INJUR	(Check only one OTHER: Nursing Hot Nursing Hot W M 1	UNCERTAIN The 5 Realdence 6 JURY AT ORK? YES 2 NO	PERFOR 1 YES 2	MED?	OF 1	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident	RIBUTE TO CAUSE C HOSPITAL: Inpetient 2 ER/Outs (Month, Day, Year)	DF DEATH YES 26. PLACE OF DEATH pettlent 3 DOA 4 28b. TIME 0 INJUR	(Check only one OTHER: Nursing Hot Nursing Hot W M 1	UNCERTAIN The 5 Realdence 6 JURY AT ORK? YES 2 NO	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II	MED?	OF 1	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	RIBUTE TO CAUSE C HOSPITAL: Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Vear) 28e. PLACE OF INJURY building, etc. (Special	DF DEATH YES 26. PLACE OF DEATH petient 3 DOA 4 28b. TIME 6 INJUR 7 — At home, farm, stre	(Check only one OTHER: Nursing Hot OTH W 1 Bet, Inctory, offi	UNCERTAIN The 5 Realdence 6 JURY AT ORK? YES 2 NO	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II City or Yown, State)	MED? NO NJURY OCCL	AN CCOOR	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE OF THE PROPERTY (Month, Day, Vear) 28a. DATE OF INJURY (Month, Day, Vear) 28c. PLACE OF INJURY building, etc. (Special Control of the best of my known in the best of my known in the property of the best of my known in the best o	26. PLACE OF DEATH Petient 3 DOA 4 28b. TIME 0 INJUR 7 — At home, 1srm, stre	(Check only one OTHER: Nursing Hot OTF 26c. IN: W 1 pet, factory, office	UNCERTAIN The 5 Realdence 6 JURY AT ORK? YES 2 NO Dee	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II City or Town, State) o the cause(a) and man	MED? NO NO NO NUMBER of Number o	AMCCCOOP 1	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the beala of examination of the beala	26. PLACE OF DEATH Petient 3 DOA 4 28b. TIME 0 INJUR 7 — At home, 1srm, stre	(Check only one OTHER: Nursing Hot OTF 26c. IN: W 1 pet, factory, office	UNCERTAIN The 5 Residence 6 JURY AT ORK? YES 2 NO De e and place, end due to desth occured at the 18	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II City or Yown, State) o the cause(a) and manime, data and place, an	MED? NO NO NUMBer of Number of Nu	JRED JRED CRUSE(II) er	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? YES 2 NO TO Number, The Number, The Number is a stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the beala of examination of the beala	26. PLACE OF DEATH Petient 3 DOA 4 28b. TIME 0 INJUR 7 — At home, 1srm, stre	(Check only one OTHER: Nursing Hot OTF 26c. IN: W 1 pet, factory, office	UNCERTAIN The 5 Realdence 6 JURY AT ORK? YES 2 NO Dee	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II City or Yown, State) o the cause(a) and manime, data and place, an	MED? NO NO NUMBer of Number of Nu	JRED JRED CRUSE(II) er	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE C HOSPITAL: (Month, Day, Veer) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know ER: On the best of examination	26. PLACE OF DEATH Patient 3 DOA 4 28b. Time of INJUR / — At home, farm, streetly) riedge, death occurred in and/or investigation,	(Check only one DTHER: Nursing Hoi Nursing Hoi W 1 Det, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inc	UNCERTAIN The 5 Residence 6 JURY AT ORK? YES 2 NO De e and place, end due to desth occured at the 18	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II City or Yown, State) o the cause(a) and manime, data and place, an	MED? NO NO NUMBer of Number of Nu	JRED JRED CRUSE(II) er	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? YES 2 NO TO Number, The Number, The Number is a stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	RIBUTE TO CAUSE C HOSPITAL: (Month, Day, Veer) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know ER: On the best of examination	26. PLACE OF DEATH Patient 3 DOA 4 28b. Time of INJUR / — At home, farm, streetly) riedge, death occurred in and/or investigation,	(Check only one DTHER: Nursing Hoi Nursing Hoi W 1 Det, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inc	UNCERTAIN The 5 Residence 6 JURY AT ORK? YES 2 NO De e and place, end due to desth occured at the 18	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II City or Yown, State) o the cause(a) and manime, data and place, an	MED? NO NO NUMBer of Number of Nu	JRED JRED CRUSE(II) er	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? YES 2 NO TO Number, The Number, The Number is a stated.
TO BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WITH CONTROL OF MEDICAL EXAMINI 31. DATE FILED Month. Day, Man 1	RIBUTE TO CAUSE C HOSPITAL: Unpetient 2 = ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Section of the beals of examination of the beals of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of the beals of the beals of the beals of the beals of the beals of the beals of t	28b. TIME CONTROL OF DEATH 27	(Check only one DTHER: Nursing Hoi Nursing Hoi W 1 Det, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inc	UNCERTAIN The 5 Residence 6 JURY AT ORK? YES 2 NO De e and place, end due to desth occured at the 18	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II City or Yown, State) o the cause(a) and manime, data and place, an	MED? NO NO NUMBer of Number of Nu	JRED JRED CRUSE(II) er	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? YES 2 NO No Number, No Manner sa stated.
TO BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE C HOSPITAL: Unpetient 2 = ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Section of the beals of examination of the beals of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of examination of the beals of the beals of the beals of the beals of the beals of the beals of the beals of t	28b. TIME CONTROL OF DEATH 27	(Check only one DTHER: Nursing Hoi Nursing Hoi W 1 Det, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inctory, officet, Inc	UNCERTAIN The 5 Residence 6 JURY AT ORK? YES 2 NO De e and place, end due to desth occured at the 18	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW II City or Yown, State) o the cause(a) and manime, data and place, an	MED? NO NO NUMBer of Number of Nu	JRED JRED CRUSE(II) er	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? YES 2 NO TO Number, The Number, The Number is a stated.



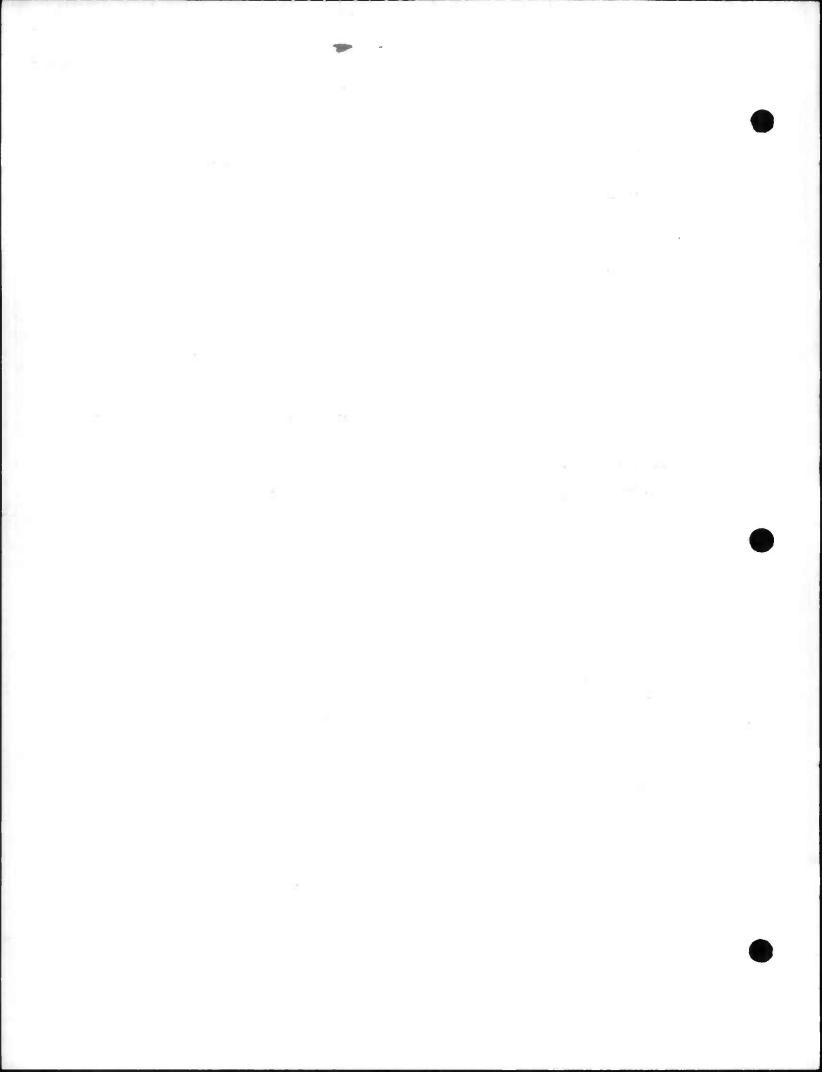
ysician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or ite	

1 - FOR REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

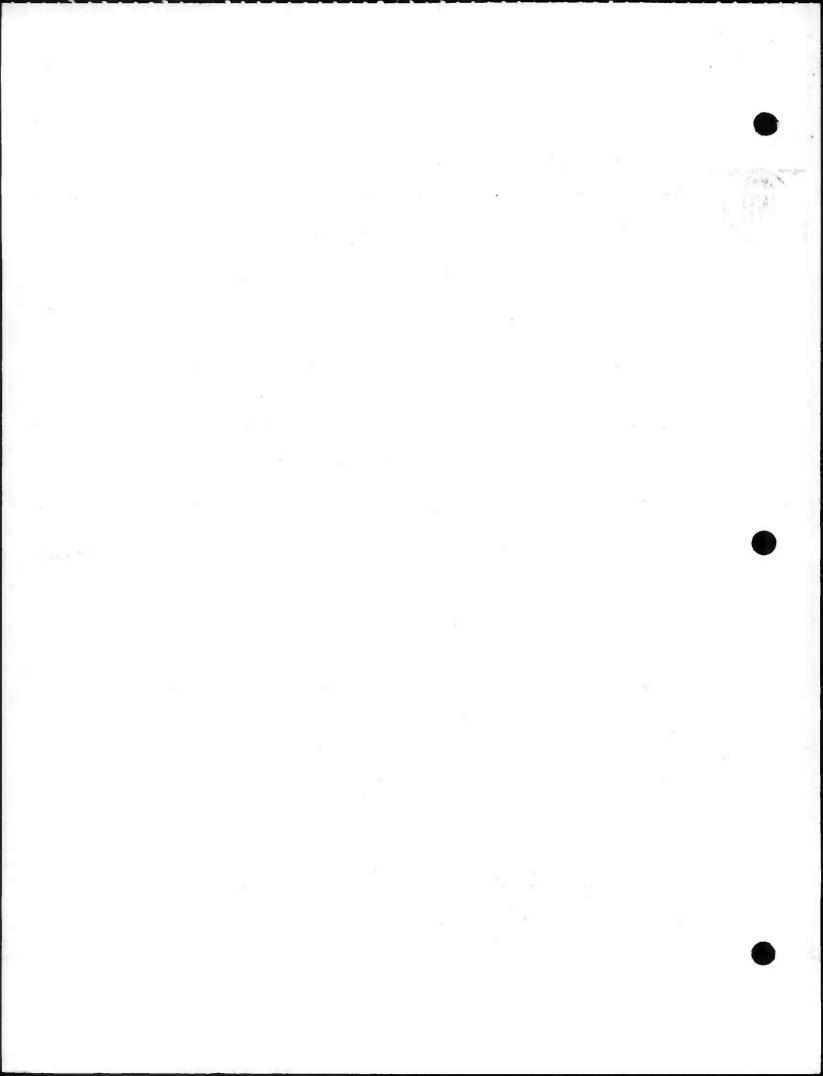
	HEGISTHAN		- CL	-1711111	CAIL	IF DEA	13	REG. N	IO.		
	1. DECEOENT'S NAME (First, Middle JOSIN	_				7		2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	LA TILG				notts		January	2	95	9:20 P M
	169-16-7221	1 XM 2 F	8. AGE (In yrs. last		IF UNDER 1 YE		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) VAR. 8, 1	907	Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TO	VN OR LOCATIO				UNTY OF DE	ATH
DIRECTOR	MEMORIAL HOS				E	ASTON			7	CALBO	T
딥	RESIDENCE OF DECEDE	COUNTY		10c CITY	CITY, TOWN OR LOCATION 10d JUNE						
<u>E</u>		LBOT		100. 0111							10d. INSIDE CITY LIMITS?
٦	10e. STREET AND NUMBER	TIDOT			EAST	10f. ZIP CODE			100 00		1 YES 2X NO
FUNERAL	8714 SWAN HA	TEN DOAD							log. Cr		TAI COUNTRY?
ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MEO	13 WAS		601	C ORIGIN? (Specify	Yes or No	USA	- American Indian,
	1 Never Merried 2X Marrie		YES 2 WN	0	It yes	, specify Cube	n, Maxican,	, Puerto Rican, etc.)	- 01 NO	Black,	White, etc.
B	3 Widowed 4 Divorced		ALL OIL OILES		1 ''	TES ZA NO	Specify			Specify	WHITE
COMPLETED	15. DECEDENT (Specify only higher	'S EDUCATION st grade completed)	18a, OE6	CEDENT'S L	SUAL OCCUP	ATION most of workin	a	16b, KIND OF E	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)											
₹	8		I	ARM	ER	-			ARMIN	1G	
	17. FATHER'S NAME (First, Middle, L					18, MOTH		NE (First, Middle, Maid	,		
H	JOSHUA CHAN 19a. INFORMANT'S NAME (Type/Prir				_			RAH DAV			
5	JOY K. ERV							OXFORI			54
	20. METHOD OF DISPOSITION 20 A Paris 2 Cremetton 3				F DISPOSITION	(Name of	DV			- City or Tow	n, Steta
	4 ☐ Donation 5 ☐ Other (Specification 21. SIGNATURE OF FUNERAL SERV		SPRII	NG II.		E AND AODRES		1-6 EA	STON	, MD	
)	_			NEW	NAM F	UNE	RAL HOMI			, MD
	23. PART I. Enter the disease			eth. Do no	ot enter tha	mode of dvi	ng. auch	an cerdiac or res	olretory as	151UN	, MD Approximate
	shock, or heart is	illure. List only one cau	se on each lina.						photory at	,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. Urose os ts									/ L / o o	
	resulting in deeth)	a. OUE TO	OR AS A CONSEC	UENCE OF):						Taugs
z	varenemus um seconos	- Ob	STYUCT	100	- ()VO	13/2	dele.	Diver	ticu	litis	140000
은	Sequentially list conditiona, if any, leeding to immediate	OUE TO	OR AS A CONSEQ	UENCE OF	: TO						1
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c Chr	onic	()bs	truc	tive	U.	regath	4		6 months
	that initiated events reaulting in deeth) LAST	DUE TO	(OR AS A CONSEO	UENCE OF	stat	1.	1.	1-0-1	1,		lac the
CERTIFICATION		d. 20V	118h	PY	5101	16	141	Pertro	phy		6 anout 45
	PART II. Other significent con			sulting in	the under	ying ceuse g	Iven in P	Part I. 24a. WAS	IN AUTOPSY		WERE AUTOPSY FINDINGS
EDICAL	_Gastro ent		3leed.	ne				PERF	ORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
ME	Dissemine	ated Intr	avasc	uld-	- (00	guloy.	ath		2 (10	- 1	OF DEATH?
	DID TOBACCO USE C					UNC	ERTAIN				
ĕ	25. WAS CASE REFERRED TO MEDI EXAMINER?		26. PLACI		I (Check only o						
XS.	1 TES 2 THO	HOSPITAL:	ER/Outpatient 3		OTHER:	Home 5 🗆 Re	aldenca 8	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, De		28b. TIME INJU		INJURY AT WORK?		28d. DESCRIBE HOV	INJURY OC	CURED	
B	1 Natural 5 Pendin 2 Accident Investig	pation				YES 2	NO				
	3 Suicide 8 Could I	bullding,	FINJURY — At hor atc. (Specify)	ne, term, at	reet, factory,	office		281. LOCATION (Stree City or Town, Sta	et and Numbe te)	er or Runal Ro	ute Number,
ا و	29a. CERTIFIER	DUVEICIAN: To the heat of			ALLE LET	17.57670					
3 Suicide 4 Homicide 8 Could not be detarmined 29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as atted. 29a. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as atted.									end menner ae atated.		
шШ										Month, Def. Year)	
10 10	(moth	Genne	- M	7		C _	46	763	•	1 /:	3/94
	10. NAME AND ADDRESS OF PERSON	DENNE	1	~		1 . 1 .	/ ^	112= L	AAT		MD 21601
	31. BATE FILED (Month, Day, Ybar)	32. REGISTRA	R'S SIGNATURE		ICHM	ANS	<u></u>	TUE C	ASTO	70	MD 21601
- 1	4 1995	State David	bon-Aanda	Ble							1



1	١			à
		IN OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted and been considered through and Manyal Hariston properties of the constitution of the

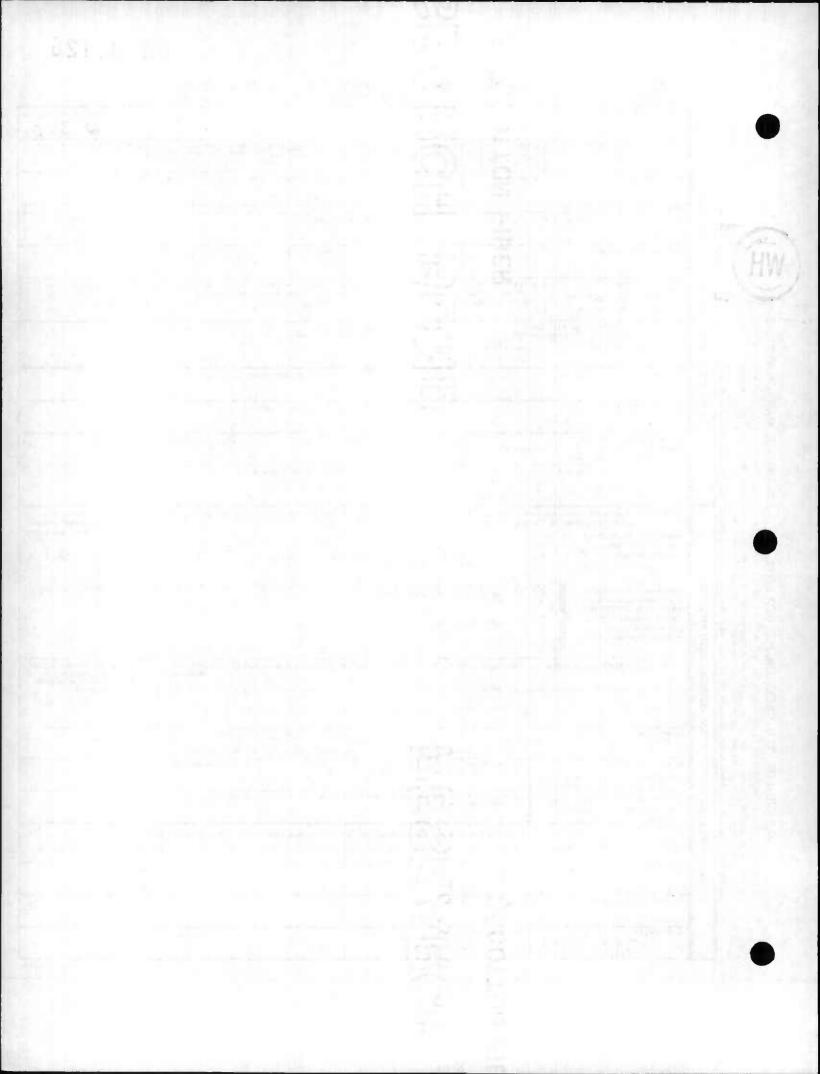
STATE OF MARYLAND / DEPARTMENT	UF HE	ALIH ANU	MENIAL	HYGIENE
CERTIFICATE	OF D	DEATH		REG. NO.

		1 - STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE O		IENTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last) Ronald F. Keene		2. DATE OF DEATH MONTH DAY	- 9YEAR	3. TIME OF DEATH G /2 M
TOTAL SERVICE		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) F UNDER 1 YEAR $216-56-0850$ 1 M M $_2$ F $_4$ Yrs. MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	50 8. BIRTHPI Country)	ACE (State or Foreign
WL	TOR	DORCHESTER GEN. HOSPITAL Can RESIDENCE OF DECEDENT	A BRI da	in)	DORCH	ester
WILL	DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOW DORCHESTER COMP	CATION A R. da R.		1	0d. INSIDE CITY LIMITS?
n. arrsif permi	ERAL	100. STREET AND NUMBER 752-CORNISH DRIVE	101. ZIP CODE 2 / () /	3	10g. CITIZEN OF WH	
5-0020 nding physician. Is the burial-transit	BY FUNER	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, IF YES, GIVE WAR OR DATES 1 YES	epecify Cuben, Mexican, ES 2 NO Specify:	C ORIGIN? (Specify Yes o Puerto Rican, etc.)	r No — 14. RACE - Black, Specify	- American Indian, White, etc.
or atte	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	ATION most of working	166. KIND OF BUSIN	NESS/INDUSTRY	s/acK
AND the hospital detached to	COMPL	12 Delivery D	RIVER 18. MOTHER'S NAME	Soda = E (First, Middle, Maiden Su	D'Str	butor
2 5 5 E	BE	VINCENT WOOLFOYd 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street	Mary	E, K	eene.	
5 5	10	Diane Molock 752-CORN:	Sh DRIV	e Camb	Ridge,	Md, 2/6/3
0 9 th		110 Burlel 2 Cremetion 3 Removal from Stata camelery, cremetory or other place) 4 Donation 5 Other (Specify)	AND ADDRESS OF FACI	Yie	NNO I	UD.
0 = 0		Janelle C. Henry 510	VRY FUN	eral Ho	me induit	ca Md.
iours of in t		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter that shock, or heart fellure. Liet only one cause on aech line. IMMEDIATE CAUSE (Final	mode of dying, such	as cardiac or respira	itory arrest,	Interval Between Onset and Death
matin tely		disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):				Tyears
ceccu and o bur	TION	Sequantielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):				
. 000	CERTIFICATION	CAUSE. (Disease or injury that initieted events resulting in death) LAST				
Ne de d	AL CE	PART II. Other eignificent conditions contributing to deeth but not resulting in the underly	ing cause given in P	art I. 24s. WAS AN AL	JTOPSY 24b W	TERE AUTOPSY FINDINGS
that the arry	MEDICA	Chronic ganereatitis		PERFORM	ED?	WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
	AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO			'	YES 2 NO
一年 書書 5	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only on OTHER: 1 Vinpetient 2 ER/Outpetient 3 DOA 4 Nursing H	ome 5 - Residence 6	☐ Other (Specify)		
OF PHYSIC this cer with th	ВУ РНУ	(Month, Day, Year) INJURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED	
ISIC TTENDI TTOR: A after d	TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, etreet, tectory, of building, etc. (Specify)	fica	28t. LOCATION (Street end City or Town, State)	Number or Rural Rou	te Number,
로 로 로 드	COMPLI	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, did not one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion				nd menner ee stated.
TO THE HOSPI TO THE FUNE De fied within	O BE	296. SIGNATURE AND TITLE OF CERTIFIER	D-28	209	Ped. DATE SIGNED (N	-95
		30. NAME AND ADDRESS OF ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Comment To Machaeft (s. 4) 31. DATE FILED (Month, Day, Year) 32/PEGISTRAN'S SIGNATURE	reth C	ams vidge	hd 21	617
		31. DATE FILED (Morith, Day, Year) 32, REGISTRAN'S SIGNATURE JAN = 3 1995	_			DHMH-16 Rev 1/89



VY	17	1		
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0026	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within yours after death. Page 6 may be retained by the hospital or annually and the properties of the properties o	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the pure control of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

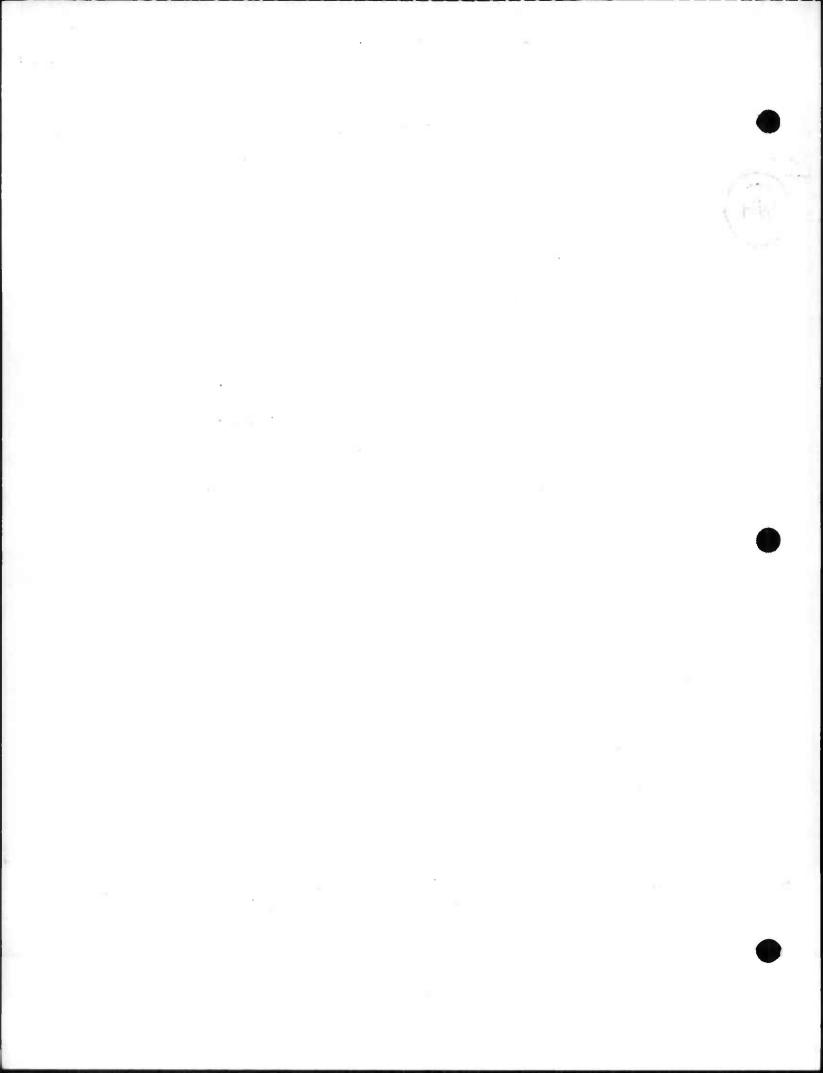
	1 - STATE REGISTRAR	STATE OF MAR		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Lester	Amos	KLINE		2. DATE OF DEATH DAY January 5,	1995 YEAR	3. TIME OF DEATH 2:35 pm			
	4. SOCIAL SECURITY NUMBER 220-10-3481 90. FACILITY NAME (If not institution, give	1 🖾 M 2 🗆 F	76 YRS. WO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	Jan. 17, 191	Cou	ryland			
2	10735 Bower Ave.			Williamspor			NGTON			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN			DWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	Maryland W	ashington	<u> Wil</u>	101. ZIP CODE		10g. CITIZEN OF	1 TYES 2 KNO WHAT COUNTRY?			
FUNERAL	10735 Bower Ave.			2179		USA				
0	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 12 IF YES, GIVE WAR (YES 2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuben, Mexi- 1 TYES 2 KND Specify	can, Puerto Rican, atc.)	Ble	CE — American Indian, lock, White, etc. ecity: White			
ובח	15. DECEDENT'S ED (Specify only highest grad	le completed)	16a, DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY				
COMPLEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mecha		Automob	ile Dea	lership			
- 1	17. FATHER'S NAME (First, Middle, Lest) AMOS		VIII		NAME (First, Middle, Meiden St					
O BE	19e. INFORMANT'S NAME (Type/Print)		Kline 19b. MAILING AD	DRESS (Street and Number or Runs	othy Ali		oms			
-	Dorothy L.Kline			ower Ave.Willi						
1	20e, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF D	i sposition (Name of place) I-Park Jan.9, 1995		ATION — City or	Town, State MD 21740			
- 3	21, SIGNATURE OF SUNERAL SERVICE L	ICENSEE	/	22. NAME AND ADDRESS OF TO OSBORNE FUN	FACILITY	ISTOWII,	MU 21740			
	23. PART I. Enjoy the diseases, or	1. Chila		P.O.Box # 3	348 Williams	port.MD	21795			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Cardiova	mula (Luc	monts			
MEDICAL	PART II. Other significant condition	ins contributing to dea	nth but not resulting in t	he underlying cause given i	in Part I, 24a. WAS AN AI PERFORM	ED2	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (Check only one)					
121	1 VES 2 NO	HOSPITAL:	/Outpatient 3 DOA 4	THER: Nursing Nome 5 B Residence						
DI PRISICIAN:	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y			28d. DEŞCRIBE NOW INJ	JURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide setermined	28e. PLACE OF IN building, etc.	JURY — At home, farm, stree (Specify)	et, fectory, office	281. LOCATION (Street en City or Town, Stefe)	d Number or Rura	l Route Number,			
COMPLEIED	onel			t the time, dete end piece, and d n my opinion, death occured at ti			o(o) and manner se sisted.			
10 00	286. SIGNATURE AND TITLE OF CENTIFIES 296. DATE SIGNED (MINISTON), VISUAL 286. LICENSE NUMBER 296. LICENSE NUMBER 296. LIC									
	Martin W. Gallagh 31. DATE FILED (Month, Day, Year) JAN 0 9 199	32. REGISTRAR'S	O Medical Ca	ampus Rd. Hage	erstown,MD 2	1740				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be defached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			TAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leal) 4. SOCIAL SECURITY NUMBER	re J. Rac	JUNE (In yrs. last birthday) IF	Cline UNDER I YEAR	E INDER 24 MRS 7. D	ATE OF BUTTH	995 8. BIRTI	3. TIME OF OEATH 0404 A M HPLACE (State or Foreign	
~	9a. FACILITY NAME (If not institution, give s		/ 1 YRS.	o. CITY, TOWN OR	LOCATION OF DEATH	y 24, 1923	West	Virginia DEATH	
DIRECTOR	Washington Count RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY, TO	Hagers			Washin	10d. INSIDE CITY	
	Maryland Was 100. STREET AND NUMBER 847 Woodland Wa	shington	Ная	gerstown	1 21742	104		LIMITS? 1% YES 2 NO WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 K NO	II yes, speci	IDENT OF HISPANIC OF Ity Cuban, Maxican, Pue INO Specify:	ligin? (Specify Yea or Norto Rican, etc.)	U . S . 10— 14. RACI Blac Spec	E — American Indian, k, Whita, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 0-12	College (1-4 or 5+)	180. DECEDENT'S USI (Give kind of work life. Do NOT use re Secret	done during most tired.)	of working	metal			
BE CO	17. FATHER'S NAME (First, Middle, Last) Robert 19a. INFORMANT'S NAME (Type/Print)	Stroop				a Elizabet	h Elli	S	
2	Mr. Harold B. Kli	206	847 WOO	odland W		stown, Mai		21742	
	1 G Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	R	netery, crematory or other lest Haven	22. NAME AND	ADDRESS OF FACILITY	Minnich	Funera		
4	23 PART I Enter the diseases or	complications that cause	wet	1				wn, MD 21740	
CEMILICATION	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only error cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algolificant condition	ns contributing to death b	out not resulting in ti	he undarlying o	causa given in Part	PERFORMED 1 YES 2 44	7	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
T SICIAN:	DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
וויין ומ	27. MANNER OF DEATH 1 Actural 5 Pending Investigation	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF	28c. INJUR		DESCRIBE HOW INJUR	Y OCCURED		
	3 Suicide S Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLE	one) 2 MEDICAL EXAMINE	ICIAN: To the beat of my know ER: On the basia of examination						s) and manner as stated.	
20 00	296. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	morgan	oc. USENSE NUMBER	9	I. DATE SIGNED	(Month, Day, Year)	
	31. DATE FILED (MONTH, Day, Year) JAN 0 9 199	32. RESISTBAR'S SIGN	tomac	AUR.	1809	evstou	n		



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1. DECEDENT'S NAME (Fir					ICATE OF			REG. N	0.		
BERNARD	st, Middle, Last)	CORNEL	IUS	KEL	LY			2. DATE OF DEATH MONTH Jan 9	T995	YEAR	3. TIME OF DEATH 4:14 am
4. SOCIAL SECURITY NUM 219-36-01		5. SEX 1 X M 2 F	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	0.004	7. DATE OF BIRTH (Month, Day, Year) Oct.22,1	903	Counti	PLACE (State or Foreign lston, Md.
90. FACILITY NAME (If not Saint Jose	ph Hosp				9b. CITY, TOWN	BOR,	N OF DEAT	ТН		Baltin	EATH
RESIDENCE OF DE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA					10d. INSIDE CITY	
Maryland	Balt	imore			ydes						LIMITS?
10e. STREET AND NUMBE	R					. ZIP CODE	_		10g. CI	TIZEN OF V	WHAT COUNTRY?
13430 Long	Green	Pike				21082				U.S	. A .
11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Die		12. WAS DECEDEN FORCES? IF YES, GIVE V	TEVER IN U.S. ARI YES 2XXN WAR OR DATES	MED	If yes, so			ORIGIN? (Specify) Puerto Rican, etc.)	ee or No—	14. RACI Black Spec Whit	
15, DE (Specify o	CEDENT'S EDU	JCATION e completed)	16a. DE6	CEDENT'S	USUAL OCCUPATION	DN		16b. KIND OF E	USINESS/IN		
Elementary/Secondery 3rd.	(0-12)	College (1-4 or 5	+) /// /// /// /// /// /// /// /// /// /	rmer	se retired.)	ist or working	,	Privat	e Ind	ustr	у
17. FATHER'S NAME (First, Joseph M.	Kelly					Sara	h El	E (First, Middle, Maid len Lync	h		
Mr. Aaron	B. Kel		196	1342	ADDRESS (Street of B Long G	reen	Pike	Hydes,	own, State, Z Md . 21	(p Code) 082	
20a, METHOD OF DISPOSI 1 X Buriel 2 Cremet 4 Donetion 5 Other		noval from State			Ceni. Long		n 1/	11/95 Hy	ocation - des, Mo		
21. SIGNATURE OF FUNER	AL SERVICE LI	Lass	ala	ر		Lassahi	n Fune	eral Home Kingsv	illo M	1 2100	7
	diseesea, or heart fallure.	complications the	t ceused the de	eth. Do	not enter the mo	also ad about	-		1 .		
IMMEDIATE CAUSE (F disease or condition reaulting in death)	Inel	• RESPIRA	TORY FAI	LURE		ode of dyin	ig, such	ss cerdisc or res	piratory s	rrest,	Approximets interval Between Onset and De 4 DYS.
disease or condition	Itions, ediate YING jury	RESPIRATION DUE TO DUE TO C.	TORY FAIL (OR AS A CONSEC	LURE DUENCE O	F):	de or dyin	ig, such	ss cerdisc or res	piratory s	rrest,	Onset and De
Sequentially list cond if any, leeding to Imm cause. Enter UNDERL' CAUSE (Disease or Inthat initiated events	Itions, ediete ring lury	PNEUMC DUE TO DUE TO DUE TO	TORY FAIL (OR AS A CONSECTION OR AS A CONSECTION OR AS A CONSECTION OF	DUENCE O	F): F):			art i. 24e. WAS	IN AUTOPSY ORMED?		interval Betwonset and De 4 DYS. 4 DYS. 4 DYS.
Sequentially list cond if any, leeding to imm cause. Enter UNDERL' CAUSE (Disease or in that initieted events resulting in death) LA PART ii. Other significations are sequentially in the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of	itions, ediete VING jury	DUE TO D	TORY FAIL (OR AS A CONSECTION OF	DUENCE O	F): F): In the underlyin 28. Pi OTHER: 4 \(\text{Nursing Hom} \)	g ceuse gl	Iven in Pa	art i. 24e. WAS / PERF 1 VES k only one)	NI AUTOPSY ORMED? 2 NO	24b	MERE AUTOPSY FINON AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list cond if any, leeding to Imm cause. Enter UNDERL' CAUSE (Disease or Inthat initieted events resulting in deeth) LA PART II. Other aignifications are also also also also also also also also	itions, ediete VING jury	e. RESPIRADUE TO DUE TO DUE TO d	TORY FAIL (OR AS A CONSECTION OF	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. TIME	F): F): In the underlyin OTHER: 4 Nursing Horn HOPY 28c. IN. URY M 1	g ceuse gl	ATH (Checilidence 8	art i. 24e. WAS / PERF 1 YES k only one) Other (Specify) 28d. DESCRIBE HOV	IN AUTOPSY ORMED? 200 NO 200 NO	24b	MERE AUTOPSY FINON AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list cond if any, leeding to imm cause. Enter UNDERLY CAUSE (Disease or in that initieted events resulting in deeth) LA PART ii. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Accident 3 Suicide 8 Homicide	itions, ediete ving lury st condition	e. RESPIRADUE TO b. PNEUMC OUE TO c. DUE TO d	TORY FAIL (OR AS A CONSECTION OF	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. TIME	F): F): In the underlyin OTHER: 4 Nursing Horn HOPY 28c. IN. URY M 1	g ceuse gl	ATH (Checilidence 8	art i. 24e. WAS / PERF 1 VES k only one)	IN AUTOPSY PRIMED? 2 NO	24b	MERE AUTOPSY FINON AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list cond if any, leeding to imm cause. Enter UNDERL' CAUSE (Disease or in that initieted events resulting in death) LA PART ii. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH Natural 5 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only)	itions, ediete ying cent condition To MEDICAL Pending investigation Could not be determined	e. RESPIRA DUE TO b. PNEUMC OUE TO c. DUE TO d	TORY FAIL (OR AS A CONSECTION OF AS A CONSECTION O	DUENCE OF DUENCE OF DUENCE OF DOA 28b. Till IN.	F): F): In the underlyin 28. Pi OTHER: 4 Nursing Hon IE OF 28c. IN. IURY 1 street, fectory, officed	g ceuse gl	ATH (Check Back NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Brt i. 24e. WAS / PERF 1 YES k only one) Other (Specify) 28f. LOCATION (Streecity or Town, Ste	IN AUTOPSY PRIMED? 2 NO 7 INJURY OF the end Number (e)	24b CCUREO or or Rural R	interval Betwonset and De 4 DYS. 4 DYS. 4 DYS. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list cond if any, leeding to imm cause. Enter UNDERL' CAUSE (Disease or in that initieted events resulting in death) LA PART ii. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH Natural 5 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only)	Itions, ediete VING Jury ST Condition TO MEDICAL Pending Investigation Could not be determined RTIFYING PHYS DICAL EXAMINI	e. RESPIRADUE TO b. PNEUMC DUE TO c. DUE TO d	TORY FAIL (OR AS A CONSECTION OF AS A CONSECTION O	DUENCE OF DUENCE OF DUENCE OF DOA 28b. Till IN.	F): F): In the underlyin 28. Pi OTHER: 4 Nursing Hon IE OF 28c. IN. IURY 1 street, fectory, officed	G ceuse gl LACE OF DE 10 5 Res 10 RY AT 19 RY 2 e 10 end place, 1	ATH (Check 8 2 NO 2 and due to d at the tir	art i. 24e. WAS / PERF 1 YES k only one) Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Street, Street, OPSY DRIMED? NO If INJURY Of the and Number of the and the to 1 29d. DA	24b CCUREO or or Rural fi	interval Betwo	

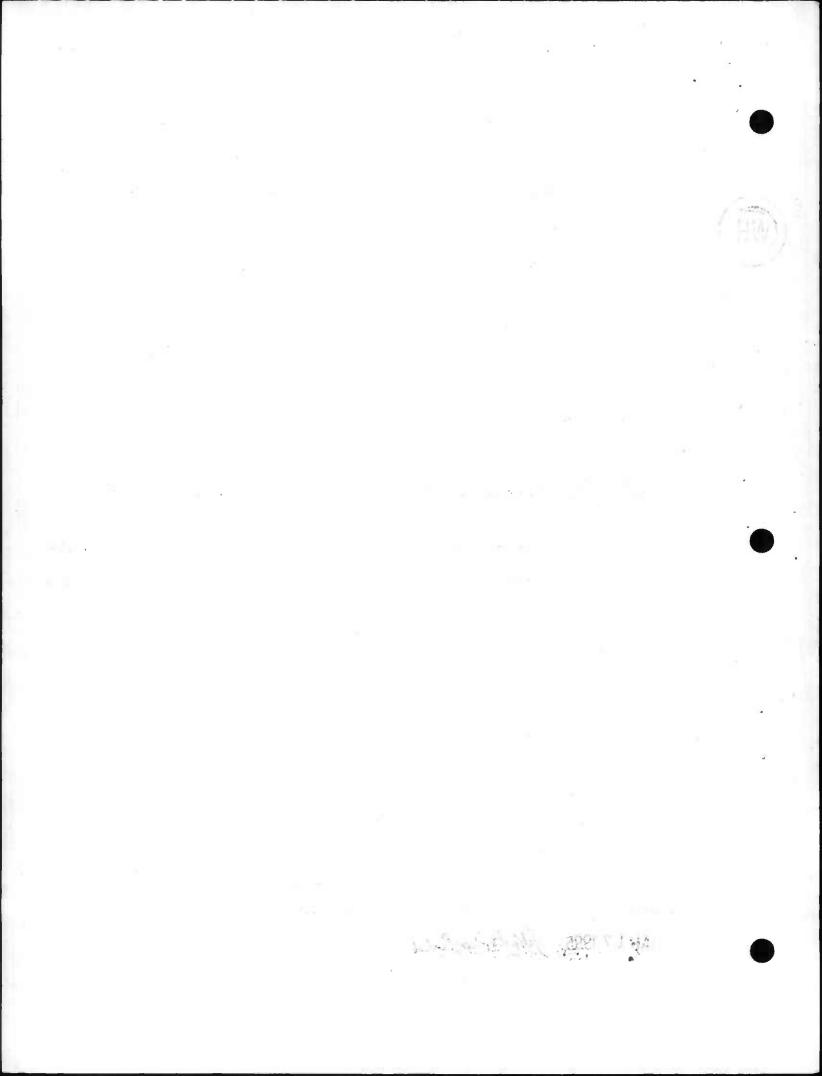
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendingsphysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



	The second secon	
A	mended	#1,

#1, 1/6/95, JW, Montgomery

1 - STATE REGISTRAR	6	STATE OF I	MANILA	CE	RTIFICA	TE OF	DEAT	ГН			G. NO				
1. OECEDENT'S NAME (First,		, ,	: 							DATE OF DE				3. TIME OF E	DEATH
LTOR	J	Luis		T.1	EV				J	AN AN	02	1 19	95	6:05	A
4. SOCIAL SECURITY NUMB	ER 5	. SEX	6. AGE (In			NDER 1 YEAR	IF UNDER	24 HRS.	-	ATE OF BI		- 22		NPLACE (State of	
	1	X M 2 ☐ F			YRS. MONT			MIN.	(1	Wonth, Day,	Year)		Count	ry)	or roreign
9a. FACILITY NAME (If not in	stitution nim stree	t and number)			-	2 22	OR LOCATION	011 05 0		v. Z	195			YLAND	
								ON OF O	EATN				NTY OF E		
5802 WYNG	ATE RO)AD			B	ETHE	SDA					MON'	TGO	MERY	
10a. STATE	10b. COUNTY				10c. CITY, TO	WN OR LOC	ATION							10d. INSIDE	NITV
Maryland	Vantage													LIMITS?	
Maryland 100. STREET AND NUMBER	Montgo	шегу			Beth		Of. ZIP COO							1 TYES 2	0
						P						11.5		WHAT COUNTR	Y?
5802 Wyngate							208	17				Unit	ed S	tates	
11. MARITAL STATUS 1 Never Married 2		2. WAS OECEOEN FORCES? 1	T EVER IN 1	U.S. ARM	EO	13. WAS OF	CENOENT O	F HISPAI	NIC OF	RIGIN? (Spe	ecify Yes	or No-	14. RAC	E - American k, White, etc.	Indian,
3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR OAT	TES			S 2 X NO			arto riicani,	ato.)			White	2
	- 1														
16. DEC (Specify only	EDENT'S EDUCAT highest grade cor	TON Noteteid)		(G/vi	EOENT'S USUA kind of work d	one during n	ION lost of working	g	ı	16b, KINO	OF BUS	SINESS/INC	DUSTRY		
Elementary/Secondary (I)	-(2)	Callege (1-4 or 5	+)		Oo NOT use retir	ed.)		-	- 1						
0				n/a	1					I	n/a				
17. FATHER'S NAME (First, M	iddle, Lest)						16. MOTH	IER'S NA	AME (F	irst, Middle,	Maiden	Sumame)			
Doron Lev							Mar	ia d	de1	Carr	men				
19s. INFORMANT'S NAME (7)	pePrint			19b.	MAILING AODI	RESS (Street	and Number	or Rural	Route i	Number, Cit	y or Tow	n. State. Zic	Code)		
Doron Lev					302 Wy							D. 2		,	
28s. METHOD OF DISPOSITI	ON		206.0	_					_			CATION —	_		
N Burial 2 □ Crespitto	n 3 🗆 Remove	from State /	200.1		DOATEGEOR	DOCITION /							City or 10	wn, Stata	
4 Donation 5 Other	(Spanik)	1	cemet	tery, crem	DOATE OF OIS	POSITION (A	Verne of		1						
4 Donation 5 Other	and the last of th	see /	Mt	tery, cremi	obate of ois etgry or other place banon	Ceme	tery		1	14		Lphi,			
21. SIGNATURE OF PUNERAL	and the last of th	SED (Mt	tery, creme Le	DOATE OF OIS etgry or other place banon	Ceme	tery	ss of fa	1	14	Ade	lphi,	MD.		
The state of the s	and the last of th	7.	Mt	tery, cremi	DOATE OF OIS	Ceme	tery NO AOORES ansky	-Go]	1 Ldb	/4 erg l	Ade] Memo	lphi, orial	MD.	pels	0852
21. SIDNATURE OF FUNERAL 23. PART I. Enter the di	MALY SORNER OF COM	nplications that	du caused i	tery, creme Le Le	etgry or other picebanon	Ceme 22. NAME / Danz 1170	tery ano AGORES ansky Rock	-Go]	ldb	erg l	Ade] Memo	lphi, orial Rockv	MD. Cha	pels	
23. PART I. Enter the di shock, or he	Seases, of compart faulury. Lis	nplications that	du caused i	tery, creme Let Let	ebanon	Ceme 22. NAME / Danz 1170	tery ano AGORES ansky Rock	-Go]	ldb	erg l	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	rimata i Betwee
21. SIDNATURE OF FUNERAL 23. PART I. Enter the di	Seases, of compart faulury. Lis	nplications that	du caused i	tery, creme Let Let	etory or other pice banon	Ceme 22. NAME / Danz 1170 nter the m	tery ANO ACCRES ansky Rock Code of dyl	r–Go] vil] ng, suc	ldb le	erg l Pike	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	cimata
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (FIN	Seases, of compart faulury. Lis	pplications that tonly one cau	it caused to	tha deet	etgry or other please banon	Ceme 22. NAME / Danz 1170 nter the m	tery ANO ACCRES ansky Rock Code of dyl	r–Go] vil] ng, suc	ldb le	erg l Pike	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	rimata i Betwee
23. PART I. Enter the dishock, or he immediate cause (fin disease or condition	season, of compart failure. Lis	pplications that tonly one cau	du caused i	tha deet	etgry or other please banon	Ceme 22. NAME / Danz 1170 nter the m	tery ANO ACCRES ansky Rock Code of dyl	r–Go] vil] ng, suc	ldb le	erg l Pike	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	rimata i Betwee
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	season of compart failure. Listel	pplications that t only one cau	It caused to use on each	the deet ch line.	A ME TA	Ceme 22. NAME / Danz 1170 nter the m	tery ANO ACCRES ansky Rock Code of dyl	r–Go] vil] ng, suc	ldb le	erg l Pike	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	rimata i Betwee
23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditif any, leading to immediate the condition of the co	seases, of compart fature. Listel	pplications that t only one cau	it caused to	the deet ch line.	A ME TA	Ceme 22. NAME / Danz 1170 nter the m	tery ANO ACCRES ansky Rock Code of dyl	r–Go] vil] ng, suc	ldb le	erg l Pike	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	rimata i Betwee
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	season of compart failure. Listel a ons, fliate NG	OUE TO	It caused to the property of t	the deet ch line.	th. Do not et A META BENCE OF):	Ceme 22. NAME / Danz 1170 nter the m	tery ANO ACCRES ansky Rock Code of dyl	r–Go] vil] ng, suc	ldb le	erg l Pike	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	rimata i Betwee
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, laading to immediate. Enter UNDERLY! CAUSE (Disease or injuithat initiated events	seases of compart fautri. Listel a ons, flate NG ry	OUE TO	It caused to use on each	the deet ch line.	th. Do not et A META BENCE OF):	Ceme 22. NAME / Danz 1170 nter the m	tery ANO ACCRES ansky Rock Code of dyl	r–Go] vil] ng, suc	ldb le	erg l Pike	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	rimata i Betwee
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to Immediates. Enter UNDERLY!	seases of compart fautri. Listel a ons, flate NG ry	OUE TO	It caused to the property of t	the deet ch line.	th. Do not et A META BENCE OF):	Ceme 22. NAME / Danz 1170 nter the m	tery ANO ACCRES ansky Rock Code of dyl	r–Go] vil] ng, suc	ldb le	erg l Pike	Ade] Memo	lphi, orial Rockv	MD. Cha	pels Approximatory	rimata i Betwee
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially list condition from the immediate cause. Enter UNDERLY! CAUSE (Disease or Injurthat initiated events resulting in death) LAST	season of compart fature. Listel ons, flate NG ry d	OUE TO	It caused to see on each of the property of th	tha deal ch line.	A META ENCE OF:	Ceme 22. NAME J Danz 1170 nter the m	tery AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND	r-Go]	1 ACILITY Idb	erg l Pike cardiac o	Ade] Memo	lphi, orial Rockv	MD. Charille	Approximater	cimata i Betwee and Daat
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, laading to immediate. Enter UNDERLY! CAUSE (Disease or injuithat initiated events	season of compart fature. Listel ons, flate NG ry d	OUE TO	It caused to see on each of the property of th	tha deal ch line.	A META ENCE OF:	Ceme 22. NAME J Danz 1170 nter the m	tery AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND	r-Go]	1 ACILITY Idb	erg l Pike cardiac o	Ade] Memo	Lphi, orial Rocky ratory arr	MD. Charille	pels Approximatory	cimata i Betwee and Daat
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially list condition from the immediate cause. Enter UNDERLY! CAUSE (Disease or Injurthat initiated events resulting in death) LAST	season of compart fature. Listel ons, flate NG ry d	OUE TO	It caused to see on each of the property of th	tha deal ch line.	A META ENCE OF:	Ceme 22. NAME J Danz 1170 nter the m	tery AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND	r-Go]	1 ACILITY Idb	erg l Pike cardiac o	Memo I I I I I I I I I I I I I I I I I I I	AUTOPSY MED?	MD. Charille	Approvinterva Onset	cimata I Betwee and Daat Y FINDINGS OR TO
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially list condition from the immediate cause. Enter UNDERLY! CAUSE (Disease or Injurthat initiated events resulting in death) LAST	season of compart fature. Listel ons, flate NG ry d	OUE TO	It caused to see on each of the property of th	tha deal ch line.	A META ENCE OF:	Ceme 22. NAME J Danz 1170 nter the m	tery AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND	r-Go]	1 ACILITY Idb	erg l Pike cardiac o	Memo	AUTOPSY MED?	MD. Charille	Approsinterva Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAST	season of compart failure. Listel a ons, diate NG ry d nt conditions c	DIPLICATIONS that t only one cau UNDETERM OUE TO OUE TO OUE TO	It caused it is on each of the property of the	the deet the deet children consequence consequence to the tree consequence con	A ME TA BENCE OFT: BENCE OFT:	Ceme 22. NAME J Danz 1170 nter the m	tery NNO ADDRES AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND	GOJ VIII ng, suc	ldble Part	erg l Pike cardiac o	Memo I I I I I I I I I I I I I I I I I I I	AUTOPSY MED?	MD. Charille	Approvinterva Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the importance of the im	season of compart fature. Listel ons, Silate NG c	DIPLICATIONS that t only one cau UNDETERM OUE TO OUE TO OUE TO	It caused to see on each time on each time on each time of the control of the con	tha deet ch line.	A ME TA BENCE OFT: BENCE OFT:	Ceme 22. NAME / Danz 1170 nter the m	Rock Ode of dyl C ABNO	r-Go]	ldble Part	erg l Pike cardiac o	Memo I I I I I I I I I I I I I I I I I I I	AUTOPSY MED?	MD. Charille	Approsinterva Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, laading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in death) LAST PART II. Other significant DID TOBACCO USES. WAS CASE REFERRED TO EXAMINER?	season compart fature. Listel a ons, diate NG ny T d SE CONTRIB D MEDICAL H	OUE TO CA	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	the deet the	A ME TA ENCE OF): BUILDING IN THE	Ceme 22. NAME # Danz 1170 nter the m BOLIO NO [eck only one 4ER:	Rock Ode of dyl C ABNO By Cause 9 UNC	GOJ VIIJ ng, suc ORMA	Part	erg l Pike cardiac o	Memori I	AUTOPSY MED?	MD. Charille	Approsinterva Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, laading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in death) LAST PART II. Other significant process of the condition o	season compart fature. Listel a ons, diate NG ny T d SE CONTRIB D MEDICAL H	OUE TO OUE TO OUTE TO CA OSPITAL:	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	tha deet that deet the that the deet that the the that the the that the the that the the that the the that the the the the the the the the the th	A ME TA ENCE OF): ENCE OF): ENCE OF): OF OEATN (CAT) DOA 4	22. NAME J Danz 1170 nter the m BOLIO NO [eck only one HER: Nursing No	Rock Ode of dyl C ABNO B C BUNC UNC UNC	GOJ VIIJ ng, suc ORMA	Part	erg l Pike cardiac o	Memori I was an was an was an was an was an was an was an was an was a w	AUTOPSY MED?	MD. Charille	Approsinterva Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, laading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in death) LAST PART II. Other significant in the condition of the condit of the condition of the condition of the condition of the condi	season compart fature. Listel a ons, diate NG ny T d SE CONTRIB D MEDICAL H	OUE TO CA	It caused to see on each of the property of th	tha deet that deet the that the deet that the the that the the that the the that the the that the the that the the the the the the the the the th	A ME TA ENCE OF): BUILDING IN THE	Ceme 22. NAME A Danz 1170 nter the m BOLI(NO [ock only one HER: Nursing No.	TETY NO ACCORE AND ACCORE ROCK OC ABN OC A	GOJ vill ng, suc ORMA	Part	erg l Pike cardiac o	Memori I was an was an was an was an was an was an was an was an was a w	AUTOPSY MED?	MD. Charille	Approsinterva Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Farty, leading to immediate. Enter UNDERLYI CAUSE (Disease or Injuit that inlitiated events resulting in death) LAST PART II. Other significant that in the property of	season compart fature. Listel a ons, dilate NG ry T d SE CONTRIB MEDICAL H 1	OUE TO OUE TO OUTE TO CA OSPITAL: Inputation 2 Can Contribution to CA OSPITAL: (Month, D	(OR AS A CO	the deet the	A ME TA BENCE OF):	22. NAME A DATE 1170 There the m BOLIO NO [ock only one HER: Nursing No.	TETY NO ACCORD ROCK OOLO OF THE TETY OOLO OOLO OOLO OOLO OOLO OOLO OOLO OO	GOJ vill ng, suc ORMA	Part 1	Pike cardiac o	Memo I I respi	AUTOPSY MED?	MD. Charille reat,	Approximatery Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Fart II. Other significant in the initiated events resulting in death) LAST PART II. Other significant in the initiated events resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Netural 5 1 2 Accident 1 3 Suicide 6 0	season of compart failure. Listel a ons, dilate NG ry T d SE CONTRIB Dending restigation Could not be	OUE TO OUE TO OUE TO OUTE TO CA OSPITAL: Inpetient 2 28e. OATE OF (Month, D) 28e. PLACE O	(OR AS A CO	the deet the	A ME TA A ME TA A ME TA BENCE OF): BENCE OF): BUILDING IN THE OF OEATN (Ch	22. NAME A DATE 1170 nter the m BOLIO NO [cock only one HER: Nursing No.	TETY NO ACCORD ROCK OOLO OF THE TETY OOLO OOLO OOLO OOLO OOLO OOLO OOLO OO	GOJ vill ng, suc ORMA	Part 286.	Pike cardiac o	Memoria III III III III III III III III III I	AUTOPSY MED?	MD. Charille reat,	Approsinterva Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Fart II. Other significant in the initiated events resulting in death) LAST PART II. Other significant in the initiated events resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Netural 5 1 2 Accident 1 3 Suicide 6 0	season of compart fature. Listel a ons, flate NG ry T	OUE TO OUE TO OUE TO OUTE TO CA OSPITAL: Inpetient 2 28e. OATE OF (Month, D) 28e. PLACE O	(OR AS A COOR OF THE PROPERTY	the deet the	A ME TA BENCE OF):	22. NAME A DATE 1170 nter the m BOLIO NO [cock only one HER: Nursing No.	TETY NO ACCORD ROCK OOLO OF THE TETY OOLO OOLO OOLO OOLO OOLO OOLO OOLO OO	GOJ vill ng, suc ORMA	Part 286.	Pike cardiac o	Memoria III III III III III III III III III I	AUTOPSY MED?	MD. Charille reat,	Approximatery Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, laading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in death) LAST PART II. Other signification of the part of the par	seases compart in the conditions of the conditio	OUE TO OUE TO OUE TO OUTE TO CA OSPITAL: Inpettent 2 28e. OATE OF (Month, D) 28e. PLACE OF building,	(OR AS A COOR OF THE PROPERTY	the deet the	A ME 1' A HENCE OF): H	Danz 1170 nter the m BOLI(NO [eck only one 1ER: Nursing Not 28c. IN 1 [factory, offs	Tery AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND ADDRES AND	GOJ NIJI NO RMA	Part:	Pike cardiac o 1. 24a. 1 Other (Spec DESCRIBE	Memoria III III III III III III III III III I	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	MD. Charille	Approximatery Onset	cimata I Betwee and Daat Y FINDINGS OOR TO OOF CAUSE
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injustrational Injustration of Injustr	season compart in the control of the	OUE TO OUE TO OUE TO OUTE TO O	(OR AS A COOR OF THE COOR OF T	the deet the deet the deet the deet the deet the the deet the the the the the the the the the	A ME 1' A HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HOW AND HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF):	22. NAME J Danz 1170 nter the m 8 B O L I (1 W 1 W 1 Sectory, offs 1 time, det	Tery AND ACCRETE ACCRETE AND ACCRETE ACCRETE AND ACCRETE A	GOJ NIJI NG, SUC	Part :	Pike cardiac o 1. 24a. 1 Other (Spec DESCRIBE LOCATION City or Town cause(s) a	Memorial Mem	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	MD. Charille reat,	Approsintarva Onset WERE AUTOPS AWALABLE PRI COMPLETION OF CEATH? 1 YES 2	cimata i Betwee and Dast Y FINDINGS OOR TO OPF CAUSE NO
23. PART I. Enter the dishock, or he immediate CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) If any, leading to immediate. Enter UNDERLYI CAUSE (Disease or Injuit that inlitiated events resulting in death) LAST PART II. Other significant resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 Yes 2 NO 27. MANNER OF OEATN 1 Natural 5 1 2 Accident 3 Suicide 6 6 6 29a. CERTIFIER (Check only one)	SEE CONTRIB One, dilete NG ry T d SEE CONTRIB OMEDICAL H 11 Pending nvestigation Could not be letarmined IFYING PNYSICIAL CAL EXAMINER: C	OUE TO OUE TO OUE TO OUTE TO O	(OR AS A COOR OF THE COOR OF T	the deet the deet the deet the deet the deet the the deet the the the the the the the the the	A ME 1' A HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HOW AND HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF):	22. NAME J Danz 1170 nter the m 8 B O L I (1 W 1 W 1 Sectory, offs 1 time, det	TETY AND ADORES AND ADORES AND ADORES AND ADORES AND ADORES AND ADORES AND ADORES AND ADORES ADDRES	GOJ VIIJ ng, suc ORMA ORMA	Part :	Pike cardiac o 1. 24a. 1 Other (Spec DESCRIBE LOCATION City or Town cause(s) a	Memorial Mem	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	MD. Charille reat,	Approsintarva Onset WERE AUTOPS AWALABLE PRI COMPLETION OF CEATH? 1 YES 2	cimata i Betwee and Dast Y FINDINGS OOR TO OPF CAUSE NO
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injust that initiated events resulting in death) LAST PART II. Other significant in the part of the p	SEE CONTRIB One, dilete NG ry T d SEE CONTRIB OMEDICAL H 11 Pending nvestigation Could not be letarmined IFYING PNYSICIAL CAL EXAMINER: C	OUE TO OUE TO OUE TO OUTE TO O	(OR AS A COOR OF THE COOR OF T	the deet the deet the deet the deet the deet the the deet the the the the the the the the the	A ME 1' A HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HOW AND HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF): HENCE OF): HOW AND HENCE OF):	22. NAME J Danz 1170 nter the m 8 B O L I (1 W 1 W 1 Sectory, offs 1 time, det	TETY NO ACCEPTION ACCEPTIO	GOJ VIIJ ng, suc ORMA ORMA	Part 286.	erg I Pike cardiac o Y I. 24a. 1 Other (Spec DESCRIBE Cause(s) a deta and pi	Memorial Mem	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	MD. Charille reat, 24b Cureo or Rurel F	Approsintarva Onset WERE AUTOPS AWALABLE PRI COMPLETION OF CEATH? 1 YES 2	imata i Betwee and Dast Y FINDINGS OR TO OF CAUSE NO

111

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

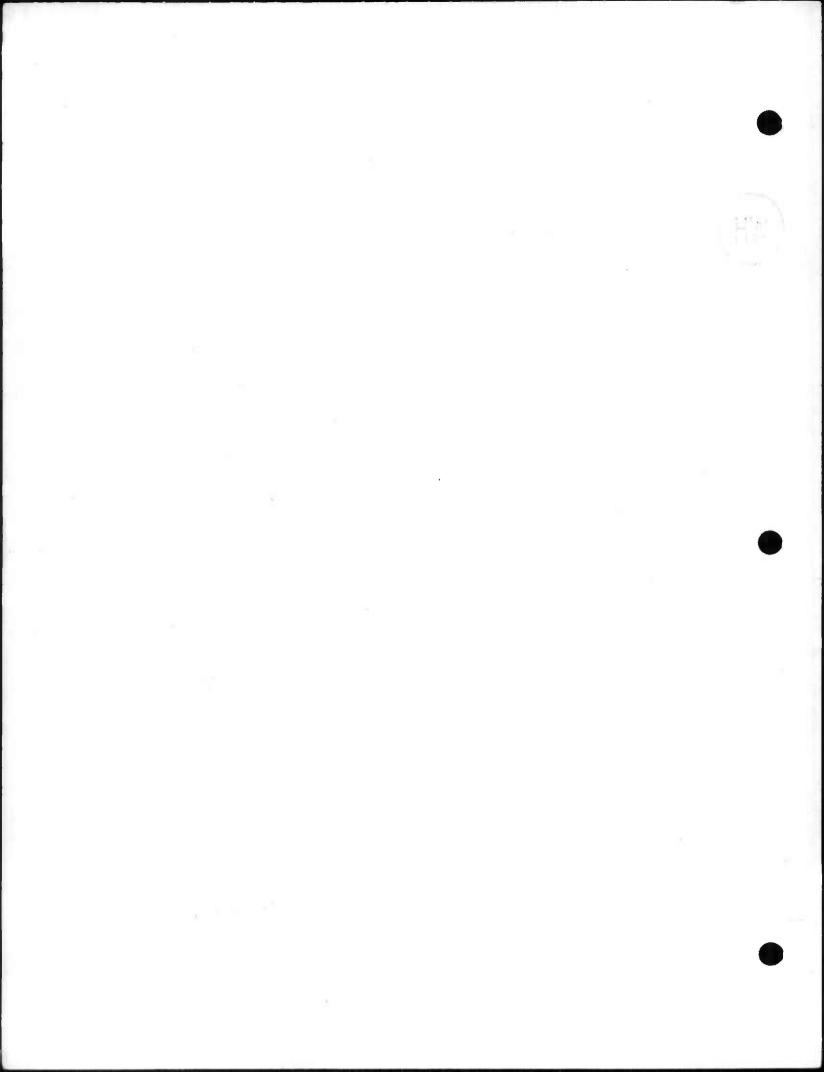
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

VOORE

JAN 6 1995

OHMH-16 Rev 1/89

Penn Street, Baltimore, Maryland 21201



BALTIMORE, MARYLAND 21215-0020

3		
5		
9		
è		
DIN	oval.	
5	ren	
3	6	
P	00	
I protein	s after death with the State Deptr. of Health and Mental Hygiene prior to burial, cremation, or removal.	
200	vurial,	
Ð,	2	
Sicial	prior	
5	ene	
2	H	
91101	fental	
5	2	•
5	ĕ	
Signa	Health	
100	ō	
5 cpr	Dept.	-
Cate	State	
5	the	
S CHIE	with	
10112	death	
5	ther	
5	S	1

DIVISION OF VITAL RECORDS, P.O. BOX 68760

												90	U	1130
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR					MENTAI	HYGIEN			
	1. DECEDENT'S NAME (First, Mic	ddle, Lest)								2. DATE	OF DEATN			3. TIME OF DEATH
	CONSTANTINE	NIC	HOLAS	LATOS						MONTE	, D	AY 7.00	YEAR	1:25 P.M.
	4. SOCIAL SECURITY NUMBER		s. SEX	6. AGE (In yrs. les	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	JAN.	OF BIRTH	199		PLACE (State or Foreign
	578-58-0083		1 🛛 M 2 🗆 F	96	YRS.	MONTHS	DAYS	HOURS	BAIN!	(Month	Day, Ybar) 20 1	808	GREI	y)
1 1	9e. FACILITY NAME (If not institu	ition, give stree	et and number)	10		ob CIT	V TOWN C	R LOCATION			. 20 1	_	NTY OF D	
NO.	MANOR CARE P	OTOMA	231				OMAC	n Locali	ON OF DE	-AIN			GOME	
[គួ	RESIDENCE OF DECED	DENT b. COUNTY			140.00									
рівестой		ONTGO	MERY		I	OMAC	OR LOCAT	ION						10d. INSIDE CITY LIMITS? 1 YES 2X NO
	10e. STREET AND NUMBER				1			. ZIP CODE				10a CIT	IZEN OF V	HAT COUNTRY?
3	10111 WEATHE	RWOOD	CT.					0854						THE COUNTRY I
FUNERAL	11. MARITAL STATUS			T EVER IN U.S. AR	MEO	42					? (Specify Yes	U.S		
E			FORCES? 1	YES 2X	NO	13.	If yes, sp	ecify Cube	n, Mexica	n, Puerlo F	? (Specify Yea licen, etc.)	or No—	14. RACE Black	— American Indian, White, etc.
ВУ	1 Never Married 2 Mei 3 Widowed 4 Divorced	d	IF YES, GIVE W	AR OR DATES			1 🔲 YES	2 NO	Specify	r:			Specif	WHITE
		NT'S EDUCAT		16a. DE	CEDENT'S	USUAL C	OCCUPATIO	ON .		16h	KIND OF BU	SINE SS /IN	MISTEV	***************************************
	(Specify only hig Elementary/Secondary (0-12)	1		(G	ive kind of a	work done	durina mo		g	100	KIND OF BU	JINE 33/INI	JOSTHI	
COMPLETED	12		College (1-4 or 5 -		HINI	П\Т2	TF M	VKEB		NI/	AVAL G	IINI E	A CTIOT	257
S	17. FATHER'S NAME (First, Middle	n. Lest)		1210	11111		111 11		ED'C MAI		fiddle, Meiden	7.00	ACTOR	(I
	NICHOLAS G. L								TAAL			- 111		
BE	19e. INFORMANT'S NAME (Type/			140	- MAN INC	ADODEO	0.00				KOZER			
2	DIANE BARDO	,		J	BILL	WEA	THER	WROD.	CT.	loute Numb	er, City or Tow	n, State, Zij) Code)	
									+	_				
20s. METHOD OF DISPOSITION 1 K Burlel 2 Cremetion 3 Removal from State 20s. PLACE AND DATE OF DISPOSITION (Name of campitary, cremetion) of the religion of								wn, State						
	> /- 1	/ HE				J	OSEP	H GAV	VLER	S SC	NS, I	NC		
					295G	_ 5	130	WI. A	AVE.	N.W.	WASH	INGT	ON, I	O.C. 20016
	23. PART I. Enter the disea ahock, or haart	asea, or cor	mplications the	caused the de	ath. Do r	ot ente	r the mo	de of dyl	ng, such	n aa card	lac or reap	ratory sn	rest,	Approximate
	IMMEDIATE CAUSE (Final													Onset and Death
	disease or condition resulting in death)		lu	OR AS A CONSEC	nce									
ĺ			OUE TO	OR AS A CONSEC	DUENCE O	F):								
z		b.												
RTIFICATION	Sequentially list conditions if any, leading to immediat	le	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
3	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c .												
E	that initiated events	1	OUE TO	(OR AS A CONSEC	DUENCE OF	F):-								
CER	resulting in death) LAST	d												
	PART II. Other algolificant of	conditions (contributing to	death but not r	esulting i	n the u	nderfulne		dues la l	Don't I	04- 1100 011		Lau	
₹	leupen			000011 000 1100 1	ouditing (ni tiid u	ineriying	L canse 8	inaeti itti i	rait i.	24a. WAS AN PERFOR		3	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
0										- 1	1 TYES 2	NO		OF DEATH?
×						_				_	-			1 TYES 2 NO
ä	DID TOBACCO USE	CONTRI	BUTE TO CA					UNC	ERTAIN	1 🗆				
5	25. WAS CASE REFERRED TO MI EXAMINER?		IOSPITAL:	26. PLAC	E OF DEAT									
YS.	1 TYES 2 THO			ER/Outpetient 3	□ DOA	OTHE		5 🗆 Re	sidence	6 🗆 Other	(Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF OEATN		28e. DATE OF (Month, Di		28b. TIM	E OF URY	28c. INJ			28d. OEŞ	CRIBE HOW I	NJURY OC	CURED	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO														
3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. LOCATION (Street end Number or Rural Route Number, building, atc. (Specific)					oute Number,									
4 Homicide determined														
7	29e. CERTIFIER (Check only	INO PHYSICIA	N: To the beet of	my knowledge, de	ath occurre	d at the	time, date	end place	end due	to the care	se(s) and mer	ner ee etet	ed.	
COMPLET														end manner ee stated.
	29b. SIGNATURE AND TITLE OF		1 1	1					NSE NUM					
BE	Mich	uel	1/20-	fly										(Month, Day, Year)
2	30, NAME AND ADDRESS OF PE	BSON WHO	COMPLETED CALL		4 AT (T	0.1.4		123	387	81		J	AIV.	4, 1995

4910 MASS. AVE. N.W. WASHINGTON, D.C.

MICHAEL J. GRADY

JAN 6 1995

20016

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		
1. OECEDENT'S NAME (First, Middle, Las	et)		AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF OEATH
LOIS	MARIE	LOWELL			JAN. 3	N 1995	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign
552-07-8082 98. FACILITY NAME (If not Institution, give	1 M 2 X F	79 YRS.	NTHS DAYS	HOURS MIN.	MARCH 27		ILLINOIS
	FLINT DR.	30		SINGTON			
RESIDENCE OF DECEDENT					MOM	GOMERY	
10a. STATE 10b. COU		10c. CITY, TO	OWN OR LOCAT	770			10d. INSIDE CITY LIMITS?
MD. M. M. M. M. M. M. M. M. M. M. M. M. M.	ONTGOMERY		KENSI	NGTON ZIP CODE		I Britania	1 XYES 2 NO
Treate San Butto Messal	FLINT DR.		"	20895			OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMEO	13. WAS DEC		IC ORIGIN? (Specify Yes		S.A.a
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 1/1/10	If yes, sp	2 NO Specify	, Puerlo Rican, atc.)	8	Black, White, atc.
	1						WHITE
15. DECEDENT'S E (Specify only highest gra	ade completed)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEM	10711		1 1	AT HOME	
17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NAM	AE (First, Middle, Maiden		
JOHN M	LUX			N	ORA	RYAN	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	DRESS (Street a	nd Number or Rural R	oute Number, City or Tow	n, State, Zip Gode)
SHARON LOWE	IL GREEN	SAME A	S ITEM	#10			
	20e. METHOD OF DISPOSITION 1					OAKT.AN	Town, State
4 Donation 5 Other (Specify) CHAPET, OF THE CHIMES CEM. 1/10 OAKLAND, CA. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							12, 021.
11.21.6	hanley	M00091	W. W.	CHAMBER	S CO., RIV	ERDALE,	MD. 20737
23. PART I. Entar the diseases, of shock, or heart failur	or complications that cause e. List only one ceuse on a	the death. Do not a	antar tha mo	da of dying, such	aa cardiac or reap	iretory arreat,	Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition	414	-		1 81	1/4/9	EMA	4 Onset and Death
resulting in death)	e. Due to on as	OXEN	7/17	1	/		
	216H	CONSEQUENCE OF):	EU	RAL	EFF	usis	N
Sequentisity list conditions, If any, leading to immediate	b. OUE TO (OR AS A	CONSEQUENCE OF):			ANCE		
cause. Enter UNDERLYING CAUSE (Disease or injury	c. RIGH	7 6	NE	0	AN CE	~	
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	_ =	-11-	KINE		
resulting in death) CAST	d. 0107	REIII	= =	5/90	ME		
PART ii. Other algolificant conditi	ons contributing to death b	ut not reaulting in th	na underlylne	ceuse given in I	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINOINGS
CONBES	DVE HE	ART F	75	INKE	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYPOLHA	KO112051	1, HEAL	ME	CKCA	made		1 YES 2 NO
DID TOBACCO USE CON			NO [UNCERTAIN			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	/_			
1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF	WO	RK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	,
2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Bural Boute Number						ral Route Number.	
4 Homicide 8 Could not be determined	pullding, atc. (Spec	ery)			City or Town, State)		
29a. CERTIFIER (Check only	YSICIAN: To the beat of my know	ledge, death occurred at	the time, data	and place, and due t	to the cause(s) and men	nner as stated.	
	NER: On the basis of axamination						se(s) and menner as stated.
296. SIGNATURE THE OF CERTIF				29c. LICENSE NUM	77.7		NEO (Month, Day, Year) 5
				D353	370	104	TAN 94
MC NAME AND ADDRESS OF PERSON V	MID COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	1113	E 10-	-1/ 1:1		7

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the nospell or attending the DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1. 100 m. 11 Process of 100 m. 1

Amended #1, 116195, JW, Montgomery STATE OF MARYLAND / DEPARTMENT OF HEALTH

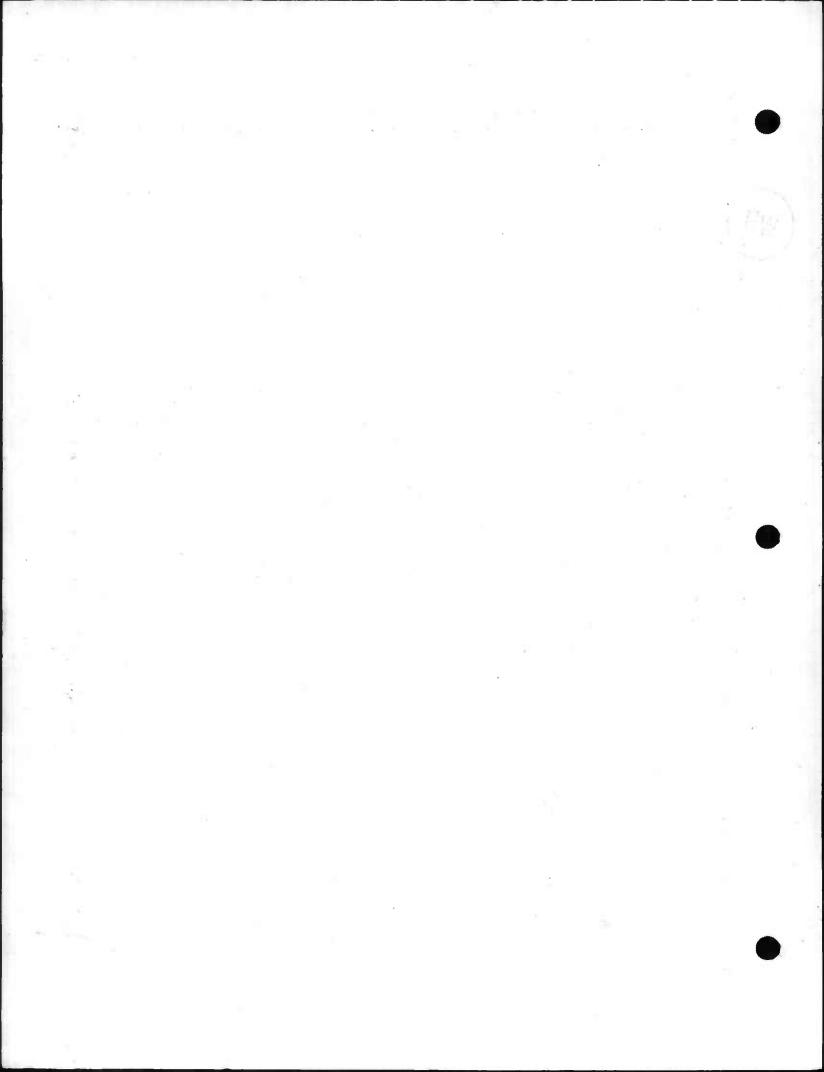
	1 - STATE REGISTRAR	OINIE OF MINHIE	CERTIF	ICATE O	F. DEATH	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)	Ofelia C	amila		Ima	2. DATE OF DEATH MONTH DA	w 0	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	- 1	. BIRTHPLA	CE (State or Foreign
	265-84-0675	1 □ M 2 ★ F 82	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D	June 7, 19		TY OF DEATH	ba
DIRECTOR	Holy Cross Hos	spital		Silv	er Spring	3	Montgomery		
EC	10a. STATE 10b. COUNT	ſΥ	10c, CIT	Y, TOWN OR LOC	ATION			104	I. INSIDE CITY
ā	Maryland Mont	tgomery	Si	lver Sp	ring			1-6	LIMITS?
AF	10e. STREET AND NUMBER				IOF. ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?
ER	1400 Fenwick Lane	± #206			20910		11	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO PATES	If yes,	specify Cuban, Maxico ES 2 NO Specif	NIC ORIGIN? (Specify Yas an, Puarto Rican, etc.) 'y'	or No- 1	I4. RACE — Black, WI Specify:	American Indian.
	15. DECEDENT'S ED	ICATION	44- 05050541710		uban		1	hite	
COMPLETED	(Specify only highest grad	le completed)	18a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during i		16b. KIND OF BUS	INESS/INDU	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		maker		Orar	Home		
MC	17. FATHER'S NAME (First, Middle, Last)	4	I nome	llakel	18 MOTHER'S NA	AME (First, Middle, Maiden			
	Raymundo Ro	odriguez			Camila		pez		
BE	19a. INFORMANT'S NAME (Type/Print)	Juliguez	19b. MAILING	ADDRESS (Street		Route Number, City or Tow	-	Cordel	20010
5	Revnaldo Lima					Silver Sp			20910 and
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ref	201	PLACE AND DATE				CATION - CI		
	1 ☐ Buriel 2 ← Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)		metery, crematory or or	ther place)	atory 1/6		kandri		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENIA	LIUDUITE	22. NAME	AND ADDRESS OF FA	CILITY			
	1 - 1 - 1 All	d (a	L111			llins Funer			
	23. PART I. Enter the diseasea, or	complications that cause	July Control	1500_U	niversity	Blvd.,W.	Sil.S	pr.,N	
	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition reculting in death)	List Dnly Dne ceuse Dn e	ech iine.	0				nt,	Approximate Interval Between Onset and Death
- 1	resulting in death)	DUE TO OR AS	A CONSEQUENCE OF	F):	, /	resurre			John
Z	Construction that are state of	a Grace	watrem	4 04	Lodrate	451			days
1	Sequentially list conditions, if any, laeding to immediate	DUE TO DIN AS	A CONSEQUENCE OF	7:	1.	,			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	· mal	Saste	ocater	Try p	resumed			days
E	that initiated eventa reaulting in death) LAST	DUE TO (OR AS)	A CONSEQUENCE OF	F):					
5		d							
MEDICAL (PART II. Other eignificent condition	ns contributing to death b	out not resulting i	n the underly	ing cause given in	Part I. 24e. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HÖSPITAL:		28. OTHER:	PLACE OF DEATH (C)	eck only one)			
YS	1 TYES 2 THO	1 Inpetient 2 ER/Out		4 - Nursing Ho	ome 5 🗆 Rasidenca	8 Other (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIM		NJURY AT YORK?	28d. DESCRIBE HOW II	NJURY OCCU	RED	
B	2 Accident Investigation				YES 2 NO				
딢	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	f — At home, term, a city)	itraat, factory, of	lica	281. LOCATION (Street a City or Town, State)	ind Number of	r Rural Route	Number,
COMPLETED		SICIAN: To the best of my know							
8		ER: On the beals of examination	m end/or investigatio	π, in my opinion	geath occured at the	ilme, data and place, an	d due to the	cause(a) and	d manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIE	lass no de	suid a	Laus 1	29c. LICENSE NU	MBER 9//	29d. DATE 5	SIGNED (MO	nth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON W			Print)	01 8	therda /	111	201	210
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		rorge our	77, 0	inclaa /	10.	100	17
	10N 0 100E	In diduction	arballe						

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

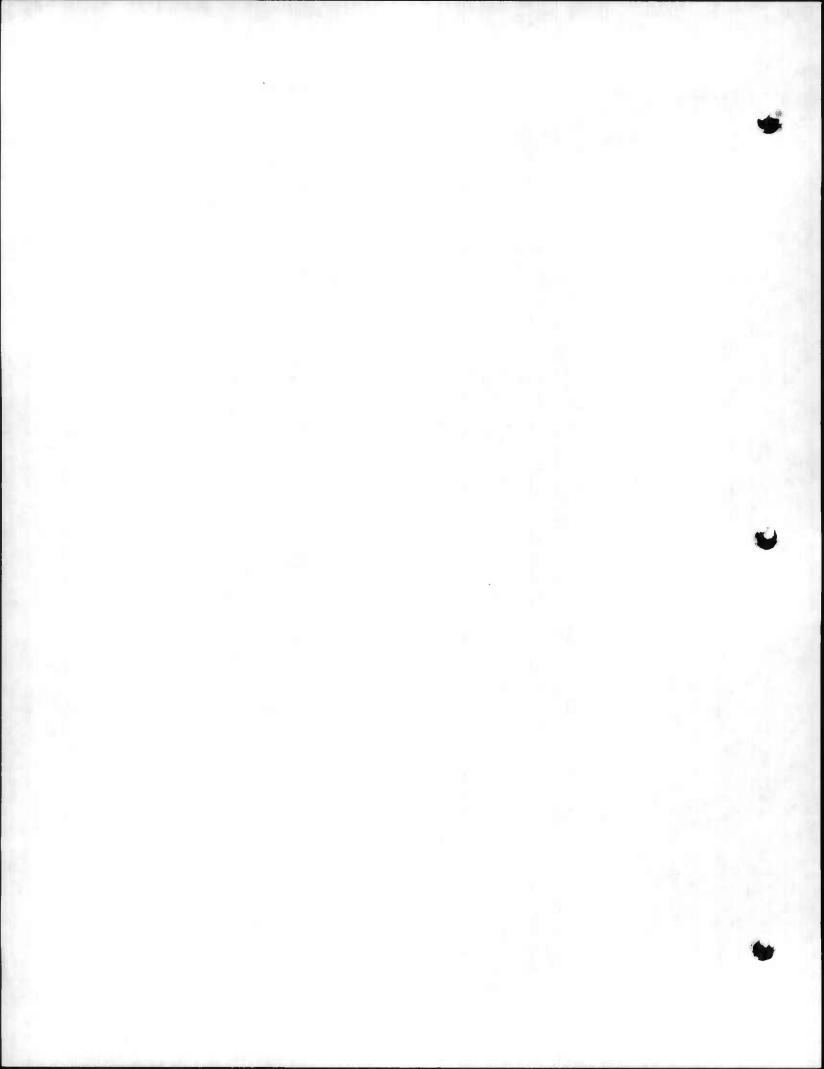
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



VOID
CERTIFICATE #

95-01133
SEE
CERTIFICATE #

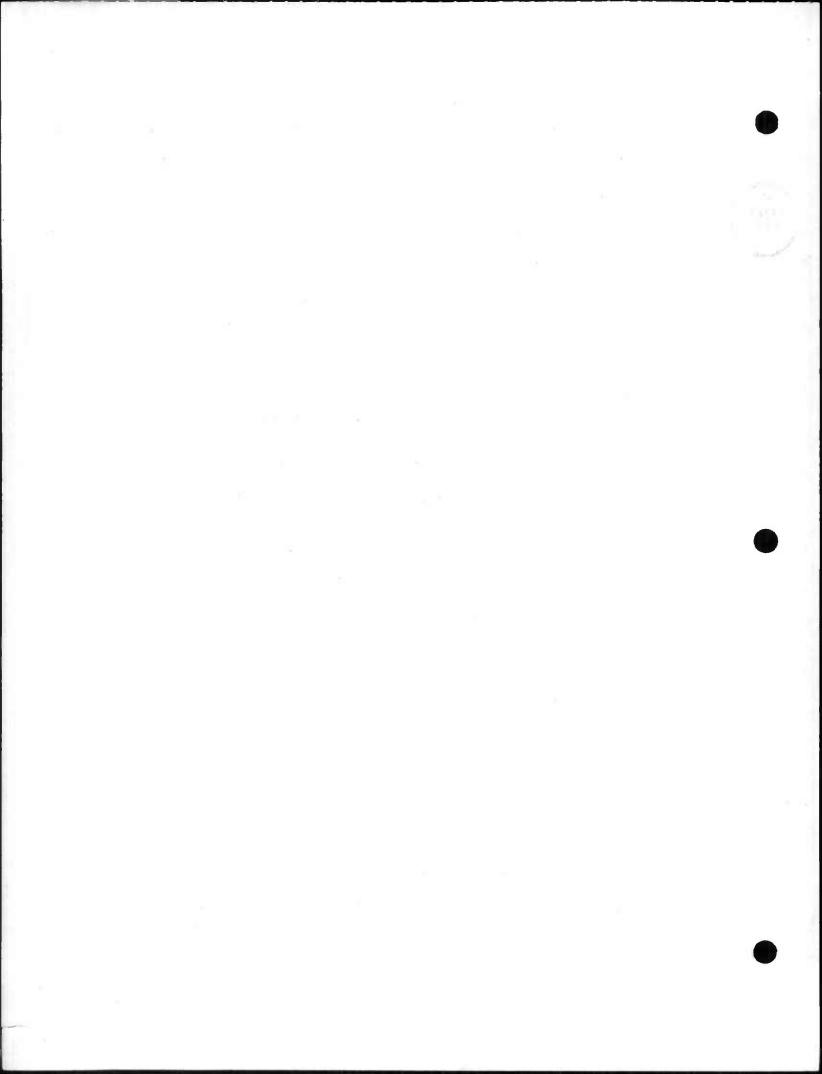


1 - STATE REGISTRAR	SIAIE UF MAKY			OF DEA		MENTAL HYGIEN REG. NO.	E			
t. DECEDENT'S NAME (First, Middle, Last)				O. DEA		2. DATE OF DEATH		Τ.	3. TIME OF DEATH	
Grafton Ward List	kev					MONTH DA	1	95	10:05	Dw (
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH			LACE (State or For	-
236-58-2155	L M 2 D F	85 YAS.		AYS HOURS	MIN.	(Month, Day, Year) 10-06-190	00	Country)		org//
9a. FACILITY NAME (If not institution, give str		0.5	9h CITY T	OWN OR LOCAT	ION OF DE			NTY OF DEA	land	
Reeders Nursin				sboro,	ION OF DE	AIN		hingt		
RESIDENCE OF DECEDENT	ig Home		DOOM	300107			Mas	illingt	OII	
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION				1	10d. INSIDE CITY	
WV Jeffe	erson		Kearı	neysvil	1e				LIMITS?	NO
10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CIT	IZEN OF WH	IAT COUNTRY?	
Rt. 1 Box 10	06 R			254	20					
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WA			IC ORIGIN? (Specify Yes	or No-	SA 14. RACE -	- American Indies	n.
1 Never Married 2 Married	FORCES? 1 YES		17 V	es, specity Cubi	on Maxicas	Puerto Bicen etc)		Black,	White, atc.	
3 Widowed 4 Divorced					,			Opecin).	White	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18e, DECEDENT'S	USUAL OCC	JPATION ing most of worki	ng.	16b. KINO OF BUS	INESS/INC			
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	ing most or works	riy.					
Unknown		Farm	er			Farm				
17. FATNER'S NAME (First, Middle, Last)				18. MOT	NER'S NAI	ME (First, Middle, Maiden	Surname)			
Herman S. Liske	ev.				An	nie C. Hay	cock			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (S	itreet and Numbe	r or Rural F	loute Number, City or Town	, State, Zip	Code)		
Pearl Liskey		Rt.	1 Box	106 R,	Kea	rneysville	, WV	2543	0	
20a. METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Remo		b. PLACE AND DATE				OATE 20c. LOC	CATION —	City or Town	n, Stata	
4 Donetton 5 Other (Specify)	Telephone State	metery, cremetory or o	Ceme:	tary		1-4 Char	les	Town,	WV	
21. SIGNATURE OF FUNERAL SERVICE LICI				ME AND ADORE	SS OF FAC	D O	RO	x 388		
Douglas 1	R. Snow	den	Mel	vin T.	Stri				own, WV	
23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that cause	d the desth. Do r	ot enter th	e mode of dy	ing, suct	ss cardiac or reapi	ratory an	rest,	Approxima	
IMMEDIATE CAUSE (Final	ist only one cause on					_			Onset and	
disesse or condition reauiting in desth)	MA	La class	0 0	ndal	10- (ancest			12 mm	Ah.
reauting in destri)	OUE TO (OR AS	A CONSEQUENCE OF	F):	113000	<u> </u>	ancer			2,00	4,4
	\mathcal{D}_{2}	1/1/m/	naa						Icda	410
Sequentisity list conditions, if any, leading to immediate	DUE TO OR AS	A CONSEQUENCE OF	100						1300	15
cause. Enter UNDERLYING	5	esel-	Č.						1	
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	9:						1 will	w
resulting in desth) LAST		/								
DART II Other similiform and date of										
PART II. Other significant conditions	/ 6	out-not resulting	in the unde	riying cause	given in I	Part I. 24s. WAS AN / PERFOR			VERE AUTOPSY FIN WAILABLE PRIOR TO	
- De/	menus					1 YES 2	□ NO		COMPLETION OF CA OF DEATN?	USE
								1	YES 2 NO	
DID TOBACCO USE CONTR	IBUTE TO CAUSE O	OF DEATH YE	S 🗆 NO	UNC	ERTAIN	1 🗆 📗				- 1
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL	28. PLACE OF DEAT		(one)						
t 🗆 YES 2 🗹 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out	petient 3 DOA	OTHER:	Nome 5 🗆 Re	esidence :	8 Other (Specify)				
27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28	c. INJURY AT WORK?		28d. DESCRIBE NOW IN	JURY OC	CUREO		
1 Netural 5 Pending 2 Accident Investigation	(monn, bay, rea)	1113	M] NO					
3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, ferm,	street, tactory	office		28t, LOCATION (Street as	nd Number	or Rural Rou	ute Number,	
4 Nomicide determined	building, atc. (Spe	~,/				City or Town, State)				
29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	viedos, desth occurr	of at the time	data and aless	and due	to the sourcest and con-		~1		
	: On the basis of examination								and manner so ste	
296. SIGNATURE AND TITLE OF CHINGIER										
THE STORMING AND THE OF COMPLEH	ma	- N	111	29c. LIC	ENSE NUM	196	29d. DAT	E SIGNED (A	Aonth, Day, Year)	
20 MARIE AND ADDRESS AT THE	1 12	/ /	/	127	71	7		1-2	-75	
30. NAME AND ADDRESS OF PERSON WHO	CUMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	PHO A	1000	1 /	11			1010	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

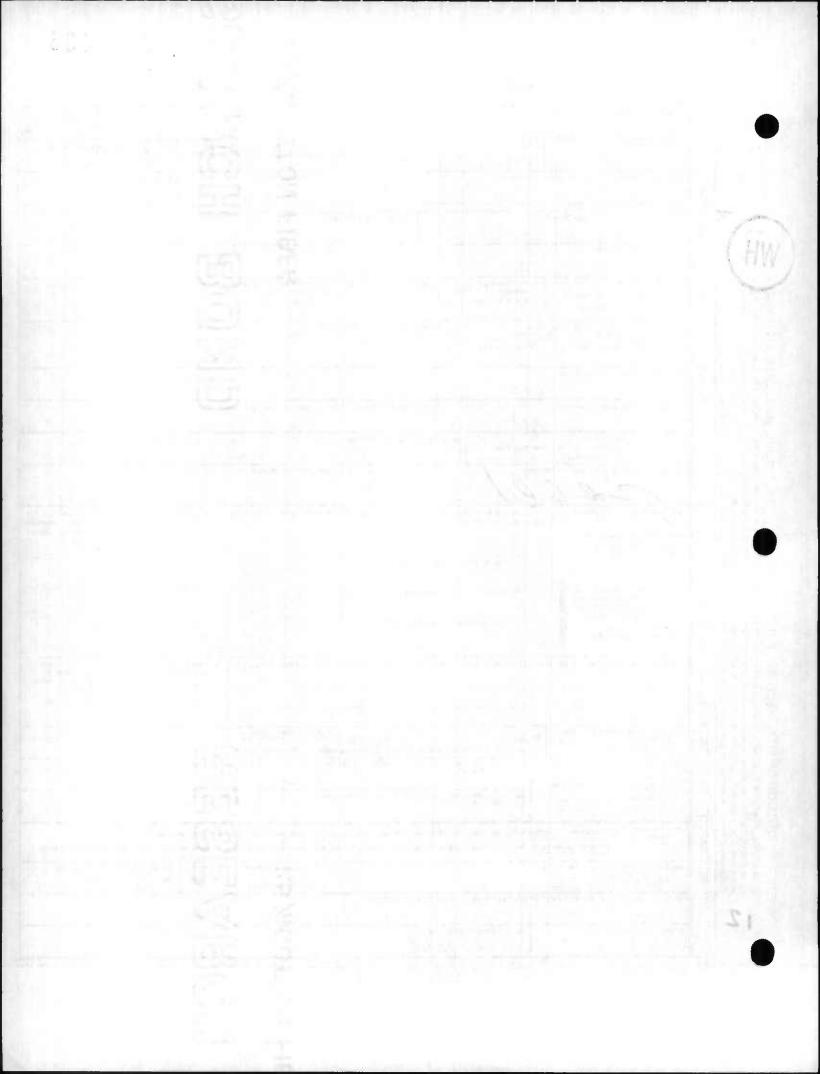
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Ray 1/89



P.O. BOX 68760, BALTIMORE, MARYLAND 21215-	th certificate be executed within cours after death. Page 6 may be retained by the hospital or attention	ending physician and completely filled in by the funeral director, page 5 should be detached for use as the Hygiene prior to burial, cremation, or removal.	or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lours after death. Page 6 may be retained by the hospital or attention	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR		LAND / DEPART CERTIFIC	CATE OF		MEN IAL	REG. NO.	5					
1. DECEDENT'S NAME (First, Middle, Last					2. DATE O	F DEATH DA	Υ 1	YEAR	3. TIME OF DEATH			
CYNTHIA HEIL 4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR		JAN.	4,	1995		8:12 P			
299-54-0960 Se. FACILITY NAME (If not institution, give	1 M 2 F	39 YRS.	ONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	Mar Mar	Day, Yoar)	955 9c. COUNT	Country)	Ohio			
1821 Featherwood				Spring	EAIR		Mont					
Maryland Mor	ntgomery		TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 YES 2 XNO					
1821 Featherwood	d Street			. ZIP CODE 20904	- (19				States			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2X NO	13. WAS DEC	ENDENT OF HISPAI ecity Cuben, Maxica 2X NO Specif	in, Puerto Ric			Black, Specify	- American Indian, White, etc.			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working			INESS/INDUS		WILCO			
17. FATHER'S NAME (First, Middle, Last)	4	Legal S	ecretar			w Fir						
Christopher	A. He	eil		Agnes		J.			roeder			
Thomas G. Moon	(Husband)		as #10	nd Number or Rural	Route Numbe	t, City or Town	i, State, Zip Ci	ode)				
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	ob. PLACE AND DATE OF emetery, cremetory or oth Chesapeake	er place)		1-5		tsvil					
21. SIGNATURE OF FUNERAL SERVICE L		M00827	Rapp	D ADDRESS OF FA Funeral ist Ave,	Servi	ces, I	P.A.		20910			
23 PART t. Enter the diseases, or shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition rasulting in death)	s. Metastat	esch line. C Breast A CONSEQUENCE OF)	Cancer	de of dying, suc	n ss cerule	c or respi	atory scres	it,	Approximats Interval Betwee Onset and Deat 6½ YIS			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated events resulting in death) LAST												
PART II. Other significent condition	ons contributing to death	but not resulting in	the underlying	g cause given in		PERFOR	MED?		WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EVALUACES							1 TYES 2 X)				
EXAMMER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)												
27. MANNER OF DEATH 1 Natural 5 Pending 1 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?											
3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, fact building, etc. (Specify)					et. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
2	SICIAN: To the best of my known NER: On the basis of examination								and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTURE	her mp			2900 LICENSE NUI 0 2191			29d. DATE 5	SIGNED (Month, Day, Year) January 4			
	iter mb	394		ara Dr.	h	heat	on	mp	20906			
JAN 6 1995	32. REGISTRAR'S SIG											



YEAR

1995

3. TIME OF DEATH

DHMH-18 Rev 1/89

2. DATE OF DEATH MONTH

Ξ	300	è
BALLIM	death. F	funeral
ā	ther	/ the
	5	D
1	noc	filled
DISION OF VITAL AECOADS, P.O. BOX 88/800,	withii.	mpletely
ò	Sec	00
ŏ	CORRECT	and
5	2	cian
٥	ficate	physi
5	EL S	Dur
ŗ	eath c	mend
מ	he d	the
2	THE .	8
Ś	S I	ned
וַ	equire	en sig
	W	Pe
1	9	has
	Ē	ate
>	ICIAN	ertific
5	SHYS	this c
	ING F	After 1
É	S	R.
-	AT	E
	8	DIRE
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within methours after death. Page	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire
	_	-

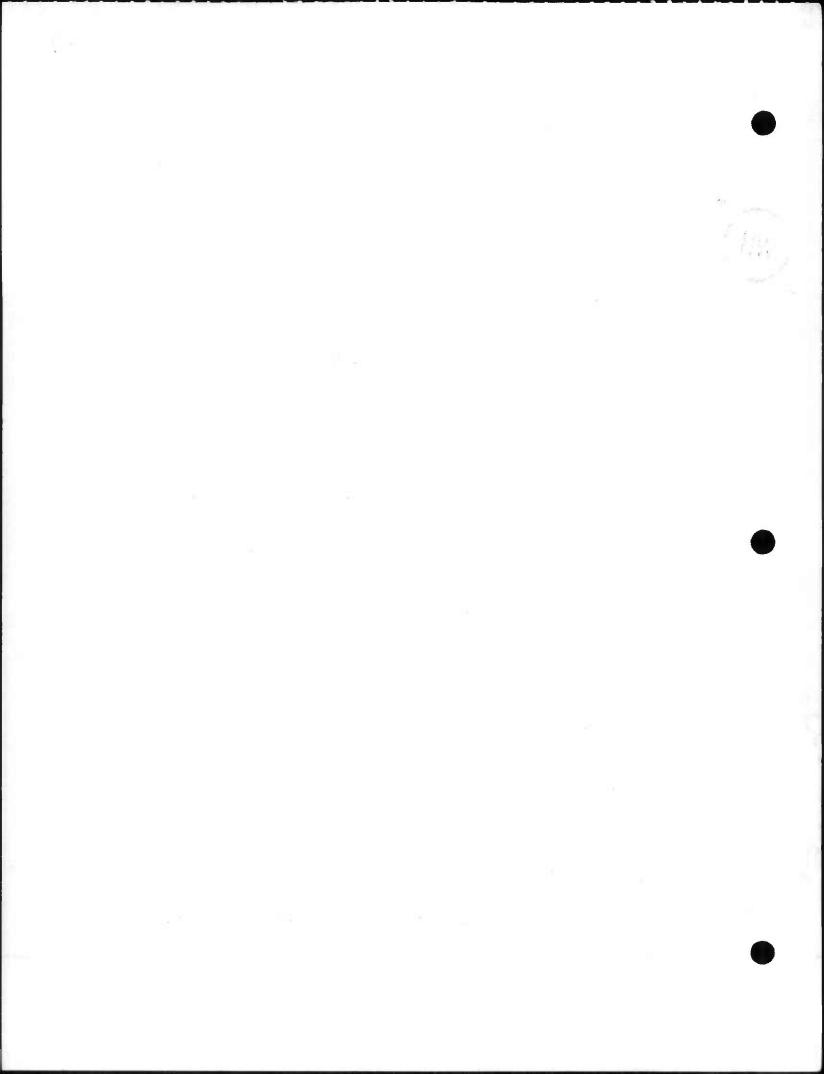
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Olga Marie Marraffa

11:12 Pm January 2, 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1 M 2 F 577-10-2596 80 JULY 28,1914 California 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR 4320 Ferrara Drive Silver Spring Montgomery 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 YES 2 THO Montgomery Silver Spring 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4320 Ferrara Drive 20906 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. MORE, MARYLAND 21215-0020 FORCES? 1 YES 27 e de 1 Never Married 2 Married ВҰ 1 TYES 2 X NO Specify 3 😾 Widowed 4 🔲 Divorced retained by the hospital or attending a # White use as COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) ictor, page 5 should be detached for Beautician 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ Unknown Jackson BE Rose Trout notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 Thomas A. Marraffa, Jr. 12117 David Drive Silver Spring, Maryland 20904 2 e 6 may t 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 🎾 Cremetion 3 ☐ 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Metropolitan Crematory 01/04/95 Alexandria, Virginia Demotion 5 Other (Specify) 21. MIGNATORIS OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADORESS OF FACILITY
Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901 Tonsh medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, ahock, or heart failure. List only one cause on each line 6 interval Between IMMEDIATE CAUSE (Final Onset and Daath the cremation. disease or condition resulting in death) .Chronic Obstructive Pulmonary Disease event, DUE TO (OR AS A CONSEQUENCE OF) burial, traumatic CERTIFICATION Hypertension Sequentially list conditions, 2 DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate prior cause. Enter UNDERLYING _cDepression CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and AMILABLE PRIOR TO COMPLETION DF CAUSE shows any 1 - YES 2 NO of Health OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \$\overline{\pi}\$ NO \$\overline{\pi}\$ UNCERTAIN \$\overline{\pi}\$ 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State [them. HOSPITAL: OTHER:
4 □ Nursing Home 5 🔀 Residence 6 □ Other (Specify) 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 the 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED with 1 🔯 Natural 5 Pending 1 YES 2 NO В 2 Accident Investigation 26s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED after 4 Nomicide be filed within 72 hours 29a, CERTIFIER 1 📆 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner es stated. 296. SIGNATURE AND TITLE OF CENTIFIED BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 문문을 018 D43510 1/3/95 223 2 WITO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF P Theresa G. McLaughlin, M.D. 8700 Georgia Avenue, #400 Silver Spring, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Saucher Rardall IAN 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



attendir	ise as t	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the find unities 70 hours deep death with the Complete of March and March Change Spring Spring Spring of March Change Spring	ej .
by the h	be deta	at onc
rtained	should	tiffed
ay be r	page 5	t be no
це 6 т	director.	r mus
eath. Pa	funeral (xamine
s after d	by the	dical e
24 hour	filled in	he me
within	npletely	vent, t
executed	and cor	natic e
cate be	hysician	or traur
h certifi	anding p	or other
the deat	the aft	injury.
es that	gned by	s any
w requir	been si	show
The la	ate has	tem 2
SICIAN	certific	d, or
NG PHY	fter this	marke
ATTEND	CTDR. A	28 is
AL DR	AL DIRE	if item
HOSPIT	FUNER	TANT
TO THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	or more within 12 hours are used whit he state beyon in regular and mental hypere provide unlined, or fellower. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
JAN 4 1995

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

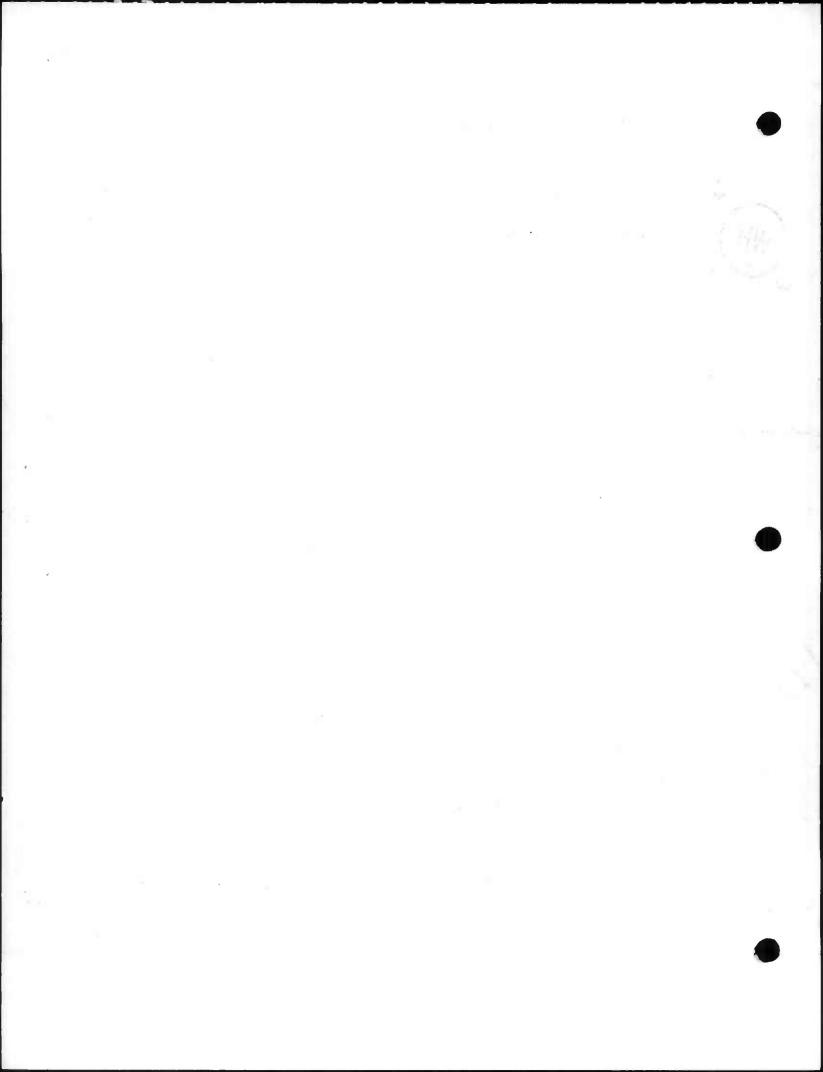
BALTIMORE, MARYLAND 21215-0020

	500								2	,		
	1 - FOR STATE REGISTRAR	STATE OF MARYL		DEPARTMEN RTIFICAT				HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	1 = 1 = 1					2. DATE OF	DEATH			3. TIME OF DEATH	
1	LEWIS 1	MENEN					MONTH	2	9	YEAR	2 40A	м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last t	//	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D			8. BIRTH	PLACE (State or Foreign	,
	577-24-2524	M⊠ M 2 □ F 6	9	YRS. MONTHS	DAYS	HOURS MIN.	April		925	Mar	yland	
_	9a. FACILITY NAME (If not institution, give s			9b. CIT	Y, TOWN	OR LOCATION OF DI				NTY OF D		
6	11004 Lamplighter	Lane			Pot	comac			Mo	ntgo	mery	
됩	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		10c, CITY, TOWN								
III				IOC. CITY, TOWN							10d, INSIDE CITY LIMITS?	
5	10e. STREET AND NUMBER	gomery			_	OMAC					1 YES 2 NO	
BY FUNERAL DIRECTOR	11004 Lamplighter	Lane			10	20854			117		States	
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMI	ED 13	WAS DE	CENDENT OF HISPAI	NIC OBIGINS (Spanify Yes			- American Indian.	_
F	1 Never Married 2 🖔 Married	FORCES? 1 X YES	2 NO		If yes, sp	ecify Cuban, Maxica	en, Puerto Rica	in, atc.)	OF NO.	Black	k, White, atc.	
	3 Widowed 4 Divorced	WW II	MIES.		1 🗆 163	2 K NO Specif	y:		- 1	Speci	White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECE	EDENT'S USUAL (OCCUPATI	ON	16b. KI	ND OF BUS	SINESS/IND	USTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	Oo NOT use retired.)							
M P		5+	Assi	stant I	irec	tor	Der	partm	ent	of I	nterior	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Mide	de, Maiden	Sumame)			
B	Anthony	Menen					Lewis					
2	19a. INFORMANT'S NAME (Type/Print) Nancy C. Menen					and Number or Rural					3 00054	
	20e. METHOD OF DISPOSITION					hter Lan						
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata 20th	netery, cremi	BOATE OF DISPO	Janj	lary 4, 1	995	20c. LO	CATION —		·	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Offego						nesa	a, M	aryland rey Funera	. 7
	71.	DI		Но	me/F	Rockville	Inc.	30	O W.	Mon.	rey Funera tgomery Av	11
_	Michele	J'Dullo	M003	348 Rc	ckvi	lle, Mar	yland	208	50-28	805		
	23. PART i. Enter the diseases, or cahock, or heart feliure.	complications that cause List only one cause on a	d the deet	th. Do not ente	r the mo	ede of dying, suc	h as cerdiad	or respi	ratory err	eet,	Approximata interval Between	
	IMMEDIATE CAUSE (Final	<u> </u>	4								Onset and Des	
	disease Dr condition resulting in death)	a. Castroi DUE TO (OR AS	ntes	tinal	B	Leeding					Iday	
ľ		DUE TO (OR AS A	CONSEOU				8				12	
8	Sequentielly list conditions,	DUE TO (OR AS A	د لر	arcino	mo						2 mg	
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (ON AS A	CONSEGU	ENCE OF):							i	
윤	CAUSE (Diseese or injury that initiated events	C. DUE TO (OR AS A	CONSEOU	ENCE OF):								
E	resulting in deeth) LAST										į	
뜅												
Ä	PART II. Other eignificant condition	a contributing to deeth b	out not ree	uiting in the u	nderlyin	g ceuse given in	Part I. 24	a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDING	GS
MEDICAL							1	YES 2	XNO		COMPLETION OF CAUSE OF DEATH?	1
¥											1 TES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH	H YES 🗆	NO D	UNCERTAIN	N 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEATH (Check								
YS	1 TES 2 NO	1 - Inpatient 2 - ER/Outp	oatlant 3 🗆			e 5 Rasidenca	6 Other (S)	pecify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	1	26b. TIME OF INJURY		PRK?	28d. DESCRI	IBE HOW II	NJURY OCC	URED		
B	2 Accident Investigation	NIA		M		YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, ata (Spec	— At home pify)	s, ferm, street, tec	ctory, offic	•	281. LOCATIO City or To	ON (Street a own, State)	nd Number	or Rural R	loute Number,	
	29a. CERTIFIER	IMA	_									
COMPLET	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know										
8		R: On the basis of examination	n and/or Inv	estigation, in my	opinion, d	eath occured at the	time, date end	f place, en	d due to the	r Cause(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUM			29d. DATE	SIGNED	(Month, Day, Year)	
ē.	3 RAME AND ADDRESS DE PERSON WAY	m-M.				D260	772	-	P 1	12/	95	

O COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
KIRWIN MY 10400 Conn

32. REGISTRAR'S SIGNATURE

DHMH-16 Rav 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

medical examiner the signed by the attending physician and completely. Health and Mental Hygiene prior to burial, crematic or other traumatic event, injury. shows any this certificate has been with the State Dept. of item a to is marked, DIRECTOR: After the 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If item 2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

0

DIRECTOR

FUNERAL

ΒY

ED

H

COMPL

BE

2

notified at

pe

must

physicia

BALTIMORE, MARYLAND 21215-0020

burial-t

the

38

use

10

95 01138 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KATE MILLER 450 January 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 🗌 M 2 📮 F 091-26-7814 YRS. Aug. 12 1909 New York 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery **Rockville** 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 Montrose Road 20852 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White atc. If yes, specify Cuben, Mexican, Puerto Ricen, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried Specify: White 3 X Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Secretary Hospital Administration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Meyer Groper Rose Mulberg 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) Stephen Miller (son) 1465 Greenmont Ct. Reston, VA. 22090 20a. METHOD OF DISPOSITION

OC Burlel 2 Cramation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Judean Memorial Gardens 1/6 Olney, MD. 21. SIGNATURE OF PUNEILAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels 1170 Rockville Pike ROckville, MD. 20852 23. PART I. Enter the dieeeses, or complicatione that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heart fellure. Liet only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition Inclimonia resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Gastronkstund Cleating AVAILABLE PRIOR TO 1 TES 2 NO COMPLETION OF CAUSE 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO Z UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL

28. PLACE OF DEATH (Check only one) **EXAMINER** OTHER: 1 TYES 2 NO Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify)

27. MANNER OF DEATH 1 🖪 Naturel

2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide

28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY М 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, streat, fectory, office building, etc. (Specify)

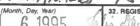
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end menner ee stated,

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as attend. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29453 29d. DATE SIGNED (Month, Day, Year)

happles lan s 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ARAN S. CHANACES 15225 SHADY GROVE RD ROCKUICES MO 20250

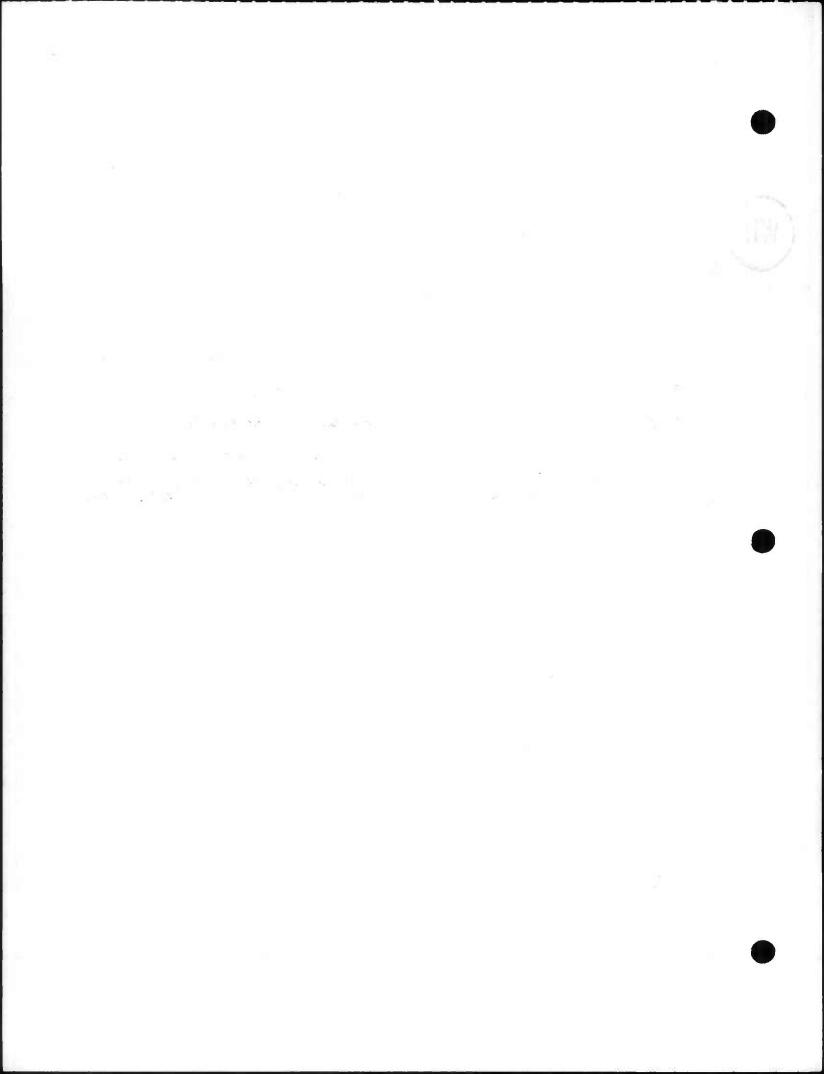
JAN 6 199 32. REGISTRAR'S SIGNATURE 6 1995





281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

Danuary 4 1995



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

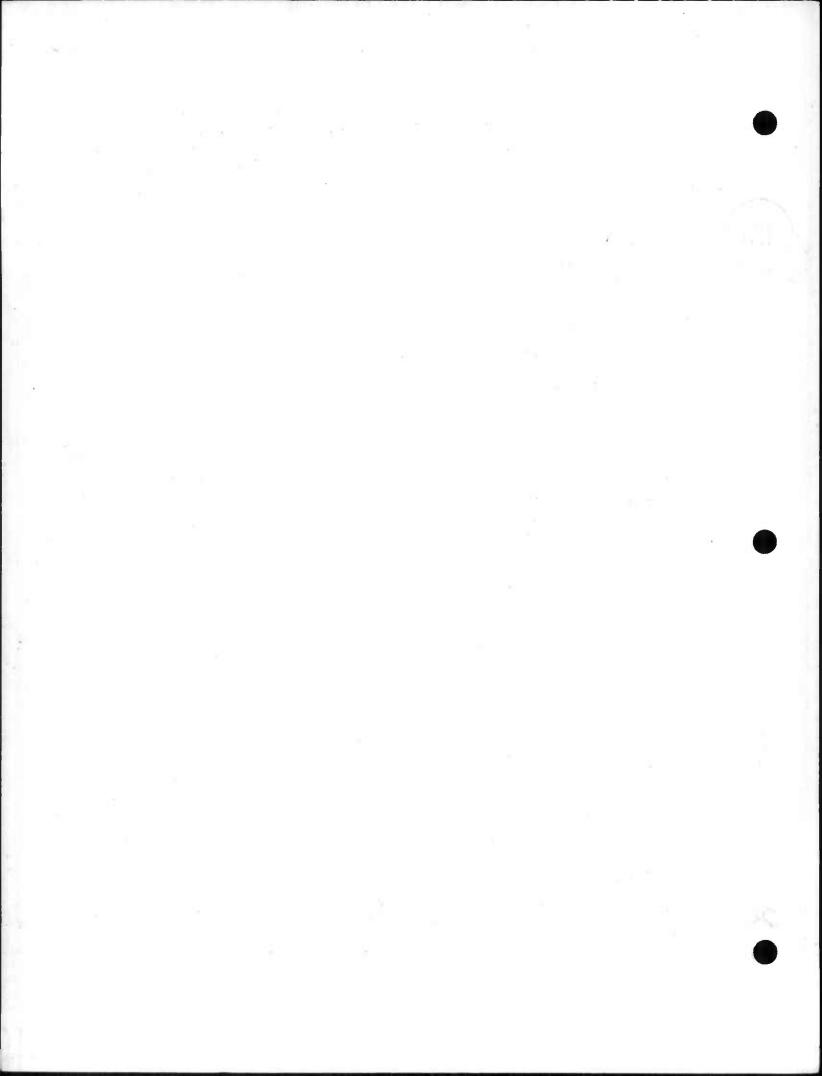
	REGISTRAR		CERTIFIC	CATE OF DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	ec AA-	Franci	s Mc Ardle	2. DATE OF DEAT	5 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 079-16-0264	1 M 2 D F	79 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.	May 24,	1915	BIRTHPLACE (State or Foreign Country) New York
E 0	9a. FACILITY NAME (If not institution, give Bedford Court Nur RESIDENCE OF DECEDENT			Silver Spring	DEATH	Mont g	gomery
DIRECTOR	10a. STATE 10b. COUNT	ontgomery	10c. CITY, TOWN OR LOCATION Silver Spring				10d, INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER 3701 Internationa	al Drive Apt	. #312	101. ZIP CODE 20906			N OF WHAT COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 — YES 2 X NO Speci	an, Puerto Rican, ate	ly Yea or No — 14	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo iite. Do NOT use Printer	SUAL OCCUPATION rk done during most of working retired.)	100000	F BUSINESS/INDUS	TRY
200	17. FATHER'S NAME (First, Middle, Lest) Frank McArdle			18. MOTHER'S N Rose	AME (First, Middle, M. Devine		
2	Margaret L. McArc	lle		nternational D			
	20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval Irom State	cob.PLACE AND DATE OF commetery, cromatory or othe Gate of He	or pipool		c LOCATION - CH	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF F Francis J. Co. 500 University	ACILITY 11ins Fur	neral Hor	me, Inc.
	23. PART I. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ceresro	each line.	len Accident		espiratory arreat	t, Approximata interval Batween Onset and Daath
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF):				
	PART II. Other algorificant condition				PE	S AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIGINI.	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C		·	
	1 TES 2 NO	HOSPITAL: 1 □ Inpatient 2 □ ER/O	utpetient 3 🗆 DOA	OTHER: Mursing Home 5 Realdence	6 Other (Specify)	
	27. MANNER OF DEATH 1 Patural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME INJU		26d. DESCRIBE H	OW INJURY OCCUP	ÆD
3	3 Suicide 6 Could not be determined	26e. PLACE OF INJU building, atc. (S	IRY — At home, farm, atr pecify)	eet, lactory, office	281. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,
COMPLETE				at the time, date and place, end du In my opinion, death occured at th			
4	29b. SIGNATURE AND TITLE OF CERTIFIE		m	29c. LICENSE NU	IMBER		HGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF		Print)		c. S./.	Spa mod
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SI				- 1	20904

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with the mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



121511620	attender of the	ve armenti di Ansit permit. Pages 1, 2, 3 should)
BALTIMORE, MARYLAND 2/215-102	hours after death. Page 6 may be retained by the hompital	illed in by the funeral director, page 5 should be determed in or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the homelital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected by the attending physician and completely filled in by the funeral director, page 5 should be detected to the feath and Mental Hydiene prior to burial criemation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	/ MAKYLANU CE)F HEALTH AND OF DEATH	MEI	NTAL HYGIEN REG. NO.	E		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH			3. TIME OF DEATN
	Lucille Doss	thea!	Moxle	٠ ١	Lani	115	_	MUARY "	YORG	YEAR	12:16 Pm H
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER t Y	EAR IF UNDER 24 HRS.	7. 1	DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	213-01-8827	1 □ M 🛠 🔀 F	77	YRS.	MONTHS	AYS HOURS MIN.	1	Month, Day, Year)	1017	Countr	·
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	OWN OR LOCATION OF		eb.ll.	9 7 7 9c. COUNT		<u>Carolina</u>
8	Fallston Gene	ral Host	oital		Fa	11ston			Harf	oro	9
ן ה	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			10c. CITY, TOWN OR LOCATION							
DIRECTOR				10c. CIT		- 2000					10d. INSIDE CITY LIMITS?
	MD Ha	rford			Card	iff tor, ZIP CODE	_		40- 0/7/7		VES 2 NO
FUNERAL	1627 Chestn	11 Ct									HAT COUNTRY?
ž	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. Wh	21024 DECENDENT OF HISP	ANIC O	BIGIN2 (Specify Vee	US		- American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2		H. y	s, specify Cuben, Mexic	cen, Pu		Or NO	Black	, White, etc.
è	3 Widowed 4 Divorced		ALL OIL ONLES		''	YES XXNO Spec	ary:			USA	
	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18a. DE	CEDENT'S	USUAL OCCU	IPATION ng most of working		16b. KIND OF BUS	SINESS/INDU		MILLOC
	Elementary/Secondary (0-12)	College (1-4 or 5+) life.	Do NOT us	se retired.)						
COMPL	12			ılbr	arian			Librar	-		
	17. FATNER'S NAME (First, Middle, Last)	2						First, Middle, Maiden			
BE	Ellis L. Mox	Tey						Duncar			
2	Berlin J. Bla	kolow Tv				treet and Number or Rura					0.0.4
	20a. METHOD OF DISPOSITION	Keley, or		627	OF DISPOSITION	tnut St.	,				
	1 Turiel 2 Cremation 3 Read 4 Donation 5 Other (Specify)	moval from State	cemetery, cre-	metory or o	ther place)	,	1		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Luari	ing	22. NA	emetery	ACILIT	9/95 Da	rlin	gto	n, MD
	V klin H.	TiOV at	4			kins F.H					
-	23. PART I. Enter the diseesea, or	complications that	Coulond the de	oth Do							
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acad	CON AS A CONSEC	chr	onic	Respir	alo	y fai	Pur	e	Approximate Interval Between Onset and Beath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Recent	OR AS A CONSECUTION AS	July De of	An	Morac osis 193 ilm - in	op!	asty for clins (Sees Una	ilm in in	office 17)
1 4	PART ii. Office aignificent condition		death but not re	esulting	in the unde	riving ceuse given is	Pert	1 24a. WAS AN		24b.	PERE AUTOPSY FINDINGS
MEDICAL	Delydraded	state	3					t YES 2	1		AILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN: MEDICAL	DID TOBACCO USE CONT	state	USE OF DEA	_		D □ UNCERTA		t 🗆 YES 2	1		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TRIBUTE TO CAI	USE OF DEA	_	TN (Check only	D □ UNCERTA		t 🗆 YES 2	1		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	TRIBUTE TO CAI	USE OF DEA 26. PLAC ER/Outpetlent 3	DOA	OTHER:	UNCERTA	IN C	t □ YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES TANO 27. MANNER OF DEATH	TRIBUTE TO CAL	USE OF DEA 26. PLAC ER/Outpetlent 3	DOA 28b. TIM	OTHER: 4 Nursing E OF 28	One) Nome 5 Residence INJURY AT WORK?	IN C	t 🗆 YES 2	X NO	JRED	COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	TRIBUTE TO CAI	USE OF DEA 26. PLAC ER/Outpetlent 3 INJURY 9, 'ber')	DOA 28b. TIM	OTHER: 4 Nursing E OF 28 URY M 1	O UNCERTA one) Nome 5 Residence INJURY AT WORK? YES 2 NO	8 () 28d	t YES 2	NO NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending	TRIBUTE TO CAI HOSPITAL 1 Inpatient 28e. DATE OF (Month, Da	USE OF DEA 26. PLAC ER/Outpetlent 3	DOA 28b. TIM	OTHER: 4 Nursing E OF 28 URY M 1	O UNCERTA one) Nome 5 Residence INJURY AT WORK? YES 2 NO	8 () 28d	t □ YES 2	NO NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IEU BY PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TRIBUTE TO CAI HOSPITAL 1 Inpatient 28e. DATE OF (Month, De	USE OF DEA 26. PLAC ER/Outpetlent 3 INJURY INJURY — At horetc. (Specify)	DOA DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28 URY M 1	UNCERTA one) Nome 5 Residence INJURY AT WORK? YES 2 NO office	8 (1) 28d 28f.	Other (Specify) OESCRIBE NOW IN LOCATION (Street a City or Town, Stete)	NJURY OCCU	or Aural A	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MPLEIEU BY PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES TO NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	TRIBUTE TO CAI HOSPITAL 1 Inpetient 28e. DATE OF (Month, De 28e. PLACE OF building, of	USE OF DEA 26. PLAC ER/Outpetlant 3 INJURY INJURY — At horetc. (Specify) my knowledge, dei	DOA DOA 28b. TIM INJ	OTHER: 4 Nursing E OF URY M 1 street, fectory,	UNCERTA one) Nome 5 Residence INJURY AT WORK? YES 2 NO office	8 (1) 28d 28f.	Other (Specify) OESCRIBE NOW IN LOCATION (Street a City or Town, Stete)	NJURY OCCL	r Aural A	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES TO NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	TRIBUTE TO CAI HOSPITAL 1 Inpatient 28e. PLACE OF building, of	USE OF DEA 26. PLAC ER/Outpetlant 3 INJURY INJURY — At horetc. (Specify) my knowledge, dei	DOA DOA 28b. TIM INJ	OTHER: 4 Nursing E OF URY M 1 street, fectory,	O UNCERTA one) Nome 5 Residence D. INJURY AT WORK? YES 2 NO office date end place, and du on, death occurred at the	28d 28f.	Other (Specify) OESCRIBE NOW IN LOCATION (Street a City or Town, Stete)	NJURY OCCL	d.	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number,
BE COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	TRIBUTE TO CAI HOSPITAL 1 Inpatient 28e. PLACE OF building, of	USE OF DEA 26. PLAC ER/Outpetlant 3 INJURY INJURY — At horetc. (Specify) my knowledge, dei	DOA DOA 28b. TIM INJ	OTHER: 4 Nursing E OF URY M 1 street, fectory,	UNCERTA one) Nome 5 Residence INJURY AT WORK? YES 2 NO office	28d 28f.	Other (Specify) OESCRIBE NOW IN LOCATION (Street a City or Town, Stete)	NJURY OCCL	d.	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES TO NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME ANO ADDRESS OF PERSON W	TRIBUTE TO CAI HOSPITAL 1 Inpetient 28e. DATE OF (Month, De 28e. PLACE OF building, of IER: On the beet of ax ER HO COMPLETED CAUS	USE OF DEA 28. PLAC ER/Outpetlant 3 INJURY — At horetc. (Specify) my knowledge, decamination and/or is E OF OEATN (ITER	E OF DEAT DOA 28b. TIM INJ me, farm, 4 ath occurre restigatio	OTHER: 4 Nursing E OF 28 URY M 1 street, fectory, ed at the time, n, in my opini	O UNCERTA one) Nome 5 Residence D. INJURY AT WORK? YES 2 NO office date end place, and du on, death occurred at the	28d 28f.	Other (Specify) OESCRIBE NOW IN LOCATION (Street a City or Town, Stete)	NJURY OCCL	d.	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number,
BE COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TRIBUTE TO CAI HOSPITAL 1 Inpetient 28a. DATE OF (Month, Da) 28a. PLACE OF building, of second in the bests of ax ER Con the bests of ax	USE OF DEA 26. PLAC ER/Outpetlent 3 INJURY — At hole of the company of the com	E OF DEAT DOA 28b. TIM INJ me, farm, a	OTHER: 4 Nursing E OF 28 URY M 1 Intrest, factory, ord at the time, n, in my opini	O UNCERTA one) Nome 5 Residence D. INJURY AT WORK? YES 2 NO office date end place, and du on, death occurred at the	28d 28f.	Other (Specify) OESCRIBE NOW IN LOCATION (Street a City or Town, Stete)	NJURY OCCL	d.	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number,

Robins

		1	d	(
			Pinou	
(Wł	1)	M1.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a normal after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-training be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked, or item 23 shows any injury or other fraumatic event the medical examinar must be notified at each

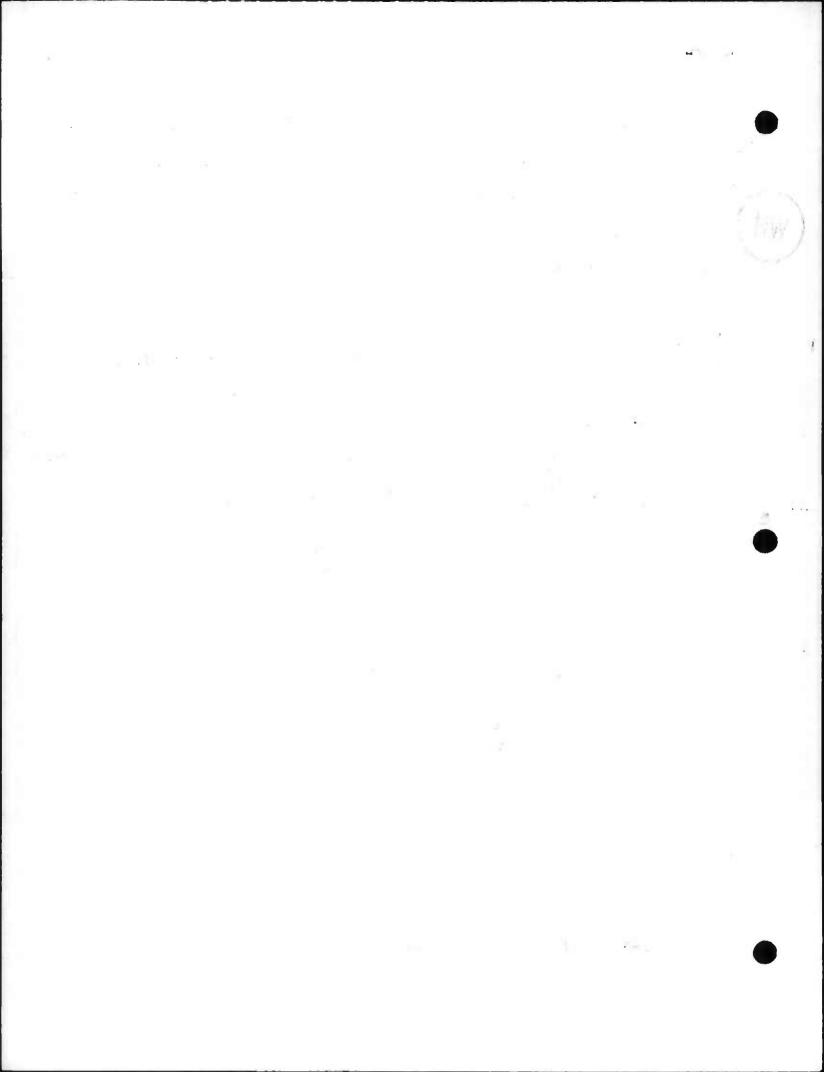
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

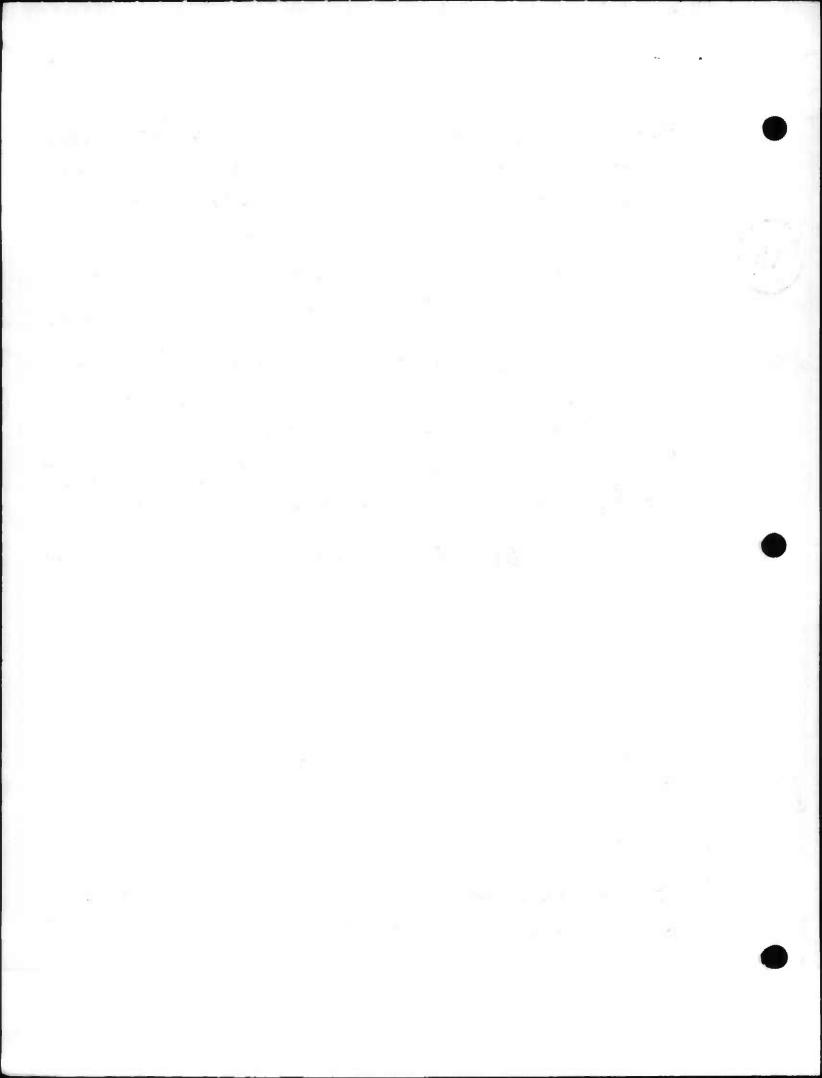
1 - STATE REGISTRAR		STATE OF M				T OF HEA E OF DI		MENTA	AL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (Firs			JACK		JIN		ER, SF	2. DAT	E OF DEATN			3. TIME OF DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LLER	JACK						MON	TH DA		95	IDUAN
4. SOCIAL SECURITY NUM	BER		6. AGE (In yrs. les		IF UNDER		UNDER 24 HRS.	(Mor	E OF BIFTN nth, Day, Year)		8. BIRTNP Country)	LACE (State or Foreign
218-18-5801 90. FACILITY NAME (II not I		1 № M 2 🗆 F		YRS.			33		h 28,	1924		yland
Charlotte Ha					9b. CITY	Y, TOWN OR LO				127 1 - 0	NTY OF DE	
RESIDENCE OF DE		erans Ho	me			Char	lotte	Hall	_		St. M	ary's
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATION						IOd. INSIDE CITY
Maryland		Harford					Fores	t Hi	.11			I ☐ YES 2 🔀 NO
10e. STREET AND NUMBER						10f. ZIP				10g. CITI	ZEN OF WH	IAT COUNTRY?
2014 Phi	TIIDS W	12. WAS DECEDENT	F1/F2 11/1 0 404		La		210				USA	
1 Never Married 2	Married		YES 2 N			If yes, specify	Cuban, Maxico	en, Puerto	IN? (Specify Yea Rican, etc.)	or No-	Black,	- American Indian, White, atc.
3 Widowed 4 M Div	orced	WW.				1 🗆 YES 2 🔀	NO Specii	y:			Specify	white
	CEDENT'S EDUC		(Gi	ve kind of v	vork done	OCCUPATION during most of	working	16	ib. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT us	e retired.)							
17. FATHER'S NAME (First, A	Aiddle (set)				lach:	inist					verni	ment
Henry Augus		ler				18.			Middle, Meiden Marie			
19a. INFORMANT'S NAME (196	MAILING	ADORES	S (Street and N			nber, City or Town			
Jack A.	Muelle	r, Jr.							el Air			3 21014
20e. METNOD OF DISPOSIT	TION		20b. PLACE A	NDDATE	OF DISPOS	SITION (Name of					City or Town	
1X Buriel 2 Cremetic		/al from State	Parkw	natory or or	her place)	terv	1	/10/	95 B	alti	more.	Maryland
21. SIGNATURE OF FUNERA	M. SERVICE VICE	puber 1	/		22.	NAME AND A	DORESS OF FA	CILITY				
1/kus	AK	1111000	. A.M	1								e, P.A.
23. PART I. Enter the d	lineasies, or co	omplications that	caused the de-	eth. Do r	ot enter	r the mode of	of dying, suc	h as ca	ad. Abi	nggo:	eat,	21009
Shock, or h		ist only one caus	e on each line.									Interval Between Onset and Death
disease or condition	→ .	DUE TO (dstage	, ,	Alz	heim.	e15 [1500	Cer			
		DUE TO (OR AS A CONSEC	VENCE OF	7):							
Sequentially list condit	tiona, b.	DUE TO										
if any, leading to imme		DOE 10 (c	OR AS A CONSEC	UENCE OF	·):							
CAUSE (Disease or Injuthat initiated events	ury a	DUE TO (OR AS A CONSEO	UENCE OF	7:			-				-
resulting in death) LAS	ST d.											
PART ii. Other significa	ent conditions	contribution to	teath but not a	andelma I	- th	a di ali da cara				-1771		
		a.lure			n the ur	nderlying cal	use given in	Part I.	24a, WAS AN A			WAILABLE PRIOR TO COMPLETION OF CAUSE
	0.10()	MITHIC	, 30%	»1 <u>></u>					1 TYES 2	□ NO		OF DEATH?
DID TOBACCO U	ISE CONTR	IRLITE TO CAL	ISE OF DEAT	TU VE	с П I	NO D. I	INICEDTAL				1	☐ YES 2 ☐ NO
25. WAS CASE REFERRED T		BOIL TO CAC		E OF DEAT			JNCEKIAII	<u> П</u>				
EXAMINER?		HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHE!	R: rsing Home 5	☐ Besidence	6 (Oth	ner (Specify)			
27. MANNER OF DEATH		28e. DATE OF II (Month, Day	NJURY	28b. TIM	_	28c. INJURY			SCRIBE HOW IN	JURY OCC	URED	
1 Netural 5 2 Accident	Pending Investigation	(NOTAL, Day	, 1041)	INJ	M	WORK?	2 NO					
3 Suicide 6	Could not be	28e. PLACE OF building, a	INJURY - At hor tc. (Specify)	ne, term, s	treet, faci	tory, office			CATION (Street a.	nd Number	or Rural Roo	ite Number,
4 Nomicide	determined											
		IAN: To the best of n										
one) 2 MED	ICAL EXAMINER	: On the beels of exa	mination and/or in	rvestigatio	n, In my o	opinion, death	occured at the	time, dat	e and place, and	due to the	e ceuse(s) s	and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIED	1/10	7			290	LICENSE NUI	MBER		29d. DATE	SIGNED (A	Aonth Day, Year)
	11	11)				D33	123			-7-9	5
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)							
31. DATE FILED (Month, Day,	Year)	A2 REGISTRAD	S SIGNATURE				- 1 -					
	1995	Jelin drus	Gen-Rarda	14								

DHMH-18 Rev 1/89



	-	7
7	¥	4
ï	F	3
٦	副	3
1	1	1
ą	1	#103
100	2	
ndin	as th	
r atte	use	
ital o	J for	
hosp	ache	69
the	e det	T On
bd by	d bi	e po
etain	sho	otifi
8	ge 5	U 90
may.	or, pa	ust b
ge 6	lirect	E
P. P.	eral	nlne
deat	e fun	еха
after	I completely filled in by the final, cremation, or removal.	Ical
SULO	d in	med
24	fille tion,	the
vithin	pleteh	ent,
rted \	cominal, c	70 3
DONG	and o	mati
e pe	sician rior t	tran
ificat	phy and	her
Leo C	Hygi	0 10
deat	emtal emtal	'n,
t the	oy th	를
s tha	ned afth a	amy
quire	n sig	30W
JAM LE	spt. o	3 81
MYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending any and a second	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AN:	tifica e Sta	=
YSIC	is cer	ed,
DSPITAL OR ATTENDING PHYSIC	er th	narki
NON	R: Aft	8
ATTE	ECTO afte	1 28
L OR	DIR	ten
PITA	ERAL in 72	틢
8	3 5	중

1 - STATE REGISTRAR	(First, Micielle Last)	STATE OF I				OF DEA	TH		REG. NO.			
Kathr	YN S	chaet	fer	Mal	oney	/		2. DATE MONTH	of DEATH	/ 95	JUENTA /2	1.50 P
4. SOCIAL SECURITY		5. SEX 1 M 2 X F	6. AGE (In yrs.	last birthday) YRS.		YEAR IF UNDE	MIN.	(Month	OF BIRTH 1, Day, Year) 1, 2, 1		8. BIRTHPLAC Country)	E (State or Foreign
9a. FACILITY NAME (#		street end number)		-	4 .	TOWN OR LOCAT	1 -		4 0-11	9c. COUN	TY OF DEATH	
RESIDENCE OF	DECEDENT	st	-		Chesapeake Cit			ity Cecil				
10a. STATE M.D.	10b. COUNT			100	Y, TOWN OR			-/			10d.	INSIDE CITY
10e. STREET AND NUI	C'e	<u> </u>		1	11959	peake		M		100 May		YES 2 NO
Bar	K St.					219				10g, CITIZ	US A	
11, MARITAL STATUS 1 Never Married 3 Number 1	_	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO	H y	AS DECENDENT yes, specify Cub YES 2 K NO	en, Mexica	n, Puerto F	17 (Specify Yes Rican, etc.)	or No-	Black, Whit	nericen Indian, te, atc.
15 (Spec	. DECEDENT'S EDU fly only highest grade	CATION completed)	16e.	DECEDENT'S	USUAL OCC	UPATION ring most of work	ing	16b.	KIND OF BUS	SINESS/INDL		
Elementary/Second		College (1-4 or 5 -	") R	BSTO	on rollrod.)	of Dw	Ne/	F	odd 4	· Be.	rerag	e
17. FATHER'S NAME (F		haefer				18. MOT	THER'S NA	ME (First, A	Middle, Melden	Sumame)		
19a. INFORMANT'S NA	ME (Type/Print)					Street end Numbe	or Rural F	Route Numb	per, City or Town	n, Stete, Zip (Code)	
Julius	Jod1	bauer				in St.	EIKH					
20e, METHOD OF DISE 1 2 Burlet 2 Cre 4 Donetton 5 D	metion 3 Rem	oval from State	206. PLAC cematery of ST. R	EAND DATE	OF DISPOSITI	ION (Nama of	1/	DATE	20c. LO	CATION — C	ity or Town, Si	tate
21. SIGNATURE OF FU		CENSEE	- 131. K	use v	22 N/	ME AND ADDR	ESS OF FA	CIUTY (Che	I pearl	e U/	y me.
1 40	7 200 20					ואכ אווט אטטווו			166 1	UNIN	a / //	ome.
23. PART I. Enter t	he diseases, or	complications that	it caused tha	death. Do r	250	A E. Mc	in s	st. 2	ElKtor	, 210	219:	21
23. PART I. Enter t ahock, IMMEDIATE CAUSI disease or conditions resulting in death)	E (Final	complicatione that List only one ceu	t csused tha	death. Do r	250 not entar th	E. Mc	in s	st. 2	ElKtor	, 210	219;	2 / Approximata Interval Between
IMMEDIATE CAUSE disease or condition	or near failura.	a. Bue to b. Due to c.	t csused tha	death. Do na.	250 not entar the	E. Mc	in s	st. 2	ElKtor	, 210	219;	2 / Approximata Interval Between
IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease of that initiated event	enditions, mmediata RILYING	a. DUE TO DUE TO DUE TO	it caused that it caused the item on each life item on each life item of the i	death. Do sna.	250 not entar the CP:	A E. Me ne mode of dy	in s	st. 2	Elktonillec or reaple	ratory arre	2 2/9,	Approximate interval Betwo
IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death)	enditions, mmediata RILYING	a. DUE TO DUE TO DUE TO	it caused that it caused the item on each life item on each life item of the i	death. Do sna.	250 not entar the CP:	A E. Me ne mode of dy	ving, auci	st. 2	Elktonillec or reapli	AUTOPSY MED?	24b. WERE ANALL COMP	Approximate interval Betwo Onset and De 32 47 3
IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death)	or near railura.	a. DUE TO b. DUE TO c. DUE TO d	it caused that it caused the item on each life item on each life item of the i	death. Do sna.	250 not entar the control of the con	A E. Me ne mode of dy	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE ANALL COMP	Approximate interval Between Onset and De 32 47 3 2 47 3 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algorithms of the cause in the cause in the cause of the c	or nairt railura.	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 □ Inpatient 2	to caused that the task on each life and the task of t	death. Do rina.	Description of the state of the	erlying cause	given in	Part I.	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MEO?	24b. WERE AMAIL COMP OF DE	Approximate interval Betwo Onset and De 32 47 3 2 47 3 2 4 7 3
Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algorithms of the cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) 25. WAS CASE REFERE EXAMINER? 1 YES 2 INITIAL NUMBER OF DEATH	or nairt railura.	a. DUE TO b. DUE TO c. DUE TO d	toused that the tast on each life and the tast of the	death. Do ina. SEQUENCE OF SE	OTHER:	er mode of dy	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AMAIL COMP OF DE	Approximate interval Betwoonset and De 32 47 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4
IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algorithms are examiner? 1 YES 2 No. 127. MANNER OF DEATH 12 Coldent	or nairt railura.	a. DUE TO b. DUE TO c. DUE TO d	to caused that are on each life	death. Do ina. SEQUENCE OF SE	OTHER:	er mode of dy	given in	Part I. Part I. Bock only one B Other 28d, DESc.	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MEO?	24b. WERE AMAIL COMP OF DE	Approximate interval Betwo Onset and De 32 47 3 2 4
Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algorithms of the cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algorithms of the cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algorithms of the cause	or nairt railura. E (Final on	a. DUE TO b. DUE TO c. DUE TO d	It caused that it caused that it caused that it caused that it caused that it caused the caused that it caused the caused that it caused that	death. Do rina.	ormer the control of	erlying cause 26. PLACE OF 6 9 Home R BC. INJURY AT WORK? 1, office	given in	Part I. Part I. Color only one Color of Color of the cause to the c	24a. WAS AN. PERFOR 1 VES 2 (Specify) CRIBE HOW IN ATION (Street e or Town, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AMAIL COMP OF DE 1	Approximate interval Between Onest and De 32 4 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Sequentially list of if any, leading to it cause. Enter UNDE CAUSE (Disease or condition of the cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death) PART II. Other algrammer of Death in the cause of th	or nairt railura. E (Final on	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 26e. PLACE Of building. CIAN: To the best of er.	It caused that it caused that it caused that it caused that it caused that it caused the caused that it caused the caused that it caused that	death. Do rina.	ormer the control of	erlying cause 26. PLACE OF 6 9 Home R BC. INJURY AT WORK? 1 YES 2 [7, office	given in	Part I. Part I. Cock only one City of the caut City of the caut	24a. WAS AN. PERFOR 1 VES 2 (Specify) CRIBE HOW IN ATION (Street e or Town, State)	AUTOPSY MED? NO NUMBER OCCU	24b. WERE AMAIL COMP OF DE 1	Approximate interval Betwo Onset and De 32 4 7 3 2 4 7
Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other algorithms algorithms are sufficient as a succident as a succident as succide	e (Final on America Conditions, namediata RLYING injury a LAST ED TO MEDICAL G	a. DUE TO b. DUE TO c. DUE TO d	It caused that it caused that it caused that it caused the item on aach life of the item o	death. Do rina.	OTHER: 4 Nursin E OF URY M street, factory and at the time	erlying cause 26. PLACE OF 6 9 Home R BC. INJURY AT WORK? 1 YES 2 [7, office	given in DEATH (Che esidence not at the cred at the ENSE NUM	Part I. Part I. Cock only one City of the caut City of the caut	24a. WAS AN. PERFOR 1 VES 2 (Specify) CRIBE HOW IN ATION (Street e or Town, Stele) se(a) end manend place, end	AUTOPSY MED? NO NUMBER OCCU	24b. WERE AMAIL COMPOR DE DE 1 □	Approximate interval Betwo Onset and De 32 4 7 3 2 4 7
Sequentially list of if any, leading to it cause. Enter UNDE CAUSE (Disease or condition of the cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death) PART II. Other algrammer of Death in the cause of th	e (Final on American Conditions, mediata RILYING injury LAST on MEDICAL on MEDICAL on MEDICAL on MEDICAL on MEDICAL on MEDICAL on MEDICAL EXAMINE MEDICAL EXAMINE MEDICAL EXAMINE MEDICAL EXAMINE OF CULTIFIER OF CULTIFIER OF CULTIFIER MEDICAL EXAMINE MEDIC	a. DUE TO b. DUE TO c. DUE TO d	It caused that it caused that it caused that it caused the item on aach life of the item o	death. Do rina. SEQUENCE Of SEQUENCE Of the resulting of	OTHER: 4 Nursin E OF 24 URY M street, factory M Print)	erlying cause 26. PLACE OF 6 9 Home SR BC. INJURY AT WORK? 10, office 29c. LIC	given in DEATH (Che seldence on end at the control of the control	Part I. Part I. Sock only one 6 Other 28d, DESc. City of to the caut time, date	24a. WAS AN PERFORM 1 YES 2 (Specify) CRIBE HOW IN Street e or Fown, Stere) Be(e) end mane end place, end	AUTOPSY MED? NO NJURY OCCU AND NUMber of the state of did due to the state of the	24b. WERE AMAIL COME OF DE 1 COME (a) end is SIGNEO (Plorette Part S) and S	Approximate interval Betwo Onset and De 32 4 7 2

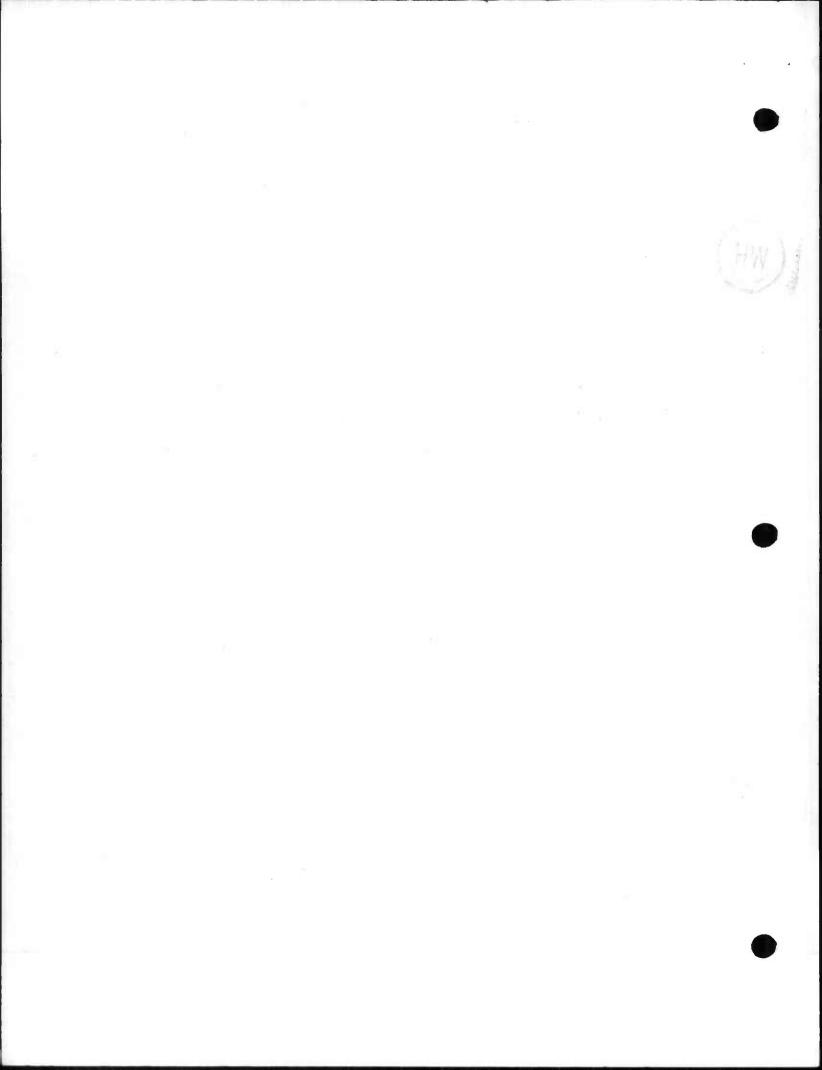


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

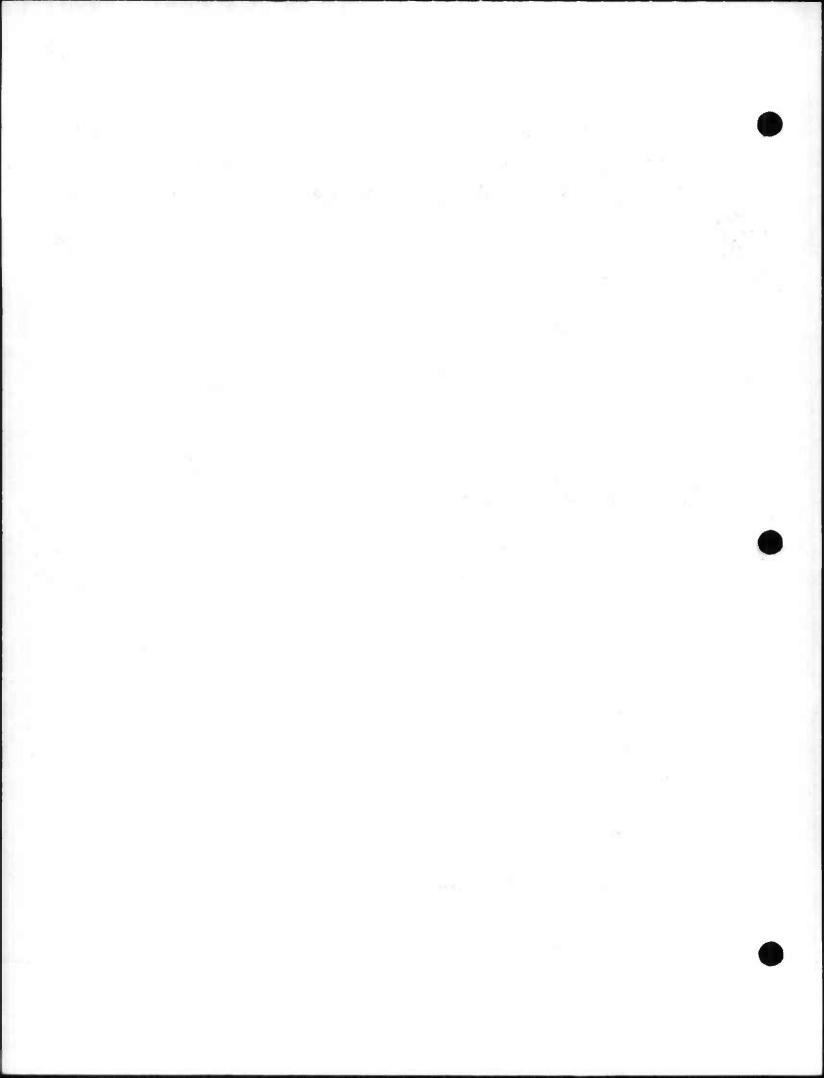
	0.0	96.2			l
	ngin	the St			l
	atte	93			l
	6	5			l
	ital	d fc			l
	Sol	che		es	ı
	le l	deta		ouc	ĺ
	3	2		76	ı
	8	용		Pa	ı
	tain	Sho		=	l
	9	5		5	l
١	ay b	pag		be	l
	E	, O		nst	l
	96	rec		E	l
	To	P R		ne	l
	ath.	Jue		E	l
	0	le f	100	ex	L
	afte	9	Ě	ica	Г
	SUUC	.⊆	E	Ded.	ı
	Ĕ	Palled	o,		l
	2 VI	No.	atio	£	ı
	A.	plet	Tell	ent	l
	8	mo:	ਗ	5	ı
	BCUI	D.	S	atic	l
	9	an a	9	Ē	l
	te b	Sicie	500	2	l
	fical	吾	9	je	l
	certi	Buig	36	5	l
	ath	tten	E E	ō	
	e de	6 3	Men	5	
	4	y th	B	=	
	tha	Pa :	E	any	
	ires	sign	lear	띃	
	redu	Ge.	5	٤	
	AMP.	S De	ept.	23	
	2	e ha	2	E	
	N	heat	Sta	=	
	ICIA	erti.	E	9	
	H-SS	Sil	E I	<u>8</u>	
	6	10	5	Fel	
	OIN	A#	Oea	5	
	EN	S.	Пег	00	
	AT	ECI	S	2	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the a	be nied within 72 hours after death with the State Dept. of Hearth and Mental Hygiene phor to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TAL	RAL	7	=	
	OSP	JNE:		텖	
	王田田	E I	× D	틺	
	I	H	Tie	외	
	2	2	8	3	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA	MENT OF H	EALTH AND I	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) RUSSell Inv	vin Martin				2. DATE OF MONTH	F DEATH DAY	1995		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-24-9219	5. SEX 6. AGE (In yo	7/	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		6. B	country)	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give sti 920 Houcksvill		98		pstead	EATH	,,,,	9c. COUNTY		1
IRECT	residence of decedent 10a. STATE 10b. COUNTY Maryland Car	roll	10c. CITY, T	town on Location Hampstead					I. INSIDE CITY LIMITS?	
FUNERAL DIRECTOR	10. STREET AND NUMBER 920 Houcksvill				21074			10g. CITIZEN		YES 2 X NO
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	SXC)(NO	If yes, spe	ENDENT OF HISPAN Helfy Cuban, Maxican 2 X NO Specify	IIC ORIGIN?		or No.— 14. I		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION 16 Completed) College (1-4 or 5 +)	e. DECEDENT'S USI (Give kind of work We. Do NOT use re	done during mo- tired.)	N st of working	-		NESS/INDUSTI		White
COMP	17. FATHER'S NAME (First, Middle, Lest) RUSSELL E. Mar	tin	Mecha	INIC	16. MOTHER'S NAI	ME (First, Mic	idle, Maiden Si	urname)	011	
TO BE	19a. INFORMANT'S NAME (Type/Print) Janet H. Marti		196. MAJLING AD 920 Ho	DRESS (Street a	nd Number or Rural F	Route Number	City or Town,	Statu, Zip Code	°) 1D 2	21074
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo		ACE AND DATE OF D					ation - city		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE . Eli	ine	1	S Main	CILITY E	line	Funer	al	Home
	23. PART I. Enter the diseees, or concentrate the content fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused the list only one cause on each one cause on each one cause on each one cause on each one cause on each one cause on each one cause of the cause of the cause of the cause of the cause of the cause	ilne.		de of dying, such	n es cardie	c or respira	atory srrest,		Approximata Interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO								
AL	PART II. Other significent conditions	s contributing to deeth but a	not resulting in t	he underlying	ceuse given in		4a. WAS AN AI PERFORM	ED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	26.	PLACE OF DEATH (UNCERTAIN	10				
HYSIC	EXAMINER? 1 VES 2 AB 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpatie	nt 3 DOA 4 DOA 4 DOA 4 DOA 1	F 28c. INJ				JURY OCCURE	D	
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28a. PLACE OF INJURY — building, etc. (Specify)	INJURY	M 1 🗆 Y				d Number or Ro	ural Floute	Number,
COMPLETED	4 Homicide determined	CIAN: To the best of my knowledg	e death accurred a	t the time date	and alone and due		Town, State)			
COMP		3: On the beals of axamination an			eath occured et the	time, data ar			ise(s) and	1
TO BE	30. NAME AND ADDRESS OF PERSON WHO	mo			D 33	165		DATE SIG	NED Mor	G S
	31. DATA SHED (Moath, Day, Mar)	Z CI CA	-over P		Manufo	steed	me	7:	250	r
	JAN 09 1995 July	a Dhusten hardall	1. The second se		S				,	



BALTIMORE, MARYLAND 21215-0	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a new after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed at once.
MORE, MA	age 6 may be retai	director, page 5 sh	er must be notif
BALTI	nours after death. P	ed in by the funeral, or removal.	medical examin
X 68760,	executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funk be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	death certificate be	ental Hygiene prior	iry, or other trau
RECORD	w requires that the	been signed by the	3 shows any inju
OF VITAL	PHYSICIAN: The la	this certificate has	rked, or item 2:
DIVISION	AL DR ATTENDING	AL DIRECTOR; After 2 hours after death	if item 28 is ma
	TO THE HOSPIT	TO THE FUNERA De filed within 7	IMPORTANT:

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
М яестоя	1. DECEDENT'S NAME (First, Middle, Last) Ruby G. Hyers				2. DATE OF DEATH DAY YEAR 3. TIME OF MONTH			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER (5. SEX 6. AGE (In yrs. last birthday) IF t			IF UNDER 1 YEAR		7. DATE OF BIRTH	8.3	BIRTHPLACE (State or Foreign	
		1 □ M 2 F 86	YRS.	MONTHS DAYS	HOURS MIN.	11270	8 17	orth Carolina	
				A	Anno polis		Anne Arundel.		
					TOWN OR LOCATION		10d, INSIDE CITY LIMITS? 1 ☐ YES 2 MAO		
	100. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
BY FUNERAL	3280 Harness Creek Road				21403		United States		
	1: MARITAL STATUS 1 Never Married 2 Merried Widowed 4 Divorced 1: WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify 1 if yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:			tee or No— 14. RACE American Indian, Black, White, etc. Specify White		
60	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS (INDUSTRY								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use re				k done during most of working bilred.) Supervisor E			ducation	
	17. FATNER'S NAME (First, Middle, Last)			-Juper v i	16. MOTNER'S NAME (First, Middle, Maiden Sur				
	Nathaniel Giles				Addee Lee Walker				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)								
-	James L. Myers 1802 Severn Grove Road Annapolis, Maryland 21401								
	20s. METHOD OF DISPOSITION Burlet 2 Cremation 3 Remarks from the place 20c. PLACE AND DATE OF DISPOSITION Name of DATE 20c. Location - City or Town, State 2 Cremation 5 Other (Specify) Location - City or Town, State Location - City or Town,								
	22. NAME AND ADDRESS OF FACILITY ON M. Taylor Funeral Home								
	tracel &.	In ten	147 Duke of Gloucester St. Annapolis, MD						
TION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ehock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or AS A CONSCOUENCE OF):								
	Sequentially liet conditions, if any, leading to immediate	DUE TO (SA AS A CONSEQUENCE OF):						YEARS	
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Discess or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):						
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24e. WAS AN AUTOPSY 24b, WERE AUTOPSY FIND							<u> </u>	
	PART II. Other significant conditions	contributing to death be	ut not resulting	In the underlying	g cause given in P	ert i. 24e. WAS AN PERFOR	RMED2	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
₹ .	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
ETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EVAMMED 2 28. PLACE OF DEATH (Check only one)								
	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	atlent 3 DOA	OTHER: AN Nursing Hom	e 5 🗆 Residence 6	☐ Other (Specify)			
	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME Of INJURY			M t 1	12.12.12.10				
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — Al homa, farm, street, factor building, atc. (Specify)				office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and placa, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.								
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER SCATE Edges, MD 296. LICENSE NUMBER 296. DATE SIGNED (MONTH), Day, 1861)								
-	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27 (TYPO, PRINT)) KOBERT SCOTT EDEN, MD, 600 RIDGELY AVE, ANNAPOLIS, MD 21401								
	31. DATE FILED (MONTH, DON, YOU) JAN 11 1995 Julia Dhuidson Randelly								



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

물

4 Homicide

TO BE COMPLETED BY FUNERAL DIRECTOR

										-	•	
FOR STATE		STATE OF I							MENTAL HYGIEN	E		
REGISTRAR 1. DECEDENT'S NAME (First				CERTIF	ICATI	OF	DEA	ГН	REG. NO.			
		WITTE	0						2. DATE OF DEATH DO	AY .	YEAR	3. TIME OF DEATH
MARGARET							,		1 - 8	- 19	9 9 5	7:15 P
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (in yrs	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
216-36-7		1 🗌 M 2 🔀 F		8 4 YRS.		UNIO	noons		11-8-19	10	Ма	ryland
9a. FACILITY NAME (If not is	nstitution, give s	treet and number)	12		9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF D	EATH
Meridian		sing Ct:	r.		S	Seve	rna	Par	î k	Anı	ne A	rundel
10e. STATE	10b. COUNTY	,		10c, CI1	Y, TOWN I	OR LOCA	TION					10d. INSIDE CITY
MD		ne Aru	nde1		Seve	rna	Pa	rk				LIMITS? 1 YES 2 NO
Truckhou		1.				10	2.1	146			USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO		If yes, sp	ecify Cubi	OF HISPAN in, Mexicai Specify	NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No	14. RACE Black Species	E — American Indian, k, White, etc. hy: Whiite
	EDENT'S EDU		16a	DECEDENT'S	USUAL O	CCUPATH	ON		16b. KIND OF BUS	SINESS/IND	USTRY	WALCO
Elementary/Secondary (1	College (1-4 or 5	+)	life. Do NOT u	se retired.)		IST OF WORKI	ng .	II de la la	Coh	1	
17. FATHER'S NAME (First, A	fieldle (ant)			Teac	n er				High		201	
	Account.	_					18. MOT		ME (First, Middle, Maiden			
Henry		LY E	vans		_				len V.		vans	j
19a. INFORMANT'S NAME (Route Number, City or Tow			
Mary Hot		11 D	000.00	CE AND DATE				ras	adena, M			
1 Burial 2 Crematic	on 3 🗆 Rem	oval from State		ce and bate c, crematory or c			me of			CATION -		
4 ☐ Donation 5 ☐ Other			Nei	w Cat					1/12 Ba	llti	nore	:, MD
21. SIGNATURE OF FUNER	SEHVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FAC	495	Rite	chie	Hwy.
) (pl	26	San	11-		Ва	rra	nco	FΗ	Severna			
23. PART i. Enter the d	iseeses, pr	omplications the	t caused the	death. Do	not enter	the mo	de of dy	ing, suct	h as cardiec or respi	ratory arr	est.	Approximata
snock, or n	eert reliure.	List only one cau	ise on each	line.								Interval Between
iMMEDIATE CAUSE (Fit	nei	CT	PSI.	0							-	Onset and Deat
resulting in death)	→		<u></u>								_ <	SALL IN
		DUE TO	(OR AS A COA	VSEQUENCE O	F):							
Sequentially list condit If any, leading to imme cause. Enter UNDERLY	diete	bDUE TO	(DR AS A CON	SEQUENCE O	F):							
CAUSE (Disease or injuthat initiated events	Jry S	C. DUE TO	(DR AS A CON	ISEQUENCE O	F):							
resulting in death) LAS	"	d										
PART II. Other signification	ent condition	s contributing to	deeth but n	Ot resulting	in the ur	derlyln	g ceuse :	given in			24b.	WERE AUTOPSY FINDINGS
PATEL	2105	240	Di	SE	TSE	-			1 YES 2		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER 1 TES 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA ie 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF BEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Hatural 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide 6 Could not be determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 MEDICAL EXAMINER: On the basis of exa occured at the time, date and place, and due to the cause(s) and manner as stated.

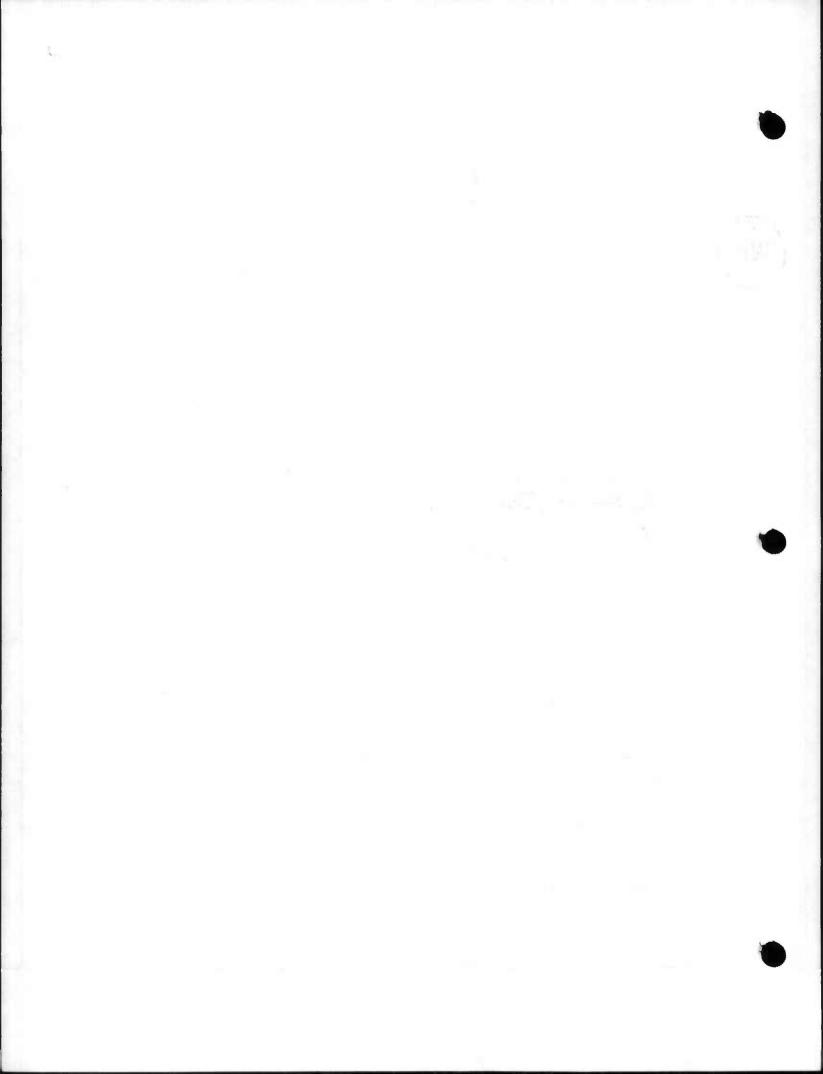
ATTENDING

WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) MUMPRA

31. DATE FILED (Month, Day, Year)

JAN 10

32. REGISTRAR'S SIGNATURE Stevelson Revolate



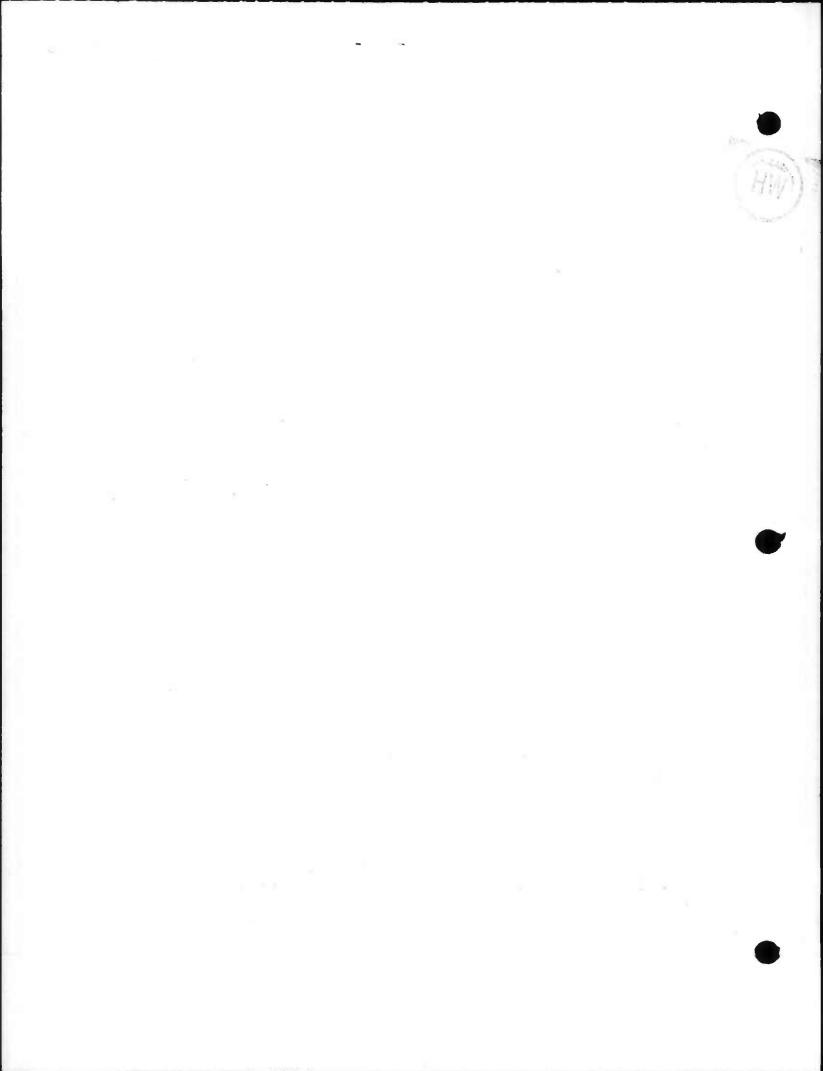
10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE REG. NO.
	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

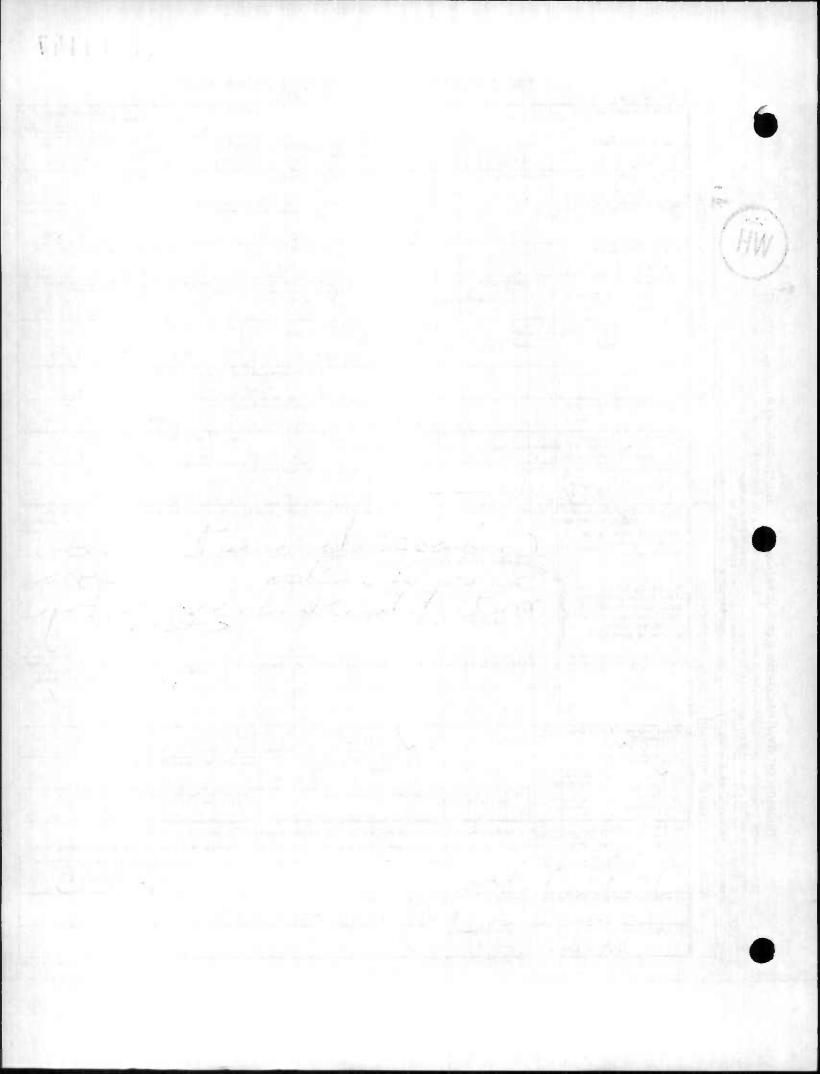
	HEGISTRAH				CALE				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Gertrude B. Mahali	k						2. DA	TE OF DEATH	199	5 ^{YEAR}	3. TIME OF DEATH 0250
	4. SOCIAL SECURITY NUMBER		8. AGE (in yrs. last	birthday)	IF UNDER 1 Y	EAR IF UND	DER 24 HRS.					IPLACE (State or Foreign
	171-01-3699	1 DM &CXF	81			AYS HOUR		T 13	TE OF BIRTH onth, Day, Year) LY 12,	1913	Count	ennsylvani
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY TI	OWN OR LOCA	TION OF D		-1 121		NTY OF D	
Œ	Kent & Queen Anne		cnital	Inc				CAIN				EAIR
5	RESIDENCE OF DECEDENT	Spital	tal Inc. Chestertown						Kent			
Ä	10e. STATE 10b. COUNTY	•		10c. CITY	TOWN OR	LOCATION						10d, INSIDE CITY
ā	Maryland Que	en Anne'	S	C	hest	er						1 Tes 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER					10f. ZIP CC	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
E	306 Skipper La	ne					2161	9			U.S	. A .
5	11. MARITAL STATUS	12. WAS DECEDENT			13. WA	DECENDENT			GIN? (Specify Yea	or No-	14 BAC	E — American Indian
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAI		0		YES 2 T			o Ricen, etc.)		Blac Spec	k, White, etc.
ВУ	₩Widowed 4 Divorced					,X-X					Opec	White
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE(CEDENT'S	JSUAL OCCU	PATION	rkina	1	6b. KIND OF BUS	INESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)				ng most of wo			m 1		T 3	
MP	12		CO	lor	Co-o:	rdina	tor		Text:	ше	Ind	ustry
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								t, Middle, Maiden	Sumame)		
BE	Walter Borowia	k				Ma	ry S	Step	phanic			
TO B	19e. INFORMANT'S NAME (Type/Print)								imber, City or Town			
F	Virginia West		30	6 S	kipp	er La	ne,	Che	ester,	Md.	21	619
	20a. METHOD OF DISPOSITION 1 Burlal 2 Tremation 3 Remains		20b. PLACEA			ON (Name of		DA	ATE 20c. LOC	ATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)	JVBI Irom State	Mot v			torv	Jan.	3,1	1995	. 1 + i	mor	e, Md
	21. SHONATURE OF PANERAL SERVICE LIC	EMEE	1		22. NA	ME AND ADD	RESS OF FA	CILITY			100.71	E MU
- 1	> 1/homas Ko	4111	/ -			n Hel	fent	eir	n Funer	ral	Hom	es, P.A.
\dashv	23. PART I. Enter the diseases, or o	pegenl	en		10	6 Sha	mroc	k F	Rd., Cl	nest	er,	Md. 21619
	ahock, or heart fellure.	List only one cause	o Dn eech line.	an. Do no	ot enter in	e mode of c	lying, auc	n aa ca	irdiac or reapir	atory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0 (4									Onset and Death
	resulting in deeth)	DUE TO (O	TIKE	Itech	11 1	MIC	enci					
ON	Sequentially list conditions,	b. Sen i	C 5/0	10515								
F	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (0	M AS A CUNSEO	UENCE OF	1.							
2	CAUSE (Disease or Injury	DUE TO (C	DAS A CONSEC	HENCE OF								
	CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE					SEOUENCE OF):						
Ë	that initiated events resulting in deeth) LAST	502 10 (0	rasulting in deeth) LAST									
CERTIF		1										
AL CERTIFICATION		d	eeth but not re	eulting in	the unde	rlying ceus	given in	Pert I.	24s. WAS AN /	WTOPSY	24b	WERE AUTOPSY FINDINGS
	resulting in deeth) LAST	d	eeth but not re	eulting in	the unde	rlying ceuse	given in	Pert I.	PERFORI	MED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	resulting in deeth) LAST	d	eeth but not re	eulting in	the unde	rlying ceuse	given in	Pert I.		MED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other algoriticent condition	d.							PERFORI	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	resulting in deeth) LAST	d.	SE OF DEAT	TH YES	5 🗆 NO) 🗆 UN	given in		PERFORI	MED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other algoriticent condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAU	SE OF DEAT	H YES	S NO	D UN	CERTAI	N 🗆	PERFORI	MED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other aignificent condition DID TOBACCO USE CONTE	RIBUTE TO CAU	SE OF DEAT	H YES	5 NC I (Check onl) OTHER: 4 Nursing	One)	CERTAI	N 🗆	PERFORI 1 VES 2	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	RIBUTE TO CAU	SE OF DEAT 26. PLACE PLACE PLACE R/Outpatient 3	H YES	5 NC I (Check only OTHER: 4 Nursing OF RY 28	One) Home 5 G. INJURY AT WORK?	CERTAI	N 🗆	PERFORI	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Cocident Investigation	RIBUTE TO CAU HOSPITAL: 1 Inpetient 2 = E 28e. DATE OF IN (Month, Day.	SE OF DEAT 26. PLACE ER/Outpetlent 3 JURY Year)	OF DEATH	OF 28	Orne) Home 5 C. INJURY AT WORK? YES 2	CERTAI	8 On 28d. D	PERFORI 1 YES 2 her (Specify) ESCRIBE HOW IN	JURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	RIBUTE TO CAU HOSPITAL: 1 Inpetient 2 = E 28e. DATE OF IN (Month, Day.	SE OF DEAT 26. PLACE ER/Outpatient 3 IJURY Year) INJURY — At hon	OF DEATH	OF 28	Orne) Home 5 C. INJURY AT WORK? YES 2	CERTAI	8 Ott	PERFORI 1 VES 2	JURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	RIBUTE TO CAU HOSPITAL: 1 Inpattent 2 = E 28e. DATE OF IN (Month, Day, 28e. PLACE OF I building, et	SE OF DEAT 26. PLACE ER/Outpatient 3 IJURY Year) INJURY — At hon c, (Specify)	TH YES OF DEATH DOA 28b. TIME INJU	S NC I (Check only OTHER: 4 Nursing OF 28 RY M 1	one) Home 5 C. INJURY AT WORK? YES 2	Residence	8 Ott	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN DCATION (Street airly or Town, State)	MED? NO NO NO NO NO NO NO NO NO N	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	RIBUTE TO CAU HOSPITAL: 1 Inpettent 2 = E 28e. DATE OF IN (Month, Day, 28e. PLACE OF ibuilding, et	SE OF DEAT 26. PLACE ER/Outpatient 3 JURY vbar) INJURY — At hon c, (Specify) y knowledge, des	TH YES OF DEATH DOA 28b. TIME INJU	OF 28 MY M 1 reet, factory, at the lime	One) Home 5 C. INJURY AT WORK? YES 2 office	Residence NO	8 Ott 28d. D	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN CATION (Street at by or Town, State)	MED? IN NO IN	CURED or Rural F	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	RIBUTE TO CAU HOSPITAL: 1 Inpettent 2 = E 28e. DATE OF IN (Month, Day, 28e. PLACE OF ibuilding, et	SE OF DEAT 26. PLACE ER/Outpatient 3 JURY vbar) INJURY — At hon c, (Specify) y knowledge, des	TH YES OF DEATH DOA 28b. TIME INJU	OF 28 MY M 1 reet, factory, at the lime	One) Home 5 C. INJURY AT WORK? YES 2 office	Residence NO	8 Ott 28d. D	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN CATION (Street at by or Town, State)	MED? IN NO IN	CURED or Rural F	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	RIBUTE TO CAU POSPITAL: 1 Inpatient 2 E 28a. DATE OF IN (Month, Day, 28a. PLACE OF of building, etc.)	SE OF DEAT 26. PLACE ER/Outpatient 3 JURY vbar) INJURY — At hon c, (Specify) y knowledge, des	TH YES OF DEATH DOA 28b. TIME INJU	OF 28 MY M 1 reet, factory, at the lime	Home 5 c. INJURY AT WORK? YES 2 office	Residence NO	8 Ott	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN CATION (Street at by or Town, State)	MED? NO NUMBER NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER	CURED or Rural II	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 000e) 2 MEDICAL EXAMINER	RIBUTE TO CAU POSPITAL: 1 Inpatient 2 E 28a. DATE OF IN (Month, Day, 28a. PLACE OF of building, etc.)	SE OF DEAT 26. PLACE 27. PLACE 28. PLACE 28. PLACE 29. PLACE	TH YES OF DEATH DOA 28b. TIME INJU	OF 28 MY M 1 reet, factory, at the lime	O UN one) Home 5 c. INJURY AT WORK? YES 2 office date and pla on, death occ	Residence NO NO Cea, and due ured at the	8 Otto the co	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN CATION (Street at by or Town, State)	MED? NO NUMBER NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER	CURED or Rural II	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 000e) 2 MEDICAL EXAMINER	RIBUTE TO CAU HOSPITAL: 11 Inpatient 2 E 28a. DATE OF IN (Month, Day, 28a. PLACE OF of building, etc.) CIAN: To the best of mr. R: On the basis of exer	SE OF DEAT 26. PLACE 27. PLACE 28. PLACE 29. PLACE	TH YES FOF DEATH DOA 28b. TIME INJUINATION OF THE PROPERTY	A (Check only A (Che	O UN one) Home 5 c. INJURY AT WORK? YES 2 office date and pla on, death occ	Residence NO	8 Otto the co	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN CATION (Street at by or Town, State)	MED? NO NUMBER NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER	CURED or Rural II	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 V NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. ME AND ADDRESS OF PERSIN WHO	RIBUTE TO CAU HOSPITAL: 1 Inpatient 2 = E 28a. DATE OF IN (Month, Day, 28c. PLACE OF I building, et	SE OF DEAT 26. PLACE ER/Outpatient 3 IJURY Year) INJURY — As hon c, (Specify) y knowledge, des mination and/or in OF DEATH (ITEM	TH YES FOF DEATH DOA 28b. TIME INJURIES To Farm, st th occurred th occurred vestigation	OTHER: 1 (Check only OTHER: 4 Nursing Print)	O UN one) Mome 5 INJURY AT WORK? YES 2 offica dete and pla on, death occ	Residence NO NO Ce, and due CENSE NUI	8 Ott 28d, D 28d, D to the colling, da MBER	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN DOCATION (Street array or Town, State) Bause(a) and mening the and place, and	JURY OC And Number There ee ster due to the	or Rural I	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 29b. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. WAME AND ADDRESS OF PERSON WHO JOhn C. Seyme 31. DATE FILED (Month, Day, Year)	RIBUTE TO CAU HOSPITAL: 1 Inpettent 2 = E 28e. DATE OF IN (Month, Day, 28e. PLACE OF in building, et CIAN: To the best of maximum of the basis of axar COMPLETED CAUSE OUT: 122 32. BEDISTRARS	SE OF DEAT 26. PLACE ER/Outpatient 3 IJURY (bar) INJURY — At hon c. (Specify) y knowledge, dea minetion and/or in OF DEATH (ITEM SPECT S SIGNATURE	TH YES OF DEATH DOA 28b. TIME INJUING, farm, st th occurrencestly atlant 27) (Type, C. R.d.	A (Check only OTHER: 4 (Nurship) OF 28 RY M 1 1 reset, factory, in my opin	O UN one) Mome 5 INJURY AT WORK? YES 2 offica dete and pla on, death occ	Residence NO NO Ce, and due CENSE NUI	8 Ott 28d, D 28d, D to the colling, da MBER	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN DOCATION (Street array or Town, State) Bause(a) and mening the and place, and	JURY OC And Number There ee ster due to the	or Rural I	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAU HOSPITAL: 1 Inpettent 2 = E 28e. DATE OF IN (Month, Day, 28e. PLACE OF in building, et CIAN: To the best of maximum of the basis of axar COMPLETED CAUSE OUT: 122 32. BEDISTRARS	SE OF DEAT 26. PLACE ER/Outpatient 3 JURY Year) INJURY — As hon c, (Specify) y knowledge, dea mination and/or in OF DEATH (ITEM	TH YES OF DEATH DOA 28b. TIME INJUING, farm, st th occurrencestly atlant 27) (Type, C. R.d.	A (Check only OTHER: 4 (Nurship) OF 28 RY M 1 1 reset, factory, in my opin	O UN one) Mome 5 INJURY AT WORK? YES 2 offica dete and pla on, death occ	Residence NO NO Ce, and due CENSE NUI	8 Ott 28d, D 28d, D to the colling, da MBER	PERFORI 1 YES 2 Ther (Specify) ESCRIBE HOW IN DOCATION (Street array or Town, State) Bause(a) and mening the and place, and	JURY OC And Number There ee ster due to the	or Rural I	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by the hospital or attending physici	ours after death. Page 6 may be retained by the hospital or attending physicil
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	led in by the funeral director, page 5 should be detached for use as the burial-a, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE		PARTMENT OF HEALT	H AND MENTAL HYGIENE ATH REG. NO.
1. C	DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH
	Maxwe	ell	Melton	MOORE	January 7

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEAT	Н
		Maxwe		Melton		MOC	DRE				7.199		6:20	PM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			HPLACE (State or Fo	reign
	537-03-3838		1 M 2 F	77	YRS.	INCHITIES	DAYS	HOURS	MINI.	April 9,	1917		Ífornia	
_	9a. FACILITY NAME (If not in					9b. CITY	, TOWN C	R LOCATI	ON OF DE	АТН	9c. COI	INTY OF D	DEATH	
FUNERAL DIRECTOR	16512 Virgi	inia Av	ve.			1	Hill	iams	port		WA	SHIN	GTON	
EC	10a. STATE	10b. COUNTY			10c. CITY	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY	
PI	Maryland	Was	shington		V	VIII!	iams	port					LIMITS?	NO
A	10e. STREET AND NUMBER							ZIP COD	E		10g. Cl	IZEN OF	WHAT COUNTRY?	
E	16512 Virg	ginia /	Ave.					217	95		U	SA		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Y	es or No-	14. RAC	E — American India k, White, atc.	in,
BY	1 Never Married 2 3 Divo	J. T. T. T. T. T. T. T. T. T. T. T. T. T.	1	YES 2 N					Specify			Spec	alty:	9.1
		EDENT'S EDU	CATION	Orea 16e. DE	CEDENT'S	USUAL O	CCUPATIO	DN .		16b. KIND OF B	JSINESS/IN	DUSTRY	White	
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	Ma	ive kind of w Do NOT us	vork done e retired.)	during mo	st of working	ng					
AP.	12		4		Quali	ity (Cont	rol		Air	craft	Man	ufacture	
Š	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maide	n Sumame)			
BE (Cecil		Oliver		Mod					rtha			Burns	
2	19a. INFORMANT'S NAME (7			191						Route Number, City or To			04705	
	Edith J. Mod						_		Ave	. William	,			
- 1	1 Donation 5 Other	on 3 🗆 Fiame	oval from State	20b. PLACE/ Cernotesia cre SMITHS	matory or of	ber place)	OCV	me of	9.199		theh		Wn, State 4D 21783	
	21. SIGNATURE OF EUNERA		odu/	- John Hist	our g o			-	SS OF FA		11100	a 1 9) 1	21703	
	> /// 0x	111/	Vhu_							AL HOME				-31
\dashv	23. PART I. Enter the di	iseasse or c	complications the	t coursed the de	eth Do n	P	.0.	Box :	#348	Williams	port,	MD 2	1795 Approxima	
NO	iMMEDIATE CAUSE (Fir disease or condition resulting in death)	ions,	DUE TO	ON AS A CONSEC	on Areine	5	با	0	~	teer			interval Be Onset and	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				لر		0	de	~	75	5	20	1	
MEDICAL	PART II. Other significa	endition	s contributing to	deeth but not r	esuiting i	n the ur	nderiying	ceuse	given in	Part i. 24a. WAS A PERFC 1 TYES	RMED?	248	MERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF CO OF DEATH?	TO CAUSE
AN	25. WAS CASE REFERENCED TO	O MEDICAL			1		26. PL	ACE OF D	EATH (Chi	ock only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	D-OOA	OTHER	₹:			5 Other (Specify)				
PHYSICIAN:	27. MANISER OF BEATH		28e. DATE OF (Month, I		26b. TIMI	E OF	28c. INJ	URY AT		28d. DESCRIBE HOW	INJURY O	CURED		
ВУ		Pending investigation	(1801.01, 2	ey, rour/	linu.	URY		RK? 'ES 2 [] NO					
	3 Suicide 5	Could not be determined	28e. PLACE (building,	F INJURY - At ho etc. (Specify)	me, farm, a	rireet, faci	ory, office			25f. LOCATION (Stree City or Town, Stat	and Number	or Rural	Route Number,	
COMPLETED		determined												
AP I	man -									to the cause(a) and m				
8				xamination and/or	Investigatio	n, in my c	pinion, d	eath occu	red at the	time, data and place,	ind due to	the cause(e) and manner as st	lated.
BE	296. MONATURE AND TIPLE	OF CERTIFIER	1 Va					29c. LIC	ENSE NUM	IBER	29d, DA	TE SIGNE	(Month, Day, Year)	
2	30. NAM AND ADDRESS OF	DEDCON WIL	O COMPLETED CALL	25 05 054711 075	14 AT (T -	010							[75]	
			_				اممد	+-	un M	D 21740				
	Richard S. (Year)	32. REGISTRA			va.l	lage	1510	WII , [V]	0 21/40		1		
		0 9 199	5 Julia	the disort	arball									
	Orni						-				-	-		Rev 1/89



FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

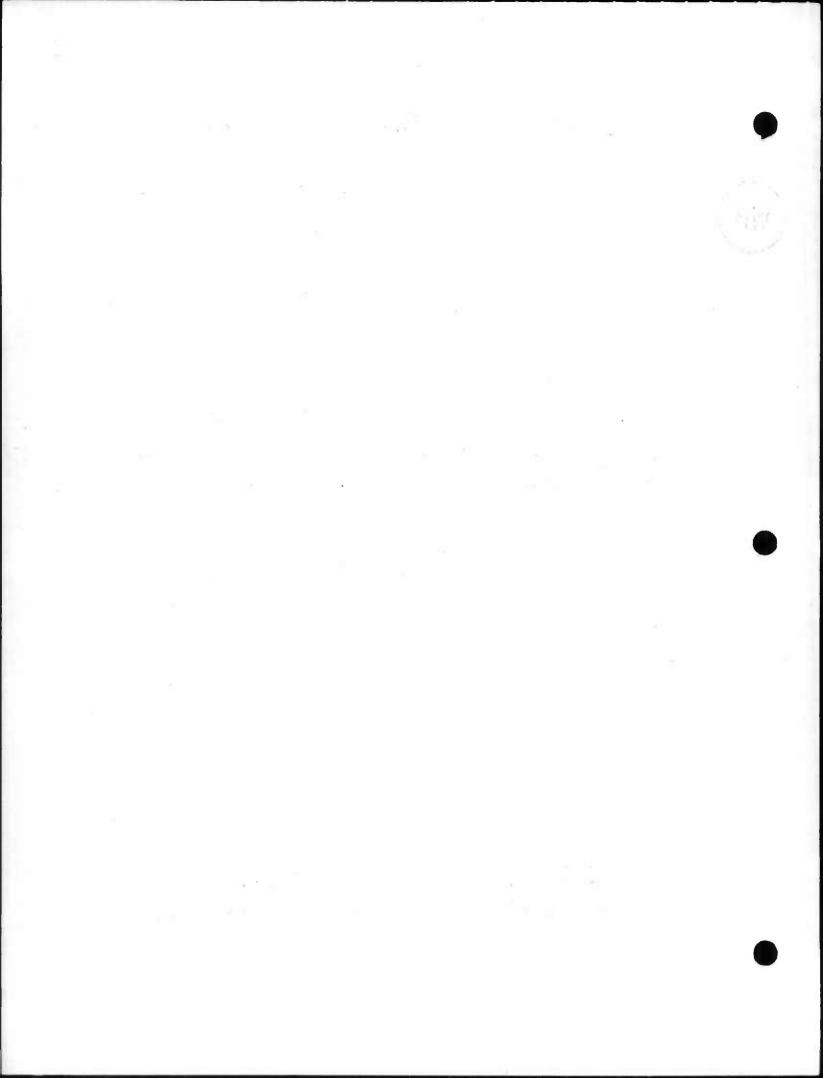
IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.		
1. DECEOENT'S NAME (First, Middle, Last)	0	C1 -	t			2. DATE OF	DAY	YEAR	3. TIME OF DEATH
Ponald 4. SOCIAL SECURITY NUMBER	E.	M H I	Y		T	JAI		95	12:14
217-30-7203	1 💢 M 2 🗆 F	59	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		30,1935	Mari	HPLACE (State or Foreign Lyland
Sa. FACILITY NAME (IT not institution, give s Washington County RESIDENCE OF DECEDENT					or location of d erstown	EATH	9c.	county of a Wash	ington
10a. STATE 10b. COUNT	v Washingtor	ı	10c. CIT	Y, TOWN OR LOC Smiths					10d. INSIDE CITY LIMITS? 1 YES 2 V NO
100. STREET AND NUMBER 23325 Foxville Rd	•			1	01. ZIP CODE 21783		10g	CITIZEN OF	what country?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [] IF YES, GIVE WAF KOLLAN	EVER IN U.S. ARI YES 2 IN R OR DATES A CONFL	0	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Speci	an, Puarto Ric		14. RAC Blac Whi	E — American Indian, ik, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a, DE	CEDENT'S	USUAL OCCUPAT work done during n	TION nost of working	16b. K	IND OF BUSINES	S/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		S	uppl	y Serge		ME (5) - A6-	Milita		
James R. McInt	yre				Marjor	ie L.			
190. INFORMANT'S NAME (TyporPrint) Annemarie McIntyr	e	23	325	FOXVILL	and Number or Rural 2 Rd. Smu	thsbu	rg, Md.	e, Zip Code) 21783	
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram 4 Dongties 5 Other (Specify)	oval from State	20b. PLACE A cemetery, crer	ND DATE	of DISPOSITION (I	rch Cem.	1_9_9	28c. LOCATIO	N - City or To	own, State
21. SIGNATURE OF FUNERAL SERVICE AND LEWIS Z.	Mari	2	cu u	22. NAME /	AND ADDRESS OF FA	CILITY			wry Ave. Md. 21783
shock, or heart failure. iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (O		DUENCE OF	F):	In Item	ent Viseone			Interval Between Onaet and De Sud down
PART ii. Other aignificent condition	na contributing to de	eeth but not re	eauiting	in the underlyi	ng ceuse given in		4a. WAS AN AUTO PERFORMED?). WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
						_	,		t 🗌 YES 2 🗍 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpetient 3	S/DOA	OTHER:	PLACE OF DEATH (C)		Spacific)		
27. MANNER OF DEATH 1) Natural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIM	E OF 28c. IN	JJURY AT ORK? YES 2 NO		RIBE HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF I	INJURY — At hor c. (Specify)	ne, tarm, i	street, factory, off		28f. LOCATI City or	ION (Street and Nu Town, State)	imber or Rural	Route Number,
	ICIAN: To the best of m								s) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIE					29c. LICENSE NU				(Month, Day, Year)
18. U.	Weeln				21/2		•	JA4	
30. NAME AND ADDRESS OF PERSON WH	etLS	OF OEATH (ITEM	(NO	Print)			stown (100	
31. DATE FILED (Month, Day, Year) JAN 0 6 1995	32. PEGISTRAR	S SIGNATURE	dell			1	~~~		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ac hours after death. Page 6 may be retained by the hospital or attending shall be filled in by the funeral director, page 5 should be detached for use as the built be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6

VINCENT

CHEN

5 1995

3.36

	1 - FOR REGISTRAR	STATE OF N		/ DEPAR					MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) ELER 1	UNR	1	NeD	ONA	LI	\		2. DATE OF		5.1	19 4 5 T	TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER		7. DATE OF (Month, L	BIRTH	0 - 7		LACE (State or Foreign
	577-50-6092	1 M 2 X F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	March		1912	Nort	h Carolina
Œ	SOUTHERN M		s 11		9b. CITY	1	R LOCATIO		ATN		-	NTY OF DEA	-7
25	RESIDENCE OF DECEDENT	TANY MN.	D TTOS!	JATIC		Cr	1/1/	ON			P	ZINCL	Contis
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN C							1	Od. INSIDE CITY LIMITS?
	Maryland Cha	rles			L	a PL	ata	F			40° CIT		X YES 2 NO
FUNERAL	1324 Redwood Circ	le				100		0646			_		itates
S	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes			- American Indian, White, atc.
ВУ Б	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	Лио			2 NO		n, Puarto Ric	en, atc.)		Specify:	
	15. DECEDENT'S EDU		16a. I	DECEDENT'S	USUAL O	CCUPATIO)N		16b. K	ND OF BUS	MNESS/INI	Whit	e
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 s		(Give kind of life. Do NOT u	work done i	during mos	at of working	ng	1344.14		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2001111	
COMPLETED	7	0		Но	usew	ife			D	OMEST	IC		
	17. FATNER'S NAME (First, Middle, Lust) John R. Adams								ME (First, Mid				
BE	19a. INFORMANT'S NAME (Type/Print)		1	19h MAILING	AODRESS	(Street o			M. B			Carlo	
5	John Mc Donald												and 20646
	20a METHOD OF DISPOSITION W XBurtal 2 □ Cremetion 3 □ Ram	oval from Stata	20b. PLAC	E AND DATE	OF DISPOS	ITION /Na			OATE	7		City or Town	
	4 Donation 5 Other (Specify)		Ft.	Linco	In C	<u>emet</u>	ery	01-0	7-95	Bre	ntwo	od, M	laryland
	400001111	March	1		ΤĤ	É HÜ	NTT	FUNE	RAL H	OME,	INC.		
-	Benjamin Ma				P.	0.B0	X 15	6 WA	LDORF	, MAR	RYLAN	D 20	604
	23. PART I. Enter the diseases, or each shock, or heart failure.	List Dnly one cau	se on each li	ne.	not enter	tha mod	da of dyl	ng, suci	h as cardis	c or respi	ratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		COCIC										Onset and Death
	a. SEPSIS DUE TO (OR AS A CONSEQUENCE OF):										4 was		
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										1 sole		
ATI	If any, leading to immediate cause. Enter UNDERLYING												4.7.07
2	CAUSE (Disease or injury that initiated events	c. DUE TO	OR AS A CONS	EMUENCE O	5 4417 F):	w/							YGANS
<u> </u>													
ERTIF	resulting in death) LAST	d	BUNTE	JUSE	VA(C	NO	2 1)	UEA	16				1077
L CERTIFICATION	PART II. Other algnificant condition				,			3 -	2	la. WAS AN		24b. ¥	VERE AUTOPSY FINDINGS
		a contributing to			,			3 -	Part I. 2	PERFOR	MED?	á	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE
	PART II. Other algnificant condition	contributing to	death but not	t resulting	In the un	derlying	cause g	given in	Part I. 2		MED?	o o	VERE AUTOPSY FINDINGS
	PART II. Other algorificant condition HYPERHALEMY DID TOBACCO USE	contributing to	death but not	t resulting	In the un	derlying	ES [given in	Part I. 2	PERFOR	MED?	o o	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other algnificant condition HYPRIMALUM DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE	TO CAL	JSE OF	DEAT	H Y	ES	NO EATH (Ch	Part I. 2-	PERFOR	MED?	o c	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other algnificant condition HYPER MALCHUM DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE HOSPITAL: 1 18 Impettent 2 28a. DATE OF	TO CAL	JSE OF	DEAT	H Y 26. PL R: sing Home	ES ACE OF DIE	NO EATH (Ch	Part I. 2	PERFOR	MED?	1	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificant condition HYPRIVALUM DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	CONTRIBUTE HOSPITAL: 1 Propertient 2	TO CAL	JSE OF	DEAT	TH Y 26. PL 3: sling Home 28c. INJU	ES ACE OF DIE	NO EATN (Chi	Part i. 2-	PERFOR	MED?	1	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition	CONTRIBUTE HOSPITAL: 1 Propertient 2 28a. DATE OF (Month., D.) 28a. PLACE O	TO CAL	JSE OF 3 DOA 28b. TIM	OTHER	26. PL. 3: slng Horne Wol	ES ACE OF DIE	NO EATN (Chi	Part I. 2. 1 1 2eck only one) 8 Other (S 28d, DESCF	PERFOR YES 2 Specify)	MED?	1	VERE AUTOPSY FINDINGS WALABLE PRIOR TO OWNLETION OF CAUSE OF DEATH? YES 2 MO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition HYPRIMALISM DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suleide 8 Could not be detarmined	CONTRIBUTE HOSPITAL: 1 Propertient 2 28a. DATE OF (Month, D.) 28a. PLACE O building,	TO CAL ER/Outpatient INJURY ay, 'bear' F INJURY — A1 etc. (Specify)	JSE OF 3 DOA 28b. TIM	OTHER 4 Number of Juny M	26. PL 3: sling Home 28c. INJU WO 1 Y	ES ACE OF DID B 5 Re JRY AT RK?	NO EATN (Che saidenca	Part I. 2. 11 2eck only one) 8 Other (S 2ed. DESCF 2el. LOCATI City or	PERFOR YES 2 Specify) ON (Street a flown, State)	MED?	CURED CURED	VERE AUTOPSY FINDINGS WALABLE PRIOR TO MALEDIA PRIOR TO MALEDIA MALEDI
BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition HYPRIMALIAN DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE O building,	TO CAL ER/Outpetlent INJURY ny, Year) F (NJURY — A1 arc. (Specify) my knowledga,	JSE OF 3 DOA 28b. TIM. home, farm,	DEAT OTHER 4 Num BE OF JURY M street, fact	TH Y 26. PL 3: sling Home 28c. INJI WO 1 Y ory, office	ES ACE OF DI	NO EATN (Challedence	Part I. 2. 11 2eck only one) 8 Other (S 2ed, DESCF 2ef, LOCATI City or	PERFOR YES 2 ipecity) IBE HOW II ON (Street a fown, State)	NJURY OC	CURED CURED CURED	HERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 MO

COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 9131 PIJCATAWAY RD, # 600.

38. REGISTRAR'S SIGNATURE
Falsa Dawelson Randall

038129

CLINEAU, MS, 2573[

.

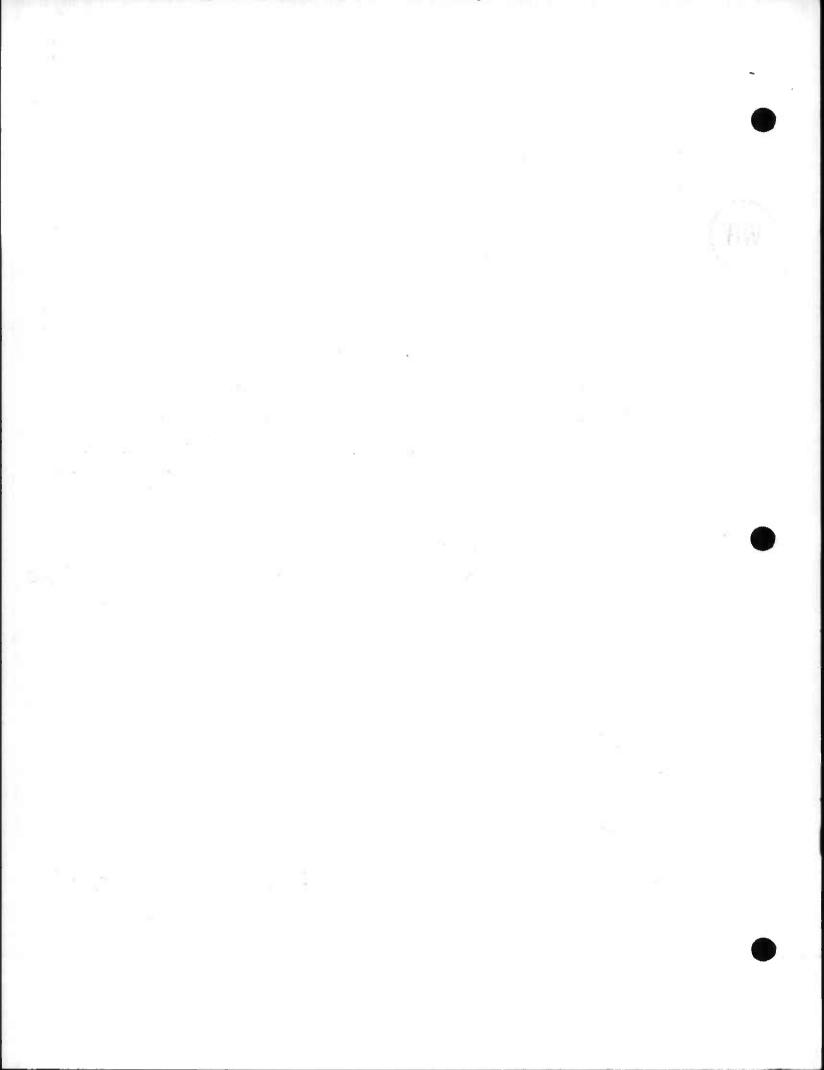
DIVISION OF VITAL RECORDS, P.O. BOX 68761 BALTIMORE	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physical	be retained by the hospital or attending physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transfer of the funeral transfer of the fundamental for t	je 5 should be detached for use as the burial-tra-
De fled writin 72 nous aren deam with the State uppl. Or result and menta righers prior to build, cremator, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	e notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, L. EOPOLDIN 4. SOCIAL SECURITY NUMBER 346-03-6482 9a. FACILITY NAME (If not institution, Washington Advented to the state of t	S. SEX 1 M 2 OF 94 give street and number) ntist Hospital		IF UNDER 1 YEAR		2. DATE OF DEATH MONTH JANUARY		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 346-03-6482 9a. FACILITY NAME (If not institution, 1) Washington Adversal Residence of Decedent 10a. STATE 10b. CO	5. SEX 1 D M 2 DF 94 give street and number) ntist Hospital		IF UNDER 1 YEAR		JANUARY	1 19	95 1:10 P
346-03-6482 9a. FACILITY NAME (If not institution, g Washington Adve- RESIDENCE OF DECEDENT 10a. STATE 10b. CO	1 □ M 2 以F 94 give street and number) ntist Hospital			IF UNDER 24 HRS.	7. DATE OF BIRTH	7	
Washington Adverges of Deceden 10a. STATE 10b. CO	ntist Hospital		ONTHS DAYS	MOURE MAIN	(Month, Day, Year) November	1900	BIRTHPLACE (State or Foreign Country) Austria
RESIDENCE OF DECEDEN 10a. STATE 10b. CO			Db. CITY, TOWN	PR LOCATION OF DE		9c. COUNTY	
10e. STATE 10b. CO		L	Takoma	Park		Montgo	omery
10e. STREET AND NUMBER		10c CITY	TOWN OR LOCA	ION			10d. INSIDE CITY
10e. STREET AND NUMBER			hington				LIMITS?
				. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
2122 California	Street			20008		USA	
tt. MARITAL STATUS 1 💢 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 XNO	If yes, sp		IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	a or No — 14	RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S (Specify only highest		16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use		st or wonang			
17. FATHER'S NAME (First, Middle, Las	3	Translat	or		Patent		
Unknown	Nowak			Unknown	ME (First, Middle, Maider	Sumame)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a		Route Number, City or Tov	vn. State. Zip Co	ode)
Adolfine August:	in						ryland 20904
20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3	Removal from State	Db. PLACEAND DATE OF	DISPOSITION (No	me of	DATE 20c. LC		
4 Donation 5 Other (Specify)	P	arklawn Co			1/5/95Rock	ville,	Maryland
21. BIGHATURE OKEUNERAL SERVIC	1/-/	1.11	Franc	IS J. CO.	llins Fune	eral Ho	ome, Inc.
23. PART I. Enter the diseases,	6- //cl	en	500 U	niversit	y Blvd.W.	Sil. S	pr. MD 20901
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST	a. Horal	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	la t	y Am	rest		
	a organ	1c /20	am	suh .	borne	•	
PART II. Other algorificant cond	litions contributing to death	but not resulting in	the underlyin	g cauae given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA			26. PI	ACE OF DEATH (Che	ock only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL:	rtpatient 3 DOA	OTHER:	e 5 🗆 Residence	6 Other (Specify)		
27. MANNES OF DEATH 1 Natural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED
3 Suicide 8 Could no 4 Homicide determine	building, atc. (So	RY — At home, farm, str ec/fy)	eet, factory, offic		28f. LOCATION (Street City or Yown, State	and Number or .)	Rural Route Number,
	PHYSICIAN: To the best of my know. MINER: On the basis of axaminat						ause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERT TOM P. Kan 30. NAME AND ADDRESS OF PERSON	markat	MD		D-20	062	► 1/	IGNED (Month, Day, Year)
TONY P. KA	N WHO COMPLETED CAUSE OF C	10. 820	1 16	15st s	Elversi	RING	MI) 2091

2	10	use	
2	0	Por	
	pita	P	
Z	ĕ	ach	
⋖	the	det	
=	3	2	
Œ	8	왕	
⋖	tain	Sho	
2	9	40	
шÎ	S P	Dag	
Œ	E	00.	
0	9	ect	
2	Page	g	
BALTIMORE, MARYLAND 212	Ė	era	
4	dea	ĮŪ,	
m	ler.	the	EN.
	20	3	PETIT
	DO	2.	7 70
	Ē.	illed	0
		ly f	atio
0	É	iete	THE ST
9	P	DIM	0
œ	and a	C	uria
Ф	exe	and	Q C
Š	2	ian	or 1
ň	ate	ySic	Dri
Ξ.	iffe	P.	ene
o.	Cer	ding	N
7	E E	tten	10
ń	9	9	lent
\Box	the state	th (20
Ĭ.	hat	5	an
χ.	SS	aue	afth
П	JE.	Si	H
Y	9	pee	0
1	34	as)eot
⋖	2	e h	te f
=	×	hcal	Sta
>	CIA	ertit	the
5	S	S	tth
~	F	#	W
5	ING	thei	leat
Ĭ	2	B. /	br d
()	E	6	affe
2	R	RE	STILL
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	0 7	07	2 ho
	SSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Page 6 may be retained by the hospital or at	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	thin 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal
	52	Z	Ě

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H ICATE OF		MENTAL HYGIEN REG. NO.	E					
		1. DECEDENT'S NAME (First, Middle, Lest)		1/0	e L		2. DATE OF DEATH		3. TIME OF DEAT	TH M			
		The state of the s		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8 9	BIRTHPLACE (State or Fr	oreign			
pino		215-18-8851 1 9s. FACILITY NAME (If not institution, give stree	K M 2 F 7	1 YRS.		OR LOCATION OF D	Mar 30,1	923 N	laryland				
3 should	-B	Carroll County G	eneral Ho	spital		minster			roll				
	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY				
WH	PE	Maryland Carr	011	7.5	Hamps				LIMITS?				
VVIII	FUNERAL	100. STREET AND NUMBER 4203 Upper Beckl	evsville	Road	10	21074			OF WHAT COUNTRY?				
physicia burial-trum	UND	11. MARITAL STATUS	2. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED		ENDENT OF HISPAI	NIC ORIGIN? (Specify Yea		RACE — American India Black, White, etc.	en,			
	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES I		2 NO Specif	in, Puerto Rican, etc.) y:		Specify: White	3			
or attending for use as the	PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	(Give kind of v	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUST	RY				
spital or hed for t		Elamentary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.) 7 Master Plumber Coppers Company											
the hospital e detached for once.	CON	17. FATHER'S NAME (First, Middle, Last) Charles C. Nash	FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname)										
retained by 5 should be notified at	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street a		Route Number, City or Town	n, State, Zip Coo	le)				
y be reta y be reta yage 5 st be noti	5	William A. Nash		3905	St Pa	ul Rd,	Hampstea	d, MD	21074				
rs after death. Page 6 may be n by the funeral director, page removal.		20a. METHOD OF DISPOSITION 1 X Buriet 2 Cremation 3 Remove 4 Denation 5 Other (Specify)		Grace and date of				CATION — CITY Derco.					
death. Page funeral din		21. SIGNATURE OF FUNERAL SERVICE LICEN				ND ADDRESS OF FA			eral Home				
ter death. the funera	Щ	•					St, Hamp	stead					
3 .= . •		23. PART I. Enter the diseases, or com shock, or heert fellure. Lis	t only one cause on ee	ch line.				ratory erreat,	Approximation Interval Be	etween			
the months of		IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sudden OUE TO (OR AS A Coronor	n Car	diac	Dea	+61		SON	1/M			
ecuted within nd completely burial, crematic atic event, ti	z		OVE TO (OR AS A	CONSEQUENCE OF	20+	Disea	50		17	7 4			
, 6 ° 0 F	CATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING											
rificate be g physician liene prior t	RTIFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E Hy	1 111 1	resulting in death) LAST											
hat the death d by the atter and Mental ny Injury, o	CAL	PART II. Other algnificent conditions of	contributing to deeth bu	it not resulting i	n the underlyin	g cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FI AMAILABLE PRIOR	TO			
w requires the been signed pt. of Health 3 shows an	MEDI						1 🗆 YES 2	□ NO	COMPLETION OF COFF DEATH?				
e law req has been Dept. of	AN: N	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF	DEATH YE	S NO C	UNCERTAI	N 🗆		1 123 2 1				
一	PHYSICIA		IOSPITAL: Inpetient 2 ER/Outpe	8. PLACE OF OEAT	OTHER:								
S E E	≚		T	28b. TIM	E OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURE	ED				
YSIC S Ce	ᇎ	27. MANNER OF DEATH	(Month, Day, Year)	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO									
PHY His	ву рн	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆 1	YES 2 NO							
NTENDING PHY CTOR: After this after death with 28 is marked	ED BY	1 Natural 5 Pending		- At home, term, a	M 1 🗆 1	YES 2 NO	28t, LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,				
OR ATTENDING PHYY DIRECTOR: After this hours after death with	ED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only)	(Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special No. 17) N: To the best of my knowls	At home, term, a	M 1	YES 2 NO	City or Town, State) to the cause(s) and man	ner as atated.		1			
TAL OR ATTENDING PHYSIAL DIRECTOR: After this 72 hours after death with If Item 28 is marked	COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only orre) 2 MEDICAL EXAMINER: C	(Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special No. 17) N: To the best of my knowls	At home, term, a	M 1	YES 2 NO a and place, and due	City or Town, State) to the cause(s) and man time, data and placa, and	ner as stated.	use(s) and manner as a	tated.			
OR ATTENDING PHYY DIRECTOR: After this hours after death with Item 28 is marked	BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: COULD ATURE AND TITLE OF CENTIFIER	(Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special N: To the best of my knowls On the basis of examination	At home, term, a	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO	City or Town, State) to the cause(s) and man time, data and placa, and	ner as atated.	use(s) and manner as a	tated.			
THE HOSPITAL OR ATTENDING PHYY THE FUNERAL DIRECTOR: After this fled within 72 hours after death with OPTANT: If Item 28 is marked	COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: COULD ATTURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	(Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special N: To the best of my knowls On the basis of examination COMPLETED CAUSE OF DEA	At home, term, a	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and place, and due leath occured at the 29c. LICENSE NUI	city or Town, State) to the cause(s) and man time, data and pieca, and	ner as stated.	use(s) and manner as at SNE (Month Day, Year)	tated.			



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

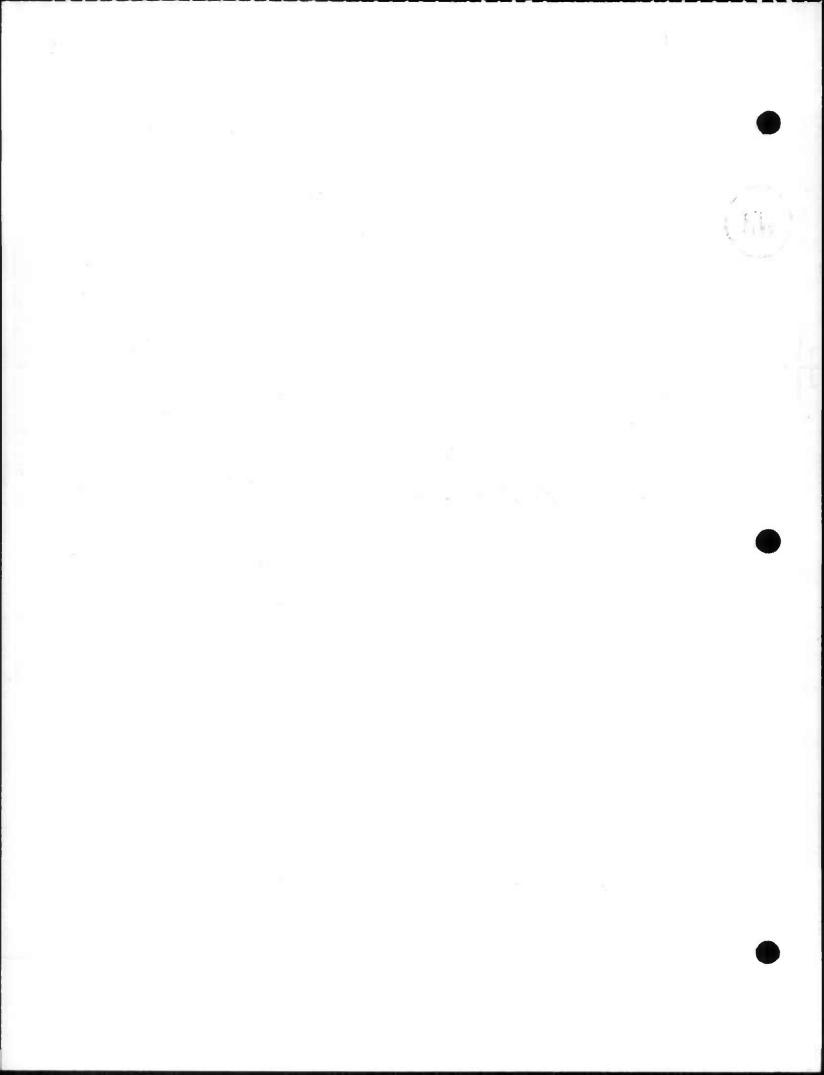
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE UF MAH			ICATE				MENTAI	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF OEATH
Melvin R. Nut	hall							Jani	uary 6	19	95	5:15P M
4. SOCIAL SECURITY NUMBER 5.	SEX 6. A	AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	Ť	8. BIRTHP	LACE (State or Foreign
578-42-8377	M 2 D F	58	YRS.	MONTHS	DAYS	HOURS	MIN.		ch 10	1936	Wash	nington, DC
9e. FACILITY NAME (If not inatitution, give street	and number)			9b. CITY,	TOWN O	R LOCATI	ON OF OR		011 10		TY OF DE	
Anne Arundel Medic	al Center	-	Annapolis							Anne	e Aru	indel
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY												
	Arundel		10c. CII	y, town oi Davi							- 1	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Ardioci			Davi		ZIP COD						1 O YES 2 NO
711 Appomattox Re	oad				101.		- 2103!	5				States
	WAS DECEDENT EVI	ER IN U.S. ARM	MEO	13. W	AS DECI				7 (Specify Yes			- American Indian,
1 Never Merried 2 Married	FORCES? 1X Y	YES 2 NO		11	yes, spe	city Cube	n, Mexica Specify	n, Puerto F	Ricen, atc.)	01110-	Bleck,	White, etc.
3 Widowed 4 Divorced	1953 -				_ 123	- X110	Specify	·			Specify	White
15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON pleted)	16a. OEC	EDENT'S	USUAL OC	CUPATIO	N at of working	na .	16b.	KIND OF BUS			
	ollege (1-4 or 5+)	life.	Do NOT us	se retired.)					Princ			3
12		IVIa	nage	r/Mai	inter	nance	e		Coun	ty Po	псе	
17. FATHER'S NAME (First, Middle, Last)									Aiddle, Maiden 3	Sumeme)		
LeRoy M. Nuthall								Huc				
Carol A. Nuthall				Appon Appon					er, City or Town			21035
			_				loau	-				
20a METHOD OF DISPOSITION XX Burlat 2 Cremetion 3 Removal 4 Donation 8 Other (Specify)	from State	20b. PLACE AI					rden	DATE	20c, Loc 9/95 Da	ATION - C		
21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	Lakon	TOTTE	22. N	AME AN	D ADDRE	SS OF FA	O I/S	bo M	Tayl	or E	ineral Home
1 1 - 11	20/		2									olis, MD
James 101	De	ess										Olis, MD
Shock, or heart fallure. List	pilicetiona that cau only ona causa o	usad the dee on aach lina.	th. Do r	not antar t	the mod	da of dy	ing, auci	h aa card	liac or reapir	atory arre	rat,	Approximata Interval Batween
IMMEDIATE CAUSE (Final disease or condition	A 1. 0:	2			D	١		0				Opent and Death
resulting in death)	Hauset	Nesp.	1571	074	Vi	210	en	24	dron	ue_		30d.
	Acute DUE TO (OR)	AS A CONSEON	UENCE OF	F):	20 10	1	foi	l	176	d.Ac	ortic	-
Sequantially list conditions, b. —	DUE TO (OR	AS A CONSEO	UENCE OF	C K	JUV	121	· ca	luc	/-A	reuch	your	
If any, leading to immediata cause. Enter UNDERLYING	Unco				41	pot	7 M S	(1)	,			İ
CAUSE (Disease or Injury that Initiated events	DUE TO (OR /	AS A CONSECU	UENCE OF	F):	11		~ ()					
resulting in death) LAST	ARTE	FRIEL	-0	BST	nur	CTO	UE	12	SETTI			
PART II Other significant conditions of	metalbustion to do	h h	- 101 - 1									
PART II. Other significant conditions co								Part I.	24a. WAS AN /	MED?	7	WERE AUTOPSY FINDINGS
150.	ICCO A	BUS) "	2	7 \		- [1 TYES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
DID TORACCO LICE CONTRIBU	ITE TO CALIF										1	YES 2 NO
DID TOBACCO USE CONTRIBUTION OF THE PROPERTY O	JIE 10 CAUSE			H (Check or		UNC	ERTAIN	<u> И П Т</u>				
EXAMINER?	SPITAL:			OTHER	:							
27. MANNER OF DEATH	28e. DATE OF INJU	IRY	28b. TIM	4 Nursi	ng Home 28c. INJL		sidence		(Specify) CRIBE HOW IN	LIURY OCC	URED	
1 Netural 5 Pending	(Month, Day, Ye	er)	INJ	URY	t 🗌 Y	RK?	¬ NO □				J., L.D	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJ	URY — At hom	ne, ferm, s	street, facto				28f. LOC/	ATION (Street e	nd Number o	or Rural Ro	ute Number.
4 Homicide datermined	building, etc. ((Specify)					ı	City o	or Town, State)			
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	. To the heat of my k	nowledge desi	th occurre	ad at the tim	no deto	and place	and due	to the same	(-)1		4	
(Check only one) 2 MEDICAL EXAMINER: On												and manner as stated
29b. SIGNATURE AND TITLE OF CENTIFIER	0		127 742		1							
(0)XW	V_						1997					Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF	DEATH (ITEM	27) (Type	Print)			.551			- Jai	iuai y	9, 1995
Andréw G. Gordon					ue A	Anna	polis	, MD	21401			
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S											
I IAN 11 100F I	11. 11.		0.00									

JAN 11 1995 Julia d'avelsor Rardalle



,	an.	ranet	-	
	ohysici	-lehno		
	ding p	the		
	aften	ISB ag		
	ital or	d for		
	hosp	tache		JCG.
	by the	be de		at o
	peuie	hould		Med
	be ret	9 5 8		a not
	may	or, pa		ast b
	age 6	direct		E
	ath. P	Ineral		in in
	ter de	the fu	oval.	al ex
	Surs a	In by	r rem	redic
	24 110	/ filled	bon, o	the n
	within	pleteh	cremal	ent,
	cuted	DO D	urial,	ilc ev
	90 90	lan an	r to b	ешп
	icate t	physic	ne prio	er tr
	certif	Duju	Hygier	r oth
	death	e atter	ental	ury, o
	at the	P D	and N	y in
	res th	agned	ealth	vs an
	requ	peed	1 0 .	shor
	he law	sey s	e Dep	m 23
	IAN: 1	tificati	e Stat	or Ite
	HYSIC	his cer	Aith th	ked,
	ING P	After t	leath \	шан
	TTENO	TOR:	after (28 is
	OR A	DIREC	Hours	Hem
	PITAL	ERAL	1 12 u	T: If
	E HOS	E FUN	d with	RTAN
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 8 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be file	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									2	, 0	1100
	FOR	STATE OF MARYLAN	ND / DEPAR	RTMEN	T OF H	IFAITH A	AND M	ENTAL HYGIEN	ie		
_	1 - STATE REGISTRAR		CERTIF					REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Marie	Newt	on				2. DATE OF DEATH DON'TH D	AY C	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)		R 1 YEAR	IF UNDER 24		7. DATE OF BIRTH	T	8. BIRTHPL	ACE (State or Foreign
	213-40-8732	□ M 2 况 F 52	YRS.	MONTHS	DAYS	HOURS	MIN.	(Morith, Day, Year) uq/17/19	42	Wash:	ington DC
	9a. FACILITY NAME (If not institution, give street	t and number)		9b, CIT	Y, TOWN C	R LOCATION				TY OF DEAT	
9	3951 Patuxent Rive	r Road		Har	wood	E			Anne	e Aru	ndel
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	V TOWN	OR LOCAT	TION				1.00	d. INSIDE CITY
DIRECTOR	MD Anne A	rundel		WOOO							LIMITS?
	10e. STREET AND NUMBER				101	. ZIP CODE			10a, CITIZ		T COUNTRY?
FUNERAL	3951 Patuxent Riv	er Road				20776	5		USA		
S	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U		13.	WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Ye		14. RACE -	American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			If yes, sp	ecity Cuben, 2 NO	Mexican,	Puerto Rican, etc.)		Black, V Specify:	Yhite, etc.
											white
TED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	6a. DECEDENT'S (Give kind of life. Do NOT us	Work done	during mo	ON ist of working		16b. KINO OF BU	SINESS/INDI	USTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homemak	2017				Own Ho	mo.		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		nonenar	ZET	_	10 MOTTHE	O'O NAME	(First, Middle, Maiden			
U U	Girley Kirkpatrick							chifflet	Sumeme)		
00	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRES	S (Street a				n State Zin	Codel	
2	Mary Riddell		3951	Pati	uxent	t Rive	er Ro	nte Number, City or Tow bad/Harwo	od MD	2077	6
	20a. METHOD OF DISPOSITION		LACE AND DATE			ime of		DATE 20c. LC	CATION — C	City or Town	Stata
	1 X Burial 2 □ Cremation 3 □ Ramova 4 □ Donation 5 □ Other (Specify)	Comete Lak	emont N	ther place	rial	Garde	ens	1/4 Da	vidso	nvill	e MD
5	21. SIGNATURE OF FUNERAL SERVICE LICEN			22	NAME AF	ND ADDRESS	OF FACIL		- T		
848	Melance Mi	lle Un Woo	The		Agver	nt Men colis	MD	al Servic 21401	es, I	nc	
	23. PART t. Enter the diseases, or cor	nplications that caused H	na death. Do i						Iratory arre	at.	Approximate
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final	t only one cause on each	h line.								Interval Between Onset and Death
	disease or condition resulting in death)	Lung Car	ncer -	- 50	Man	ous c	11.0				13month
	resulting in death) . a.,	DUE TO (OR AS A C									1 20101100
Z	Sequentially list conditions (b.										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE O	F):							
3	CAUSE (Disease or injury	DUE TO (OR 40 4 0	ANAFAUENAE A								
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE O	*):							
Ü	d										
	PART II. Other algorificant conditions of		not resulting	in the u	nderiying	g cause giv	ven in Pa	ort I. 24s. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
	Smoki	ng						_ 1 □ YES		CC	OMPLETION OF CAUSE
PHYSICIAN: MEDICAL	Smoki Empha	sema						_			YES 2 NO
Z											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE		ACE OF DEA	ATH (Check	only one)			
XSI	1 TES 2 1 NO 1	☐ Inpetient 2 ☐ ER/Outpeti	ent 3 🗆 DOA			e 5 MRael	dence 6	Other (Specify)			
표	27. MANNER OF DEATH ↑♥ Natural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF JURY	28c. INJ WO	URY AT	2	8d. DESCRIBE HOW	NJURY OCC	URED	
B	2 Accident Investigation	20 - FV 40F 05 W WENT		М		/ES 2 🗌					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	street, fac	tory, office	•	2	 LOCATION (Street City or Town, State) 		or Rural Rout	e Number,
<u> </u>	29a, CERTIFIER										
COMPLETED	(Check only 1) CERTIFYING PHYSICIA	N: To the best of my knowled									
8		On the basis of examination a	ric/or investigatio	at, in my	opinion, d						
E E	296. SIGNATURE AND TITLE OF CERTIFIER	D. CAU	ha.			29c. LICEN	SE NUMBI			SIGNED (M	onth, Day, Year)
ဥ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFOR OF DEAT		0/		US	006	-)		1-173	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

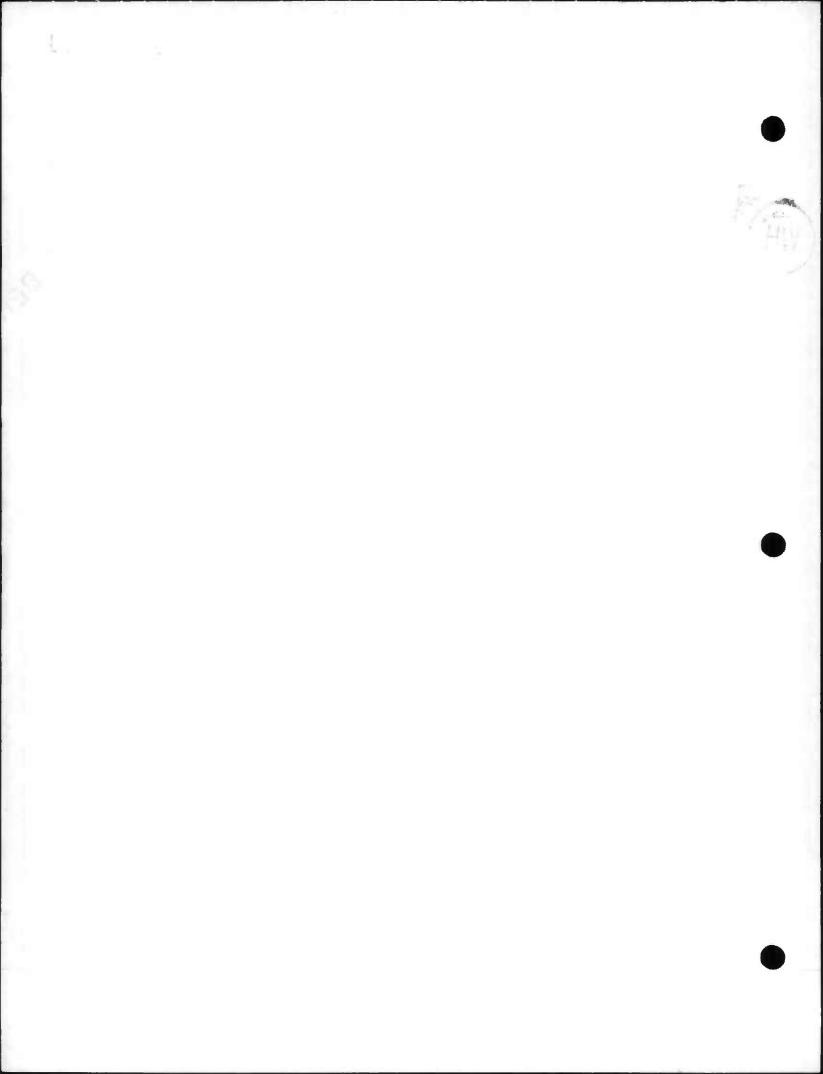
11) QUINE D. Blarbaum 134 Owens ville Rd <u>D.</u> 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE JAN

DHMH-16 Rev 1/89

MO

River



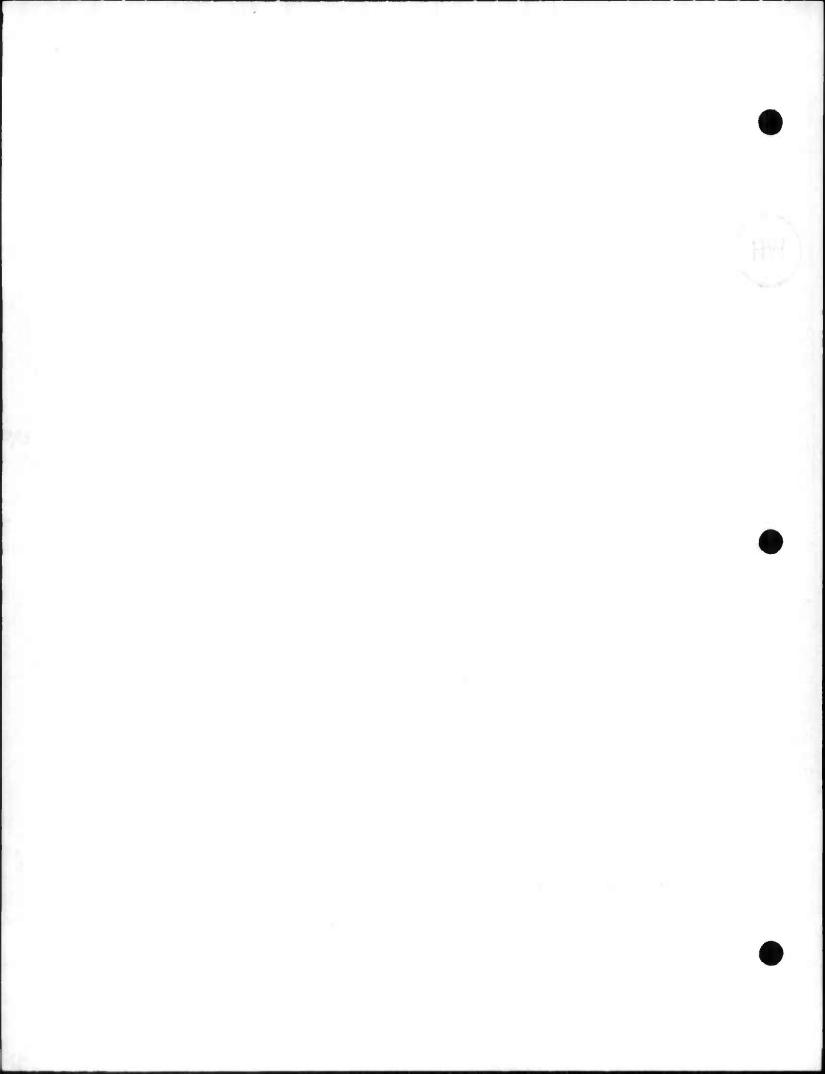
DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending page.	BALTIMORE, MARYLAND 21215-002 hours after death. Page 6 may be retained by the hospital or attending pre-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	of in by the funeral director, page 5 should be detached for use as the burn or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

10

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									
	HELEN C. O'SHAUGHNESSY JAN. 4, 1995 10.30 A M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign									
	086-09-9095 1 □ M 2 ☑ F 90 YRS. MONTHS DAY'S HOURS MIN. (MORTH, DBY, YEST) Country) MARCH 28 1904 NEW YORK									
~	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH									
0	BETHESDA REHABILITATION CENTER CHEVY CHASE MONTGOMERY									
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
L DIRECTOR	MARYLAND MONTGOMERY BETHESDA 1 YES 2 NO									
IERAI	5600 MASSACHUSETTS AVE. 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?									
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—Black, Whita, stc.) 14. RACE — American Indian, Black, Whita, stc.) 15. WAS DECEDENT EVER IN U.S. ARMED II yes, apocify Cuban, Maxican, Puerto Rican, stc.) 16. RACE — American Indian, Black, Whita, stc. 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—Black, Whita, stc.) 18. RACE — American Indian, Black, Whita, stc.) 19. WAS DECEDENT EVER IN U.S. ARMED II yes, apocify Cuban, Maxican, Puerto Rican, stc.)									
8	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)									
N C	HOHETAKEK									
	THOMAC DATELOW CARROWS									
BE	196. INFORMANT'S NAME (Type/Print) 196. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
5	LIAT MED. CONVENTO TO									
	20s. METHOD OF DISPOSITION 20b BLACE AND AT OF DISPOSITION (Appendix Appendix									
	1 X Burtel 2 Cremation 3 Removal from State cemetery, crematory or other place)									
- 1	21. BIGHATURE OF FUNCTION STEVEN SPRING, MD 22. NAME AND ADDRESS OF FACILITY									
	JOSEPH GAWLER'S SONS, INC 5130 WI. AVE. N.									
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest.									
	snock, or neert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset									
	disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCY OF):									
Z	Sequentially list conditions, 6									
CERTIFICATION	the any, leading to immediate cause. Enter UNDERLYING									
5	CAUSE (Disease or Injury C.									
E	that Initieted events DUE TO (DR AS A CONSEDUENCE OF): resulting in deeth) LAST									
CE	d.									
A	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PROPORTO AMALABLE PRIOR TO									
DICAL	PERFORMED? Topic Mailable Prior to Completion of Cause of Death?									
ME	1 YES 2 NO									
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TUNCERTAIN									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTMER:									
Š	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY									
BY	Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO									
	3 Suitcide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number, building str. (Specific									
COMPLETED	4 Homicide determined City or lown, State)									
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
	290 SIGNATURE AND TITLE OF CENTURES (Month, Day, Year)									
BE	May Dulaw Fil D11031 11/0/95									
2	30/ NAME AND ADDRESS OF PENSON VIIIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	JOSEPH WALLACE M. D. 5272 PIVED DR.									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	JAN 6 1995 Fali Studior Revolate									

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	0.002 07 1.000112	CERTIF	ICATE	OF	DEATH	REG. NO)			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH	1
	OLGA H.	ORLANDO					JANUARY 5	, 199	95	3:30 A	м
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or For	sign
	225-10-3949	1 □ M 2 M F 76	YRS.	MONTHS	DAYS	HOURS MIN.	AUGUST 16	,1918	VIR	ĞINIA	
	9a. FACILITY NAME (If not institution, give			9b. CITY,	TOWN 0	R LOCATION OF D	EATH	9c. COL	UNTY OF D	EATH	
DIRECTOR	MONTGOMERY GENERA	AL HOSPITAL		OL.	NEY			MON	ITGOM	ERY	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TV .	10: 017	Y, TOWN O							
IR		OMERY		LVER						10d. INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER	TOTTERT	31	LALI	_	ZIP CODE		40- 00		1 YES 2 1	40
FUNERAL	3600 GLEN EAGLES	DRIVE				20906		1000		TATES	
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	11	yea, spe	ENDENT OF HISPAL celty Cuben, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	a or No—	Black	E — American Indian k, White, etc.	n,
ED.	15. DECEDENT'S EDU (Specify only highest grade	JCATION le completed)	16a. DECEDENT'S	USUAL OC	CUPATIO	N of working	16b. KIND OF BU	ISINESS/IN	DUSTRY		
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)							
MP	12	0	PURCHAS	ING P	IGEN		DEFENS		NTRAC	CTORS	
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maider				
BE	EDGAR LEE HAWES	,					IRGINIA	BUTL			
2	19a. INFORMANT'S NAME (Type/Print) TERRELL O. DeVILB	ISS					AKEWOOD, (80215	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem		D. PLACE AND DATE	OF DISPOSI	TION /Na	ne of			- City or To	wn, State	
	4 Donation 5 Other (Specify)	TOVAL FROM State	ETROPOLT	TAN CO	REM	ATORY	1/10 ALE	EXAND	RIA,	VIRGINIA	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	MITE	AME AN	ADDRESS OF FA	ER FUNERAL	HOM	F 20	0882	
	Muriel	N. Dar	her	P.0	. Bo	OX 5038	LAYTONSVIL	LE,	MARYL		
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that cause	d the deeth. Do r	ot enter	the mod	ie of dying, suc	h as cerdiac or resp	iratory a	rrest,	Approximation Interval Bet	
	IMMEDIATE CAUSE (Final	1	1 -							Onset and	
	disease or condition resulting in death)	C-MV	Ohy Je	n A			7	Δ		afer	us
		PUE TO (OR AN)	A CONSEQUENCE OF	1.	-	1	Monmy	. //.	GAS	Cha	. 0
S	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF	AN	wa	ive fr	or Monoh,	Un	MIK	gjerru	7
CERTIFICATION	If any, iseding to immediate cause. Enter UNDERLYING	202 10 (011 10)	A DOMOLOGENCE OF	<i>P</i>			U			V	
읪	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	A CONSEQUENCE O	F):							
E	resulting in death) LAST										
빙		u									
DICAL	PART II. Other significant condition	na contributing to death b	out not resulting	in the und	derlying	cause given in	Part I. 24s. WAS AI PERFO		24b.	WERE AUTOPSY FIN	
8							1 YES	2 NO		COMPLETION OF CA OF DEATH?	WSE
M										1 - YES 2 - N	0
PHYSICIAN: ME	DID TOBACCO USE CONT	RIBUTE TO CAUSE C				UNCERTAI	ND				
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER							
ĭ.	1 YES 2 TO	1 Proportiont 2 ER/Outs		4 🗆 Nursi	Ing Home		6 Other (Specify)				
	Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY	28c. INJU WOF	RK?	28d. DEŞCRIBE HOW	INJURY OC	CURED		
B	2 Accident investigation	28a. PLACE OF INJURY	/ At home form	Total dags		ES 2 NO	204 1 00471011 (0				
	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spec	cify)	Rivet, Ideto	ny, omca		28f. LOCATION (Street City or Town, State		ir or Hunii H	loure Number,	
<u> </u>	29a. CERTIFIER			*				_			
MP	(Check only 1 E CERTIFYING PHYS	SICIAN: To the best of my know									
COMPLETED	//	ER: On the beals of examination	er errozor investigatio	ii, iii my op	nmon, de	ann occured at the	tirne, data and place, a	nd due to t	ne cause(s)	j and manner ea sta	ned.
BE	296 TURE AND TITLE OF CENTIFIE	R	2			29c. LICENSE NUI	MBER 7 C_/	29d. DA	TE SIGNED	(Month, Day Year)	
0	1-xan ///s	marin in				Lech -	201		01/	01/1/	
	30. HAME AND ADDRESS OF PERSON WE	10 OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	18	h P.	ma Mail	. 1	1	11 1/2	40
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGN	ATURE	ν -	101	11 Mei	NOVITT	V K	In C	my Mus	ול שו
- 61	(and then a sign								1196	

TO THE FUNERAL DIRECTOR: After this' certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 18 1995 Jali Dewilson Rodell

LANCE BEEF STATE STATE STATE

		1 - FOR STATE REGISTRAR		STATE OF N	IARYLAI		EPART					MENTA	L HYGIEN				
		1. DECEDENT'S NAME (First		Roberta	-	Emil	v		Peav	,		MONT	of DEATH	., 19	YEAR	3. TIME OF 4:20	
		4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In		-	IF UNDER			R 24 HRS.	7 DATE	OF BURTH	., 13		PLACE (SINI	
	1	579-50-365	6	1 M 2 XF		82		PONTHS	DAYS	HOURS	MIN.	Oct	th, Day, Year)	912	Count	ch Car	
should with		9a. FACILITY NAME (# not in	nstitution, give stre	eet and number)				9b. CITY	, TOWN C	OR LOCAT	ION OF DE		. 0, 1		INTY OF D		OTTHE
	FUNERALDIRECTOR	National N		dical Ce	enter			Bet	thes	da					ntgor		
MHE	E	10a, STATE	10b. COUNTY			T	10c. CITY,	TOWN (OR LOCAT	ION						10d, INSIDE	CITY
AAIR	<u></u>	Maryland	Montg	omery			Bet	heso	da							LIMITS 1 YES	
9	A P	10e. STREET AND NUMBER							101	. ZIP COD	E			10g. CIT	IZEN OF	VHAT COUNT	RY?
ans and	빌	7505 Democ	racy Bl	vd., #32	28			_		208	17			Un:	ited	State	s
ALTIMORE, MARYLAND 21215-0020, death. Page 6 may be retained by the hospital or attending physician, tuneral director, page 5 should be detached for use as the burial-transit examiner must be notified at once.	BY FUI	11. MARITAL STATUS 1 [X] Never Married 2 3 Widowed 4 Dive	Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W Unava:	X YES	2 NO	ED		If yes, sp		en, Mexice	n, Puerto	N? (Specify Ye Rican, atc.)	s or No-	Spec		Indian,
15 tendi	ED		EDENT'S EDUCA	ATION			DENT'S U	SUAL O	CCUPATIO	ON	_	168	, KIND OF BU	ISINESS/IN		Vhite	
2121 I or affor	ETI	(Specify online Elementary/Secondary (I	ly highest grade o	ompleted) College (1-4 or 5 +		(Give	kind of wo	rk done retired.)	during mo	st of worki	ing	N	ationa	l In	stitu	ites c	f
D Spital	APL	12	,	8		Socia	al W	ork	Sup	ervi	sor	H	ealth-	-Hea:	rt Di	ivisio	n
MARYLAND 2: retained by the hospital of should be detached for notified at once.	COMPLET	17. FATHER'S NAME (First, M	,									ME (First,	Middle, Maider	Surname)			
Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	BE (Walker D	ouglas	Peay						Ma:	rgar	et .	Jane	Bris	on		
MAR retained 5 should notified	10	19e. INFORMANT'S NAME (ber, City or Tow				
9e 5 ge 5	-	Jane Hinna		rell		445	55 C	nico	ra :	Stre	et,	Colu	mbia,				
BALTIMORE, I after death. Page 6 may be the funeral director, page moval.		20s METHOD OF DISPOSIT 1 A Burlal 2 Cremetic 4 Donetion 5 Other	on 3 🗆 Remov	val from State	20b. P	LACE AND ery, crema PSCENT	tory or other	DISPOS	mori a	me of Gar	mens	1-				wn, state S Carol	
Page and diner		21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE			0 1122						ices,	DINDTO		Carol	ша
BAL er death the fune wal.		· Ele	eny	s/. /	ap	Y										MD 20	910
hours or re		23. PART I. Enter the diseases, or complications that couled the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue To (or as a consequence of):										Appr	oximata rai Between t and Death				
P.O. BOX th certificate be the ending physician al Hygiene prior to or other traun	CERTIFICATION	Sequantially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated eventa resulting in death) LAS	diata ING iry c.		(OR AS A C										-		
RDS at the d by the and Me	MEDICAL O	PART II. Other eignifice	nt conditiona	contributing to	death but	not raa	ulting in	tha un	derlying	cause	givan in	Part I.	24a. WAS AN PERFO	RMED?	24b	WERE AUTOI AVAILABLE P COMPLETION OF DEATH?	RIOR TO I OF CAUSE
L RECO law requires th as been signed bept. of Health 23 shows an																1 TYES	XXNO
law law Dept.	AN	DID TOBACCO U		BUTE TO CA						UNC	CERTAIN	И 🔲					
	2	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 XXNO		HOSPITAL:			OF DEATH	Check	, ,								
CIAN OF THE	PHYSICIAN:	27. MANNER OF DEATH		1 X Inpetient 2 28s. DATE OF			DOA 4			_	esidence						
NG PHYSICIAN: ther this certific eath with the St marked, or It		V	Pending	(Month, Da	ay, Year)	1	INJU			PK?	¬ NO	28d. DES	SCRIBE HOW	INJURY OC	CURED		
ON DING After death	BY	2 Cutolds	Investigation	28e. PLACE OF	F INJURY —	- At home	farm, etc				_ NO	201 1 00	ATION (Street	need Alcombo	s as Overal I	South Mumbas	
VISION ATTENDING ECTOR: After s after death			Could not be determined	building,	atc. (Specify))	,	out, lact	ory, orner			City	or Town, State	and Numbe	r or Hurei F	ioure number,	
DIVISION OR ATTENDING F DIRECTOR: After thours after death	COMPLETE	29e. CERTIFIER	TIPUMO OLIVO														_
	MP	(Check only		AN: To the best of													
TO THE HOSPITAL TO THE FUNERAL DE filed within 72				On the basis of ax			augation,	in my o	PITITOTI, G				and placa, e				
THE FINE V PORT	BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	di							ENSE NUN					(Month, Day,	
2 2 3 ₹	0	your C. C	NO	. 1/1/)					VA	-01	010	51315	_ Ja	nuar	y 1,	1995

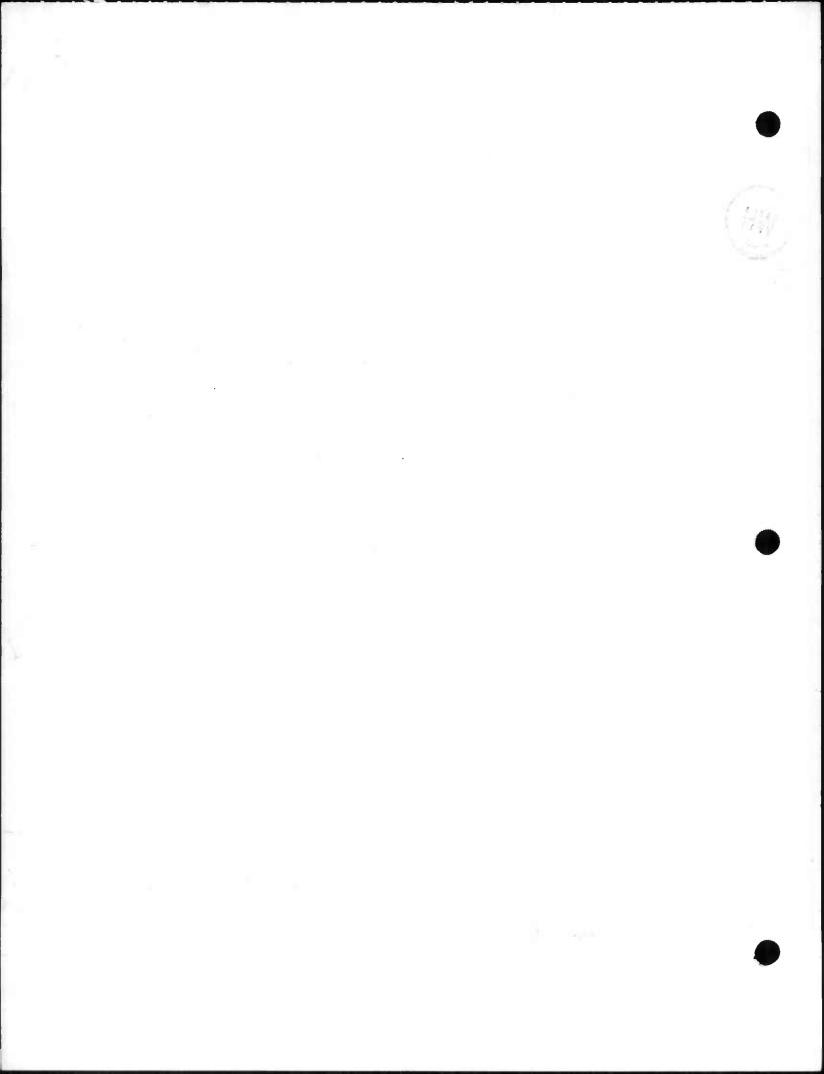
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

J. M. Nicolas, M. D., Lt. MC, USN

JAN 3 1995

National Naval Medical Center Bethesda, MD 20889-5600

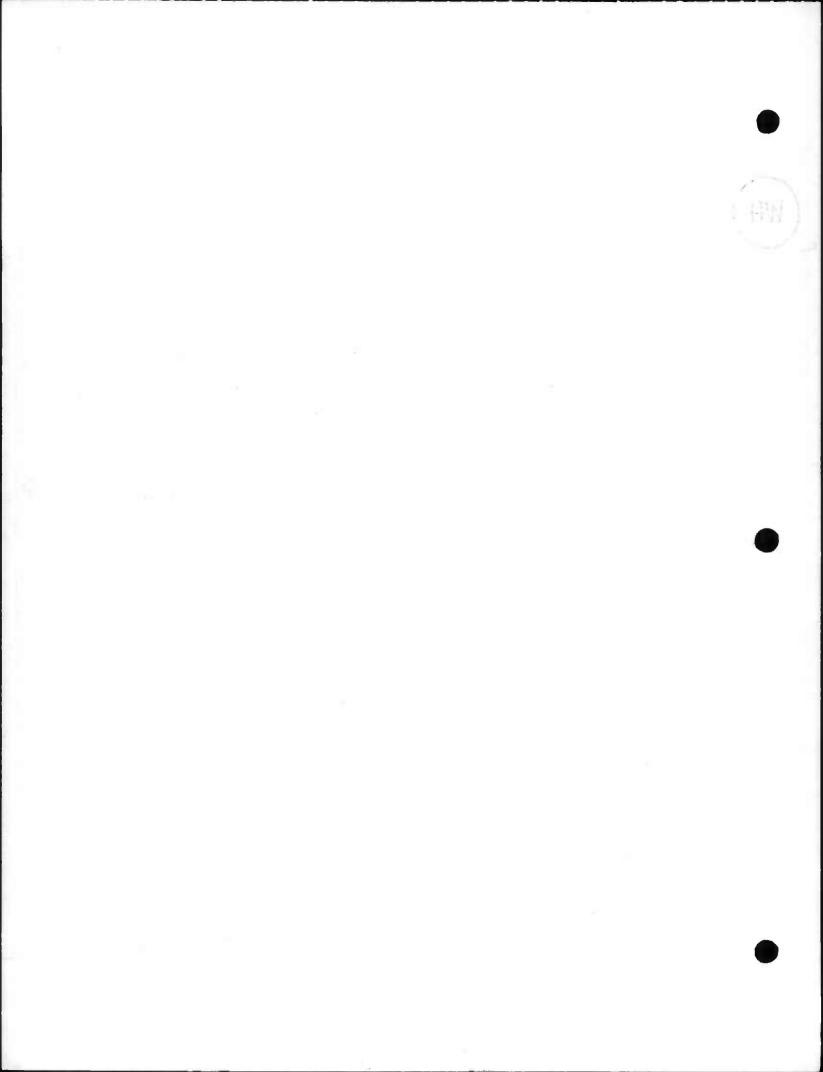


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR		CERTIFIC	CATE OF DE	ATH	REG. NO.		
t. DECEDENT'S NAME (First, Middle,	Last)	P	FTERS		ATE OF DEATH	YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	VE	/_			nuary	1,199	5 258 %, M.
175-03-2429	5. SEX 6. A		IF UNDER 1 YEAR IF UN ONTHS DAYS HOUR	a see (M	TE OF BIRTH onth, Day, Year) ne 11,19	C	IRTHPLACE (State or Foreign ountry) ennsylvania
9a. FACILITY NAME (If not institution,	give street end number)	9	b. CITY, TOWN OR LOC			9c. COUNTY	
Shady Grove ad		ital	Rockv	ille		Мс	ontgomery
t0e. STATE 10b. CC	DUNTY	t0c, CITY,	TOWN OR LOCATION				10d. INSIDE CITY
Maryland	Montgomery		Rockv				1 YES 2 ANO
14635 Bauer Dr.	ive		101. ZIP C	0853			of what country?
tt. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDEN	T OF HISBANIC OD	OIN2 /Parally Van		
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? t V		If yes, specify C	ben, Maxican, Puer	to Rican, etc.)	- 3	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S		16a. DECEDENT'S US	SUAL OCCUPATION		16b. KIND OF BUSI	NESS/INDUSTR	
(Specify only highest Elementary/Secondary (0-12)	College (t-4 or 5+)	Give kind of wor life. Do NOT use if		rking	Distri	bution	1
17. FATHER'S NAME (First, Middle, Las	0			OTHER'S NAME (Fire			
	nce Alther		ta. M	Mary R		urneme)	
tee. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street and Num	ber or Rural Route N	umber, City or Town,	Stete, Zip Code	1)
Robert Peters		RD #6,	Box 6566,	Spring	Grove, I	Pennsyl	lvania 17362
20a, METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremetion 3 🗆 4 🗆 Donation 5 🗀 Other (Specify)	Removal from State	20b. PLACE AND DATE OF cemetery, crematory or othe Prospect H:	r place)	1		ATION — City of	
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	Trospect II.					hrey Funeral
Michele	Q. Kutt	M00348	Home/Bet Wisconsi	hesda-Ch	evy Chas Bethesda	se, Inc	7557 20814-3501
Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (ON)	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	- att	Try o	liseo	esc	10 years
	0.						
PART ii. Other significant cond	itions contributing to dest	th but not resulting In	tha underlying caus	e given in Part i.	24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CO	NTRIBUTE TO CAUSE	OF DEATH YES	NO D UN	ICERTAIN 🗆			
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	26. PLACE OF DEATH					
t 🗆 YES 2 🖫 HO	t Inpatient 2 ER/		THER: Nursing Home 5	Residence 8 🗆 Or	ther (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigat	28e. DATE OF INJU (Month, Day, Ye	RY 28b. TIME C			DESCRIBE HOW IN.	JURY OCCURE	0
2 Accident Investigat 3 Suicide a Could no determine	28e. PLACE OF INJ building, etc. (URY — At home, farm, atre Specify)	et, tactory, office		OCATION (Street and ity or Town, State)	d Number or Ru	rel Route Number,
	HYSICIAN: To the best of my kindings. On the basis of examin		In my opinion, death oc		ate and place, and	due to the ceu	29(s) and menner se stated. NED (Month, Day, Year)
11. DATE FILED (Morth, Day, Year)	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	LVILLE	aurence,	, м.р. ЭО	350	
JAN 4 1995	Jula Davelson	Rendall					



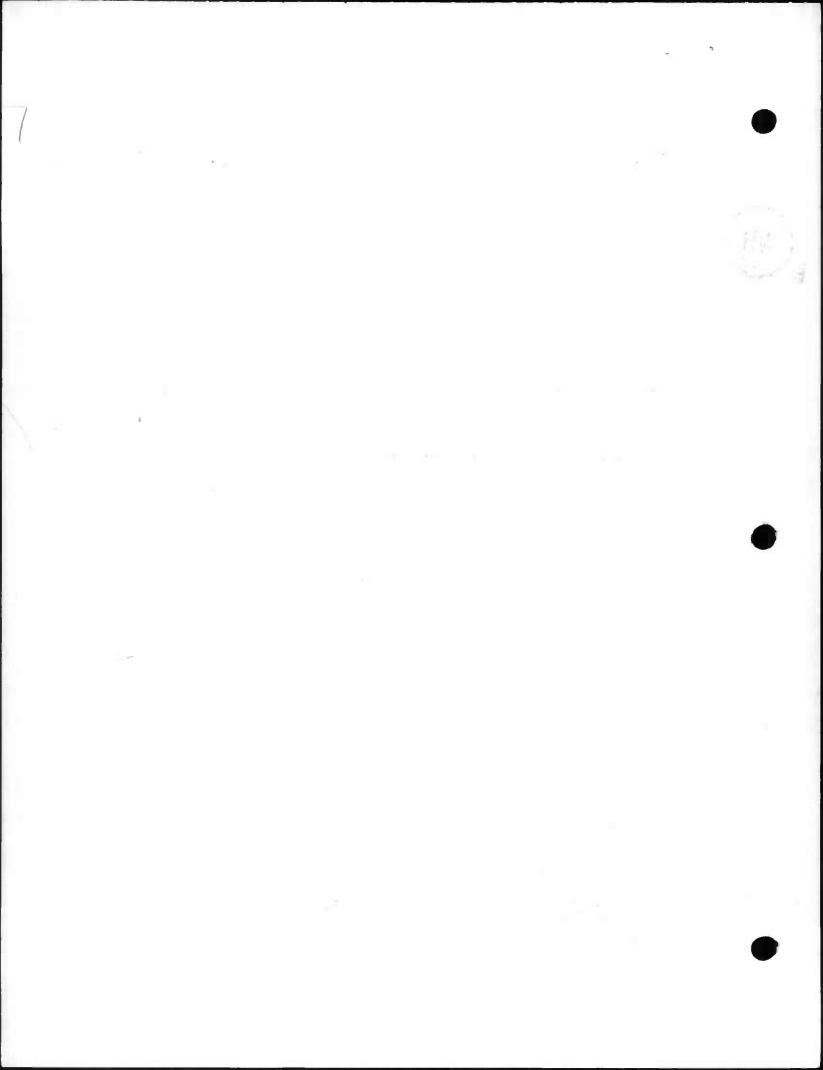
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 8 may be required by the hospital or asserted by the hospital or asserted by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burland be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burlal, cremation, or removal.	
AND 21	te hospital or	detached for u	once.
MARYL	retained by th	5 should be o	notified at
MORE,	age 5 may be	director, page	r must be
BALTI	after death. Pr	y the funeral (cal examine
	n nours a	ely filled in by nation, or rem	t, the medi-
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hydjene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
P.O. BO	h certificate be	anding physicial Hygiene prior	or other tra
ORDS, I	that the deat	ed by the atte	any injury,
AL REC	e law requires	has been sign Dept. of Heal	23 shows
OF VITA	HYSICIAN: Th	his certificate with the State	ted, or item
VISION	ATTENDING P	S after death v	1 28 is mari
DIV	HOSPITAL DR	UNERAL DIRE	ANT: It item
	TO THE P	TO THE F	IMPORT

2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIF	ICATE O	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Allan Belville Palmer				MONTH) D	AY / Y	EAB 7/07/1
		AGE (In yrs. lest birthday)				195	13,05 F M
			IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	160-26-1015 1 ₩ 2 □ F	62 YRS.		Se	tember 16	1932	Pennsylvania
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF DE		9c. COUNTY	
Œ	Union Mosnital of Conil Co.	4		77.11			0 11
5	Union Hospital of Cecil Co	unty	1	Elkte	on		Cecil
E C	10e. STATE 10b. COUNTY		Y, TOWN OR LO	CATION			10d. INSIDE CITY
E	Manual on i						LIMITS?
	Maryland Cecil	E	1kton				1 TES 2 TNO
Z	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	18 Greenwood Street		- 1	219	921	Unit	ed States
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT ET		13. WAS D	ECENDENT OF HISPAN	IC ORIGIN? (Specify Yes		
II.	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR		If yes,	specity Cuban, Maxica	n, Puerto Rican, etc.)		. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	OH DATES	י וי	ES 2 NO Specify	*		Specify: White
	15. DECEDENT'S EDUCATION	44- 0505054510	101111 0001101				
2	(Specify only highest grade completed)	16a. DECEDENT'S (Give kind of	work done during se retired.)	most of working	16b. KIND OF BUS	SINESS/INDUS	TRY
4	Elementary/Secondary (0-12) College (1-4 or 5 +)	Iffe. Do NOT u	se retired.)				
AP	4	Insuran	ce Unde	rwriter	Insura	ince Br	okerage
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAI	ME (First, Middle, Malden		
	Henry Clay Taylor Palmer			T 4 1 1	diament II.	14	
BE	19a, INFORMANT'S NAME (Type/Print)	District of the second			Minner Hew		
2	1,7,2,3,3,7	19b, MAILING	ADDRESS (Street	t end Number or Rural F	loute Number, City or Tow	n, Stete, Zip Co	de)
	Barbara G. Palmer	18 Gr	eenwood	Street, I	Elkton, MD	2192	1
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION				or Town, State
	1 Buriel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)	R. A. Ferr			1/00/05 17	- + OL	- A D
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	K. A. Fell		AND ADDRESS OF SA	T/09/42 ME	est Une	ester, Penna.
	100111		Crou	AND ADDRESS OF FAC	Home		
	Kithall / 1171					North	East Md 21901
	23. PART i. Enter the diseases, or complications that ca	used the death to					
	shock, or heart failure. List only one cause	on each iina.	101 anter tha r	noda or dying, aucr	aa cardiac or reapi	ratory arrest	, Approximate interval Between
	IMMEDIATE CAUSE (Final						Onset and Death
	disease or condition	AS A CONSEQUENCE O		Last.	. 1.		2/1
	reaulting in death) a. Au flux	AS A CONSEQUENCE O	nina	70111	Imeu	rism	Lurs
	11.1	1 1 0	, ,.				
CERTIFICATION	Sequentially list conditions.	love fre	squre				30475
Ĕ	it any, leading to immediate	AS A CONSEQUENCE O	F):				
2	cause. Enter UNDERLYING CAUSE (Disease or injury						
<u>=</u>	that initiated events DUE TO (OR	AS A CONSEQUENCE O	F):				
E 1	resulting in death) LAST						. ! I
2							
ا بـ	PART ii. Other algnificant conditions contributing to dea	ith but not reaulting	in tha underly	ng cause givan in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 YES 2	□ NO	OF DEATH?
N			A				1 TES 2 NO
÷ I	DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH YE	S DI NO	☐ UNCERTAIN			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEAT					
S	EXAMINER? 1 YES 2 NO 1 Input of 2 KER	0.410114 27722	OTHER:				
≥				ome 5 - Residence	6 Other (Specify)		
표	27. MANNER OF DEATH 28e. DATE OF INJ	JRY 26b. TIM bar) INJ		NJURY AT YORK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED
B	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO			
	3 Suicide 280. PLACE OF IN	JURY At home, farm, I	street, factory, of	lica	28t. LOCATION (Street 6	and Number or I	Sural Route Number
	4 Homicide determined building, etc.	(Specify)			City or Town, State)		
COMPLETED	N N						
립	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my	knowledge, death occurre	ed at the time, de	te end place, and due	to the cause(s) and man	mer se stated.	
5	one) 2 MEDICAL EXAMINER: On the basis of axami	nation and/or investigation	n, in my opinion	death occured at the t	lime, data and place, an	d due to the co	suse(s) and manner as stated,
ŏ	29b, FIGHAPURE AND TITLE OF CERTIFIER						
H	200 HOME AND THE OF CERTIFIER			29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)
- III	yours, My			1115	514	· //	7/95
유	30. NAME WHO ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,		111			1
	H. Farkas MD 1/2	Ima Har	1. E.	1ktain	MD 2	1921	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	11, -1	1) 1011		1141	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	AZ NO.47 - 11					1
	JAN UJ 1939 Yaux almada	4 - A CONTRACTOR					

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	the hospital or attending on sicial	e detached for use as the thrust-transit pe	t once.
BALTIMORE, MARY	ours after death. Page 6 may be retained by	in by the funeral director, page 5 should by removal.	nedical examiner must be notified a
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or ammuning the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral managed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAN	ID / DEPAR	ICATE	OF H	EALTH AND DEATH	MEN	ITAL HYGIEN			
1	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF OEATH							
211	Edward			sey	ey Jr.				January 5 1995			1:25A M
	4. SOCIAL SECURITY NUMBER	5. SEX	AGE (In yrs. last birthday)					Wonth, Day, Year)			IPLACE (State or Foreign	
	214-46-6225 1 x 1 x 1 2 □ F		48	YRS.	WOWTHS	LM18	HOURS MIK.	N	OV. 24,1	1946 MARŸLAND		
~	9a. FACILITY NAME (If not institution, give s		9b. CITY	9b. CITY, TOWN OR LOCATION OF OEATH 9c. CO						EATH		
Ō	Physicians Memorial Hospital La Plata Char								rles	5		
DIRECTOR	10a. STATE 10b. COUNT	10c. CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
	MARYLAND CHARLES				NANJEMOY							LIMITS?
3AL	10e. STREET AND NUMBER				10f. ZIP CODE						EN OF V	VHAT COUNTRY?
FUNERAL	FRIENDSHIP LANDING ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A				20662					UNITED STATES		
	1 Never Married 2 Merried	FORCES? 1	YES	2 NO		If yes, spe	city Cuban, Mexi	can, Pu	RIGIN? (Specify Yas erto Rican, atc.)	14. RACE — American Indien, Black, White, aic.		
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATE	8		1 YES	2 NO Spe	offy:		Specify: BLACK		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16	Ba. DECEDENT'S	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to, Do NOT use refired.) 16b. KIND OF BUSINESS/INDUS							
	Elementary/Secondary (0-12)	College (1-4 or 5+)			ourny mo:	st or working					
M P				LABOR	ER					SCAPE	Ξ	
	17. FATHER'S NAME (First, Middle, Last)	CEV						- ,	irst, Middle, Malden	,	7	
B	WILLIAM EDWARD POSEY 19a. INFORMANT'S NAME (Type/Print) 15			T 195 MAIL INC	ADDRESS	(Stead o			GAINOR Number, City or Tow			
2	JANET POSEY											0662
	20s. METNOD OF DISPOSITION 20s. PLACE AND DATE OF DISPOSITION (Name of											
	NO Buriel 2 Cremation 3 Ramoval from Stata Completely cremetery or other place Completely CROVE CHURCH CEMETERY 1/11/95 GRAYTON, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY THORNTON FUNERAL HOME, P.A.											
	10.00.00.	NTON JOH	ISON M	00583					YLAND 2			- 5
	23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in death) a. Gram Wegath Septucion									12 mo		
	disease or condition resulting in death) a. Out to (or as a conscouence of): Due to (or as a conscouence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):											
CAT	cause. Entar UNDERLYING CAUSE (Disease or Injury											
Ě	that initiated events Due to (or as a consequence of):											
ER	resulting in death) LAST											
١٢	PART II. Other aignificant condition	a contributing to	death but	npt reaulting	n tha un	deriying	cause given i	n Part	I. 24a. WAS AN		24b	WERE AUTOPSY FINDINGS
ICAL								PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
								O' DEXIN		OF DEATN? 1 YES 2 NO		
ä	DID TOBACCO USE CONTI	RIBUTE TO CAI	JSE OF	DEATH YE	S 🔲 1	10 🗆	UNCERTA	IN []			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28.	PLACE OF DEAT	OTHER	-						
XSI	1 YES 2 NO	1 Inpetient 2			4 🗆 Nun	ing Home	5 - Rasidence	6 🗆 (Other (Specify)			
	27. MANNER OF DEATN 1 Netural 5 Pending	INER OF DEATN 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED										
B	2 Accident Investigation " 1 YES 2 NO							Parity Mirmhan				
	4 Nomicide Could not be	3 Suicida 6 Could not be detarmined 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Namber,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of r	my knowlede	a death accur	of ad the ti	ma data						
M M) and manner sa stated.
	296. SIGNATURE AND TITLE DE CERTIFIES	7 //	1				29c. LICENSE N					(Month, Day, Year)
BE	her	KINV	//				1)/) ~ (375)	~ E	25
유	30. NAME AND ADDRESS OF PERSON WH						Sui	to	104	/		//
	Daniel Howell	,MD 1	1345	Pembr	ook	e So	quarew	ald	orf,Ma	rv1 =	n d	20603
	JAN 0 9 1995	. 32. BEGISTRA	S SIGNATU	Reporta !!					,	,		

A - 3

	Once.
	7
	notified
	Pe
	must
·	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the State Dept Health and Mental Hygiene prior to burlal, cremation, or remova	medical
ation,	the .
I, crem	event
to burla	matic
prior	trau
yglene	othe
H	ò
Ment	njury,
and	Ŋ
atth	2 3
F	show
Dept.	1 23
State	item.
the	0
	_

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3 North 301 Highway
32. Applications Signature Published Marcharles

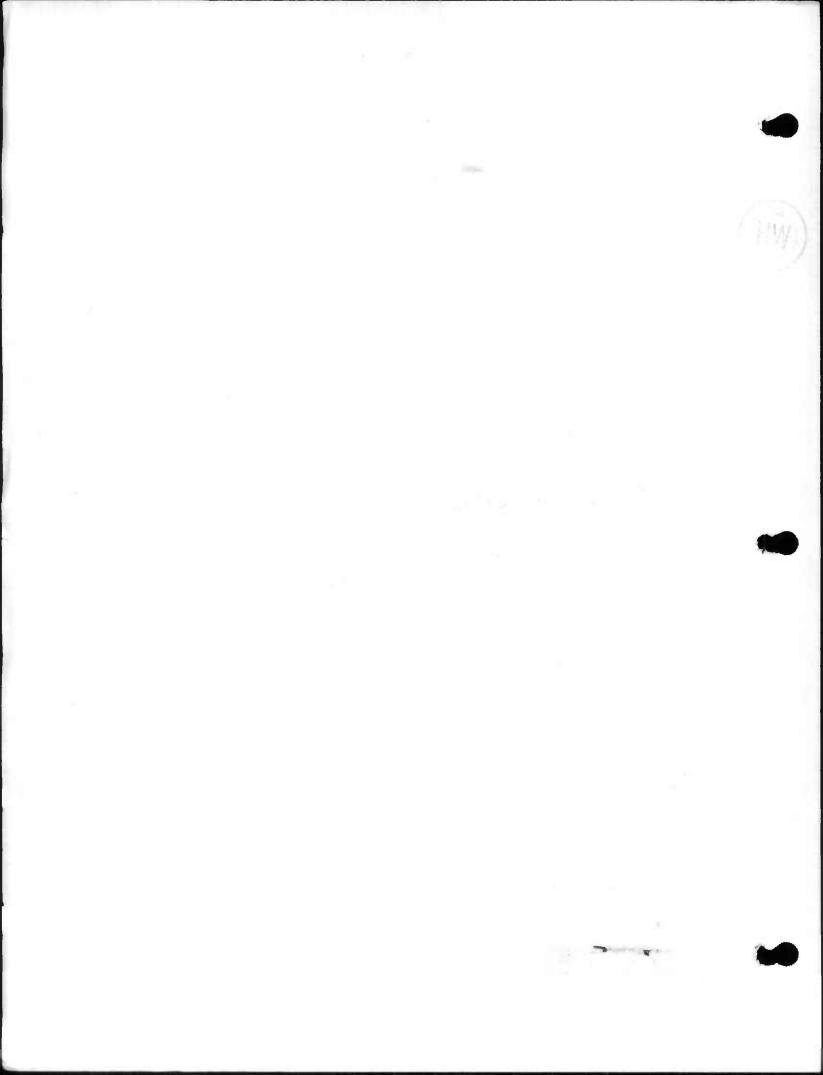
I.R. Mady MD 1

31. DATE FILED (Month, Day, Negr) 1995

											**				
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /				EALTH DEAT			GIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR 1 0 2 0						
	DONALD	WALTER	I	PEAC	EACOCK				January 1,1995			95	IT	:30	A. M
	4. SOCIAL SECURITY NUMBER 281-26-6895	6. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPL Country)		(State or For	reign
		1 XM 2 F	65	YRS.						ember 4.1929			Ob	io	
_	9a. FACILITY NAME (If not institution, give at		9b. CITY	, TOWN O	R LOCATIO	ON OF DE	EATH								
5	8135 Potobac]			Port	To	bac	co		Ch	arl	es				
DIRECTOR							ION			10d. II	NSIDE CITY				
E	Maryland Char	yland Charles					acc	0						IMITS? YES 27	NO
	10a. STREET AND NUMBER				OLC		ZIP CODE				10g. CI	TIZEN OF	WHAT C	OUNTRY?	
8	8135 Pot	bac La	nding				20677 U.S.A.								
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARI				ENDENT O	F HISPAI	NIC ORIGIN? (Sp			14. RAC	DE — Am	arican India	in,
BY F	Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y		R DATES 1 YES 2X NO Specify:										Whit	- 0
100			11							16b. KIND OF BUSINESS/INDUSTRY					
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	CEDENT'S ve kind of a Do NOT us	work done	during mos	on at of workin	g	1274200				1		
1 1	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)	ist	,				Sei	I I	Emp 1	.oye	d		
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	3	IALL	ISL			18. MOTHER'S NAME (First, Middle, Malden Surname)								
Ш О	Karl G. Peacock						Myrtle O'Brien								
00								nd Number or Rural Route Number, City or Town, State, Zip Code)							
2	Marilyn Weaver 8135 Potobac Landing Port Tobacco Md 20677														
	20s. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State														
	4 Donation 5 Other (Specify) Metropolitan Crematory Alexandria, Va.														
	21. BIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY A DESTINABLE PROJECT CONTRACT TAXO														
	1000	hala	M-001	.74					OLS FU 7. LA						
	23. PART i. Enter the diseases, or o	omplications the	t cansed the de	ath. Do i									1	Approxime	
	shock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel														
	resulting in deetily	disease or condition resulting in deeth) a. Severe (OPD) Due to (or as a consequence of):													
Z	Sequentially list conditions,	Ca	rdiac	A	rrh	yK	hm	19							
CERTIFICATION	If any, leading to immediate	OUE TO	(OR AS A CONSEC	NUENCE O	F):	U									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS A CONSEQUENCE OF):													
Ē	that initiated events resulting in death) LAST		(on no n conce	OLIVOL O	. ,.								j		
E I		1													
AL.	PART II. Other algnificant condition	s contributing to	death but not n	esulting	in the u	nderlyin	g cause (given in	Part I. 24a.	WAS AN	AUTOPSY	24		AUTOPSY FI	
MEDICAL									1	YES 2	NO		OF DE	LETION DF C	AUSE
M									_		,		1 🗆 '	YES 2	Ю
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (C)	heck only one)						
PHYSICIAN:	1 TYES 2 NO	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (
	1 X Natural 5 Pending	27. MANNER OF DEATH 28s. DATE OF INJURY (Morith, Day, Year)			JURY M		PRK?	T NO	28d. OEŞCRIB	E HOW	INJUNY O	CCUREO			
ВҰ	2 Accident Investigation	28e, PLACE (OF INJURY — At ho	me, ferm.				_ 100	281. LOCATION	N (Street	and Numb	er or Rum	I Route N	umber	
	3 Suicide S Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION City or Tow														
COMPLETED	29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.														
MP	(Check only one) 2 MEDICAL EXAMINE												e(a) and r	manner es =	tated.
	296, SIGNATURE AND TITLE OF CERTIFIE														
BE															
2	D-32669 01/02/1995									_					

La Plata.Md

DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF 1	DEATH	3	. TIME OF OEATH		
	Charles Arthur	Pack Sr.					QNU ars 1, 1995 084				
		5. SEX 6. AGE (In yrs	last birthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7 DATE OF B	HOTEL		ACE (State or Foreign		
e.	220-60-3216	12 M 2 □ F 42	MO	NTHS DAYS	HOURS MIN.	(Month, De	NRTH y. Vodir) 17,1952	Country)			
	9a. FACILITY NAME (If not institution, give stree								ıland		
æ			96		R LOCATION OF D		9c. C0	UNTY OF DEA			
естоя	Washington County H	ospital		t	lagersto	vn		Wash	ington		
8	RESIDENCE OF DECEDENT										
#	100	lashington	100.011,11			-216			od. INSIDE CITY LIMITS?		
3		100. STREET AND NUMBER			thsburg				YES 2 NO		
RA	10 Douglas Court We	. +		101	2178	2	10g. C		AT COUNTRY?		
FUNERALD									S.A		
Ē	11. MARITAL STATUS 1 Never Married 2 X Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yea or No-	14. RACE -	- American Indian, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES			,		ite		
									lle		
TED	15. OECEDENT'S EDUCAT (Specify only highest grade co	TION 18a. mpleted)	(Give kind of work life, Do NOT use rei	done during mo	N st of working	16b. KIN	D OF BUSINESS/I	NOUSTRY			
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	chine Ox			The	lead Co.				
A P		Ma	crune of	Je www.		110	leau co.				
COMPLET	17. FATHER'S NAME (First, Middle, Last)			_	18. MOTHER'S NA	ME (First, Middle	a, Maiden Surname,				
BE (Arthur A. Pack				Jan	ne Gorc	lon				
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural	Route Number, C	city or Town, State, a	Zip Code)			
2	Susie D. Pack		10 Doug	las Co	urt Wes	Smith	shura M	d. 217	83		
	20a. METHOD OF DISPOSITION	20b.PLA	CE AND DATE OF D				20c. LOCATION -				
	1 Burial 2 Cremation 3 Remova				y 1-10-9		Smiths	,			
	21. SIGNATURE OF PUNERAC SERVICE LICEN	AES C		22 NAME AN	D ADDRESS OF TA	OII ITY					
	1 Tennin 18	h Jan	in	Davis	Funeral	Hama	12525 B	radbur	u Ave.		
	The state of	., - 20	_	vavas	Tuneta	- Home	Smithsb	ura . Md	21783		
	23. PART I. Enter the diseases, or con	nplications that caused the	death. Do not	enter the mo	de of dying, suc	h as cerdiec	or respiratory a	irrest,	Approximate		
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and De										
	disease or condition RESALA STADULE TALL SALE										
ŀ	disease or condition resulting in death) a. KESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OP):										
		(2-1-1-	Too 4								
CERTIFICATION	Sequentially list conditions, b.	JEVENC	NSCILE	- 7							
F	if any, leading to immediate cause. Enter UNDERLYING										
5	CAUSE (Disease or injury										
Ë	thet initiated events resulting in death) LAST	nitiated events									
E	d	- AUGUNUI	L NOW	JE							
	PART ii. Other algnificent conditions of	contributing to death but no	ot recyliting in th	ne underivino	Ceuse given in	Pert i. 24n	. WAS AN AUTOPS	y 245 W	ERE AUTOPSY FINDINGS		
DICAL	SELEDE (1)	EMIA (HED)	/ / A	174/ 5	CHIA DO	JAM	PERFORMED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE		
ED	Selene WA		HI / CINC	NUN	AURAHI PANKARI	FV/C 10	YES 2 NO		F DEATH?		
Σ	JEVERE HYAC	COLYCEMIA						1	☐ YES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF D			UNCERTAI	V 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. P	LACE OF DEATH (C								
SI	. Pri suma la mariana	Inpatient 2 ER/Outpatient		HER: Nursing Home	5 🗆 Realdence	8 Other (Spi	ecify)				
두	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJ	JRY AT		E HOW INJURY O	CCURED			
	Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 Y							
BY	2 Develde	28e. PLACE OF INJURY - A	home, farm, stree	, factory, office		281. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide 8 Could not be detarmined	building, etc. (Specify)				City or To	wn, State)				
<u>u</u>	29a. CERTIFIER										
린	(Check only CERTIFYING PHYSICIA	N: To the best of my knowledge,									
COMPLETED	MEDICAL EXAMINER:	On the basis of examination and	or investigation, in	my opinion, de	eath occured at the	lime, data and	placa, and due lo	the cause(a) a	nd manner as stated.		
	296. SIGNATURE NO TITLE OF CERTIFIER				29c. LICENSE NUM	IBER	29d. D/	TE SIGNED (M	fonth, Day, Year)		
BE	9000000101	, LIL		- 1	DUISE	-	•	11210	5		
임	30. NAME THE ANDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (TEM 27) (Type, Pf)n	()	-0-1/00.			4714			
	KY THILLOD	3010 1/2.4	SIF AT	11/1	E.RSVIL	1= 1	11 0	MM2			
	31. OATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNATUR	11th (1)	, MY	CNOVI	MC 1	YIZ	170			
	IAN 0 9 1995 Julia &	water hardell									
11	The same of the sa										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

OHMH-16 Rev 1/89

- 4
/
•
- 1
20
왕
亰
-
98
밁
£١
늉
=
8
=
51
E
旨
르
ΕI
ΒI
-
3
91
21
51
ĕΙ
- 1
딛
21
ĕI
2
5 [
6
9
등
9
اخ

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR 3. TIME OF DEATH					
	Lester		AYNE			JAN 6 1995 8:551						
	4. SOCIAL SECURITY NUMBER 214-42-1484	5. SEX 6. AGE (1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
	9e. FACILITY NAME (If not institution, give		CITY TOWN C		Dec. 14, 1							
H	Washington Cour			9b. CITY, TOWN OR LOCATION OF DEATH Hagerstown Washington								
S	RESIDENCE OF DECEDENT					Washington						
DIRECTOR		hington		own or Locat				10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		110		ZIP CODE		10g. CITIZEN	1 TYES 2 NO				
FUNERAL	921 F Main Aver			21740		U.S.A.						
Ę.	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF NISPAN	IC ORIGIN? (Specify Years, Puerto Rican, atc.)	Yea or No — 14. RACE — American Indien, Black, White, etc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA					Specify: White					
ED	15. DECEDENT'S EDI	16e. DECEDENT'S US	UAL OCCUPATION	ON .	INESS/INDUST							
COMPLETED	Elementary/Secondary (0-12)	Conege (1-4 of 5+)			st of working							
MP	0~-7	0	.tor			rtment	bldg.					
8		ster R. Payne,	Sr.			ME (First, Middle, Meiden : lice Eliiza		Viles				
BE C	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		Toute Number, City or Town						
2	Mrs. Linda Sue P	ayne	921F M	lain Av	enue, Hag	gerstown, 1	Mary1a:	nd 21740				
	20e, METNOD OF DISPOSITION 1 (2) Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complete, cremeton, or other place)											
4 Donotion 5 Dother (Specify) Rose Hill Cemetery 1-10-95 Hagerstown, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral												
								ral Home				
-	415 East Wilson Blvd. Hagerstown, Maryland											
ehock, or heart feilure. List only one cause on each line.								Approximate interval Between Onset and Death				
	disease or condition resulting in death)											
	DUE TO (OR AS A CONSEQUÊNCE OF):											
NO O	Sequentially list conditions, Due to (or as a consequence of):											
XAT!	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initieted eventa	DUE TO (OR AS A	CONSEQUENCE OF):			-						
CERTIFICATION	resulting in deeth) LAST											
AL C	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? AMALABLE PRIOR TO AMALABLE PRIOR TO											
DIC												
ME						_		1 TYES 2 NO				
PHYSICIAN: MEDIC	DID TOBACCO USE CONT 25. WAS CASE REFERBED TO MEDICAL		F DEATH YES		UNCERTAIN	10						
SICI	EXAMINER?	HOSPITAL:	0	THER:	5 🗆 Residence	e C Osbas (Casaifu)						
¥	27. MANNER OF DEATN	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	JRY AT	28d. DESCRIBE NOW IN	JURY OCCURI	UREO				
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Tear)	INJUR		ES 2 NO							
63	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Speci	At home, ferm, atrac	et, fectory, office	,	28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)						
E,	200 CERTIFIER &											
COMPLET	(Check any CERTIFYING PHYS											
	2 NEDICAL EXAMINES. On the basis of examination end/or Imperitgation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated.											
H	Dank	1/1/10	ben 1		M D L	(672	▶ 1	GNIPO (Moren Play, War)				
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	Turk Turk		7 77,1	- 1	10 (7)				
	1410 he	exist C	ensus	Rd	1	Manske	P	8				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ar Ravlall									
	JAN U 3 133	J James Branch	are account									

.

Amended Item # 1 EARIZOU County B. S. CAMPBELL CTATE O

	1 - STATE NEGISTRAR 1/3/CIA	STATE OF N	/ MARYLAND CE				EALTH DEAT		MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	PICKEN	RET RUY		: 5+		ekev		2. DAT	E OF DEATH	w C	7 S	3. TIME OF DEATH 2:15 PM
	4. SOCIAL SECURITY NUMBER 220–46–1782	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER	Anni	(Mo	E OF BIRTH oth, Day, Year) t. 17,	1895	Count	HPLACE (State or Foreign try) ATYLAND
DR.	9a. FACILITY NAME (If not institution, give Carroll County Ge	,	pital		1		nste	ON OF DE	-	- · · · ·		NTY OF C	DEATH
رخ	RESIDENCE OF DECEDENT 10a, STATE 10b, COU												
FUNERAL DIRECTOR		Carroll				or locat ninst							10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
RAL	100. STREET AND NUMBER 408 Oak Hill Col					101.	ZIP CODE						WHAT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARK		13.	WAS DEC	211 ENDENT O	<u> </u>	IIC ORIG	IN? (Specify Yes			States E — American Indian, ik, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE W	YES 2 TO N	0		If yes, spe		n, Maxican	n, Puerto	Plican, atc.)		Spec	
12	15. DECEDENT'S E (Specify only highest gri	ade completed)	(Giv	e kind of t		CCUPATIO	N st of workin	g	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +		Home	emake	er				Dome	estic	2	
8	17. FATHER'S NAME (First, Middle, Last)									, Middle, Maiden	Surname)		
BE	Robert Gist 19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRES	e (Street e		ry B		mber, City or Town	- Chan W	0.41	
2	Robert Gist Pick	kens								t Colun			29169
	20a. METHOD OF DISPOSITION 1 Spurial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	amoval from Stata	206. PLACE A cemetery, crem GIST C	natory or o	ther place!		me of		1/				own, state , Maryland
	21. SIGNATURE OF FUNERAL SERVICE	1 11	M.		22. My	ers	Fune	ral	Hom	е			
	23. PART I. Enter the diseases, o			th Do r	91	. Wil	lis.	Stre	et,	Westmi	nste	er, N	
	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cau	te w	40) Ca	1 di	a P	me	Par	dion	ratory ar	reat,	Approximata Interval Between Oneet and Death
CATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Aho	OR AS A CONSECUTION OF AS	HENCE OF		dio	n Bla	wit	ne	Japu	1	ago	ouse
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSECU	UENCE OI	F):				J				
CAL	PART II. Other aignificant conditi	ona contributing to	daath but not re	aulting I	In tha ur	nderlylng	cause g	iven in F	Part I.	24a. WAS AND PERFORM	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MED	DID TOBACCO USE CON	ITDIDLITE TO CA	LISE OF DEAT	'LL VE	· C []	No F	LINIC	EDTA IA			,		1 - YES 2 1920HO
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE				UNC	ERTAIN	<u>ч</u> Ц				
YSIC	1 TYES 2 TO NO	1	ER/Outpetient 3	DOA	4 Nur		5 🗆 Res	sidenca (6 🗆 011	er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Di		28b. TIM INJ	E OF URY M	28c. INJU WOI 1 Y	JRY AT RK? ES 2		28d. DI	ESCRIBE HOW IF	JURY OC	CUREO	
	3 Suicide & Could not b	28s. PLACE Of building,	F INJURY — At horr etc. (Specify)	ne, ferm, s	street, fact	lory, office			28t. LO	CATION (Street a y or Town, State)	nd Number	r or Rural I	Route Number,
COMPLETED		YSICIAN: To the best of NER: On the basis of as											a) and manner as stated.
TO BE (29b. SIGNATURE AND TYPE OF CERTIF	MD					29c. LICE	389	_		29d. DAT		(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON	VHO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print) W	24		Rd		wed	nu	us	القر
	JAN 03 1995	Ja. REGISTRA	R'S SIGNATURE RENGLE										

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-00

rours after death. Page 6 may be retained by the hospital or attending

per 1, 2, 3 should

1		FOR
	_	REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR				F DEATH	INCH IN	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF DEATH
	ELLIS CARMO	N POTTS J	R.			MON	H 3-		95	1:30a M
			yrs. last birthday)	IF UNDER 1 YEAR			OF BIRTH		6. BIRTI	IPLACE (State or Foreign
	218-24-5317	M 2 □ F 6	4 YRS.	MONTHS DAY	HOURS MIN.	7-	10-19	930	Count	'ARYLAND
	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOW	N OR LOCATION OF	DEATH		9c. CO	UNTY OF E	
DIRECTOR	33093 FOREST	GROVE RD.		PAR	SONSBUE	RG		W	ICON	MICO
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
	MD. WICO	MICO		PARSO	NSBURG					1 TYES 2 NO
AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
FUNERAL	33093 FOREST	GROVE RD	•		2184	19			U.S	S.A.
2		2. WAS DECEDENT EVER IN FORCES? 1 XYES	U.S. ARMED		ECENDENT OF HISP apacify Cuban, Max			or No-	14. RAC	E American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		ES 2 X NO Spe		rican, acc.,		Spec	
	15. DECEDENT'S EDUCAT	AIR FOR	CE 16a. DECEDENT'S	House cooking	7.01	1.00				MUTIE
	(Specify only highest grade con	mpleted)	(Give kind of a	vork done during	most of working	16	b. KIND OF BUS	SINESS/IN	OUSTRY	
COMPLETED	Elementary/Secondary (0-12) (College (1-4 or 5+)	MA	INTENA	NCE		HOSPI	TAL		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First.				
	ELLIS C. POT	TS			The second second		IE MAI			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et and Number or Run					
임	NANNIE POTTS	,								BURG, MD.
	20a METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remove	20b.1	PLACE AND DATE		(Name of	DA	TE 20c. LO	CATION -	- City or To	own, State
	4 Donation 8 Other (Specify)	the second second	tery, crematory or o		PARK	11-	-5 S	SALI	SBUE	RY, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE / /	//	22. NAME	AND ADDRESS OF	FACILITY				
	10.11	0.19		Е	OUNDS E	UNEF	RAL HO	ME.	SAI	LISBURY, MD
\neg	23 PART I. Enter the diseases, or cop	plications that caused	the deeth. Do r							Approximate
	shock, or heint fallure. Lis IMMEDIATE CAUSE (Final	t Dnly Dne ceuse Dn ee	ch iine.					-00-01		Interval Between Onset and Death
	disesse or condition	L- Ca	man							0.0
	resulting in death) e	DUE TO OR AS A	CONSEQUENCE O	F):						one or
z	C b	O								
ST.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):						
2	CAUSE (Disesse or injury	DUE TO (OR AS A (CONCEOUENCE O							
CERTIFICATION	thet initieted events resulting in death) LAST	DOC TO (OH AS A C	CONSECUENCE OF	-):						
E	d									
DICAL	PART II. Other significent conditions of	ontributing to death bu	t not resulting	in the underly	ing cause given	in Pert i.	24a. WAS AN PERFOR		248	WERE AUTOPSY FINDINGS
							1 TYES 2	No		COMPLETION OF CAUSE OF DEATH?
ME			·							1 D YES 2 NO
ä	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE O	F DEATH	YES D	40 🗆				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	PLACE OF DEATH	Check only o	nne)			
IYS	1 YES 2 NO 1	☐ Inpetient 2 ☐ ER/Outpe		4 - Nursing H	ome 5 Residenc	_				
	1 Netural 5 Pending	(Month, Day, Year)	26b, TIM	URY	INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY O	CCURED	
В	2 Accident Investigation	28e. PLACE OF INJURY -	At home for		YES 2 NO	-	0.171011.40			
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specif	/y)	street, factory, o	rrice		CATION (Street in or Town, State)		er or Rural i	Route Number,
COMPLETED	290. CERTIFIER								_	
M M	(Check only	N: To the best of my knowle								TANKS THE COLUMN T
ဗ ူ	2 MEDICAL EXAMINER: 0	ΩM	and/or investigation	п, ит ту ориног	_		a and place, an			
出	296. SIGNATURE AND PUTLE OF MERTIFIER	JUV.	MAN		29c. LICENSE N	UMBER	76	29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (3	Print)	1110	no	15		131	7)
	David Court Nis	145E. (20011	5+.	Salis	by	MI	<u>\</u>	218	76/
	JAN 03 1995	32. BEGISTRAR'S SIGNA	TURE			U	,			
- 1	2414 00 1333	Java was	- WOODLAND							

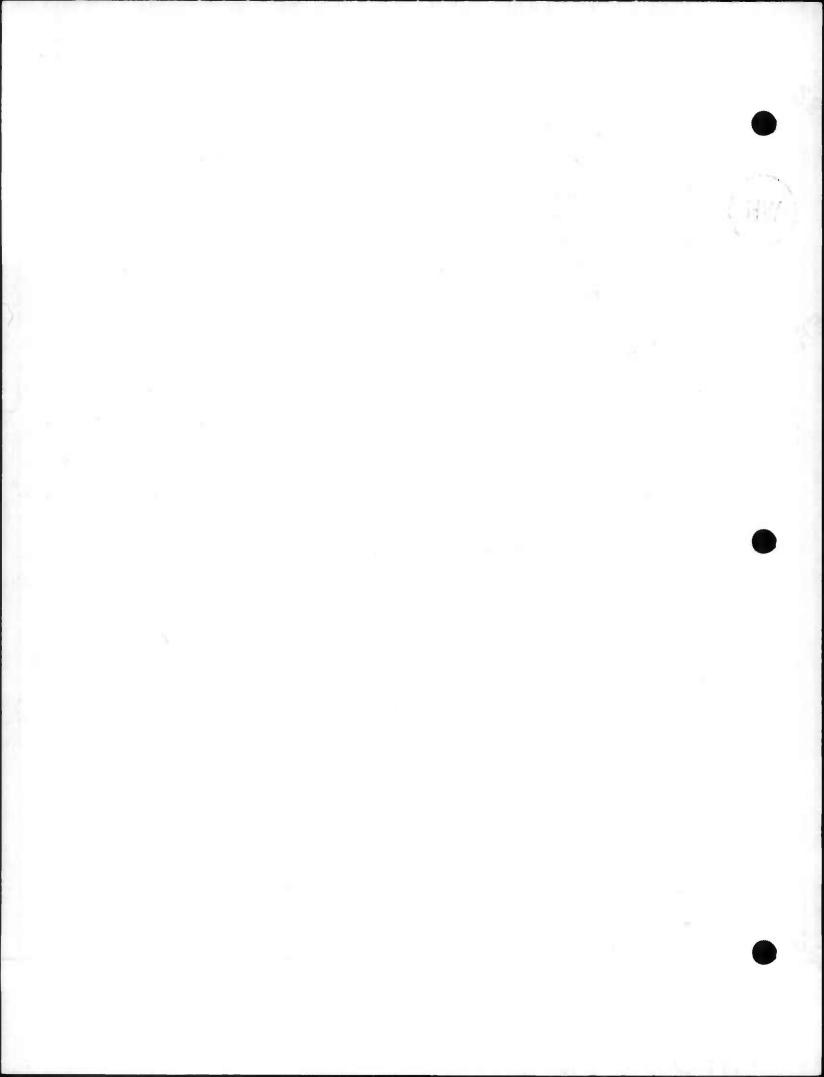


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

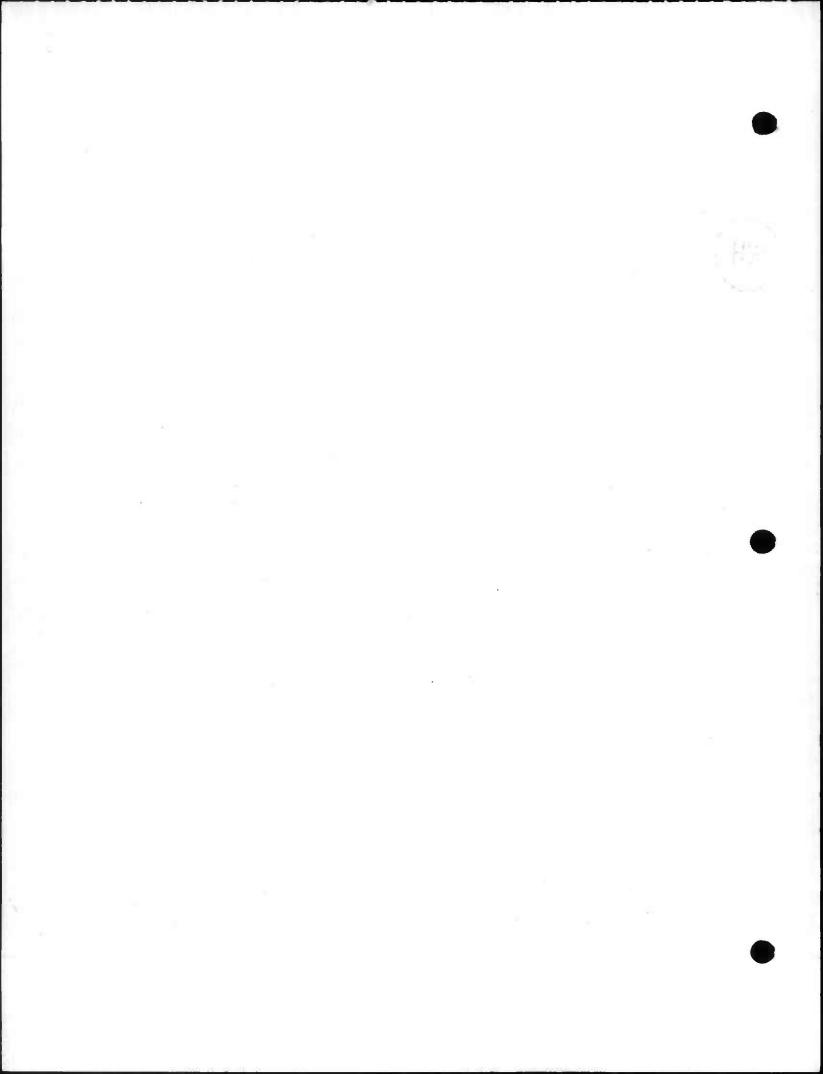
IMPORTANT: It liem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



		1 - FOR STATE OF MARYLAND / CE	DEPARTMENT OF HERTIFICATE OF	HEALTH AND ME	NTAL HYGIENE	:	
	1	1. DECEDENT'S NAME (First, Middle, Last) Miguel Angel Rufino			DATE OF DEATH	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH 1	955 8. BIRTH	IPLACE (State or Poreign
PI	3	215-68-9569 1x M2 □ F 39	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1 eptember	Count	
3 should	œ	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN (OR LOCATION OF DEATH	н	9c. COUNTY OF D	PEATH
2,	DIRECTOR	4 South Duke Street	Rocky			Montgom	nery
	JIRÉ	Maryland Montgomery	Rockville	TION			10d. INSIDE CITY LIMITS?
WH)		100. STREET AND NUMBER		I. ZIP CODE		10g. CITIZEN OF V	1 ☐ YES 2 🎇 NO WHAT COUNTRY?
110	FUNERAL	4 South Duke Street		20850		U.S.A.	
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending my cla the funeral director, page 5 should be detached for use as the burnal val.	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If yes, sp	ecify Cuban, Mexican, P	ORIGIN? (Specify Yaa o Puerto Rican, etc.)	Spec	· .
r attending use as the	8		EDENT'S USUAL OCCUPATION		16b. KIND OF BUSI		ilte
21.	LET	Elementary/Secondary (0-12) College (1-4 or 5+)	re kind of work done during mo Do NOT use retired.)	st of working			
AND the hospital detached to once.	COMPL	12 F10	rist	10 MOTHERIO MANE	Flowers (First, Middle, Maiden S	ole i	
YLA by the be de	E C	Raphael Rufino		Hilda	(First, Middle, Maiden S		
MAR retained to 5 should notified	0 8		. MAILING ADDRESS (Street a				
ay be re page 5	-	Control of the Contro	South Duke		ockville,		
BALTIMORE, after death. Page 6 may be noval. cal examiner must be r		1 Buriel 2 Cremation 3 Removal from State cemetery, crem	nd date of disposition (Ne natory or other piece) awn Cemetery			vill, Mar	11
ALTIMOR leath. Page 6 m funeral director, xaminer must		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AN	ND ADDRESS OF FACILI	TY		
BALTIN fours after death. Pag. d in by the funeral dir or removal. medical examiner		School & could	500 Ur	niversity i	Blvd.W.	Sil.Spr.	
SO, within annours apletely filled in to cremation, or re-		23. PART I. Enter the diseases, or complications that ceused the dee shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) But 10 (OR AS A dONSEO) Sequentially list conditions, if any, leading to immediate cause Fister LIMPEDIATION.	th. DD not enter the mo	ulm en	a cerdiac or reapire	story arrest,	Approximate interval Between Onset and Death
P.O. BOX 68 th certificate be execute anding physician and co Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. A GUICL Lm OUE TO (OR AS A CONSEOU	(0)	10ency Sy	Indrom?	Fuorda)	1-2 hbs 4 gr. 3mps 4 gr.
OROS, P. that the death ted by the attend th and Mental H any injury, or	AL	PART II. Other eignificent conditions contributing to deeth but not re	aulting in the underlying	g ceuse given in Par	t I. 24s. WAS AN A		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
quires quires Heal	MEDIC	Dissemination - legally Men	M- von	eyes	1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH?
23 tas t	Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEAT		UNCERTAIN			
두 의원 등	SICIAN:	28. PLACE EXAMINER? 1 YES 2 NO 1 Input and 2 ER/Outpat at 1	OF DEATH (Check only one) OTHER:		7.00		
ATENDING PHYSICIAN: ECTOR: After this certifica s after death with the Sts 128 is marked, or its	H	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	URY AT 28 PRS 2 NO	d. DESCRIBE HOW IN.	JURY OCCUREO	
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	TED BY	2 Accident investigation 3 Suicida 8 Could not be 4 Homicide detarmined 28a. PLACE OF INJURY — At hom building, etc. (Specify)	ie, farm, street, factory, offici	28	f. LOCATION (Street an City or Town, State)	d Number or Rural F	Route Number,
TAL OR AL DIRI 72 hour	COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, dest CERTIFYING PHYSICIAN: To the best of my knowledge, dest					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER		29d. DATE SIGNED	
6 6 3 W	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM		2088	18	Jan:	3,1995
6		Ratharine Waldmann, U.D. 31. DATE FILED (MONTH, Day, Year) / 32. REGISTRAN'S SUPPLYINE	2000 /	pennis A	W. Situt	Y Spri	ngHB
		JAN 5 1995 July Dawdson Randall					



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE UF MARTI		FICATE C			NTAL HYGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Last)		001111.	10/1.2	// M/m/s:	2.	DATE OF DEATH		3. TIME OF DEATH
RUTH C.	RUFFLE	.Y			1 '			1:10 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEA	AR IF UNDER	24 HRS. 7. I	DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
578-03-0408	1 🗆 M 2 🖺 F	79 YRS.	MONTHS DAY	rs Hours	MIN. No	Worth, Day, Mary	915 P	ennsylvania
Se. FACILITY NAME (If not institution, give str			9b. CITY, TOV	VN OR LOCATIO		-		TY OF OEATH
HILLHAVEN NURSING	HOME		ADELPH	I				CE GEORGES
RESIDENCE OF DECEDENT			1				111111	DE GEORGEO
MARYLAND Prine	ce Georges		TY, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?
408 Ethan Allen A	Ave.		4	209	12		U.S	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 YES IF YES, GIVE WAR OR D	NO NO	If yes	DECENDENT OF SPECIFIC PROPERTY OF SECOND PROPERTY O	n, Maxican, Pu	RIGIN? (Specify Yes arto Rican, atc.)		14. RACE — American Indian, Black, White, atc. Specity: WHITE
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	S USUAL OCCUP	ATION		16b. KIND OF BUS	SINESS/INDU	
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	work done during use retired.) emaker	most or working	9	Own Ho	ome	
17. FATHER'S NAME (First, Middle, Last) Albinas Yingling				18. MOTH	er's name (f Edith	First, Middle, Maiden Rainey	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stre	et and Number	or Rural Route	Number, City or Tow	n. State, Zip C	Code)
JOSEPH RUFFLEY						AKOMA PA		
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	20	b. PLACE AND DATE	OF DISPOSITION	(Name of		DATE 20c, LO	CATION - CI	ty or Town. State
12 Burial 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 8 ☐ Other (Specify)	val from State				MAT. V	67 1998	CTTVE	R SPRING, MD.
TH. SIGNATURE OF FUNERAL SERVICE LICE	INDEE		193. HAME	AND ADDRES	S.OF, FACILITY	774773	STIAT	R SPRING, PID.
Daga of	Teclar	1	M	WASH:	INGTON	DC 2001	2	ARROLI ST
23. PART I. Enter the diseases, or constitute. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CHRONIC	each line.	FUCT					interval Between
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	DF):					
CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	PF):					
PART II. Other algnificent conditions	contribution to death I	had not required	to the condeal				1 10 1/25	
DEME	NTIA	JUL HOL POSULING	In the underry	/ing ceuse g	Iven in Part	1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTR	IDLITE TO CALISE C	DE DEATH VI	TO NO	T UNIC		.		1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL	BUIE IO CAUSE C	26. PLACE OF DEA			KIAIN L	1		
EXAMINER?	HOSPITAL:		OTHER:					
27. MANNER OF DEATH	1 Inpatient 2 ER/Out		Nursing H					
Natural 5 Pending Accident Investigation	(Month, Day, Year)	INJ	JURY M 1	INJURY AT WORK?		DESCRIBE HOW IF	JURY OCCU	RED
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe-	f — At home, farm, (icify)	atreat, factory, o	ffica	28f.	LOCATION (Street a City or Town, State)	nd Number or	Flurel Route Number,
29a. CERTIFIER (Check only one) 2 MEDIC TAMINER	IAN: To the best of my know	viedge, death occurr on and/or investigation	red at the time, d	lata and place,	and due to the	cause(a) and man	ner as stated I due to the c	Cause(a) and manner as stated.
295. SIGNATURE AND TITLE OF CENTIFIES	1.			29c. LICE	NSE NUMBER		29d. DATE S	SIGNED (Morth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	FATURITEM 27 /Topa	7-J-N	D	3156	-3	> /	14/95
CHARLES BENNER,	M.D. 11251	LOCKWOOL		, SILV	ER SPR	RING, MD.	. 2090	3
JAN 6 1995	32. REGISTRAR'S SIGN	NATURE						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Froms after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit published within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

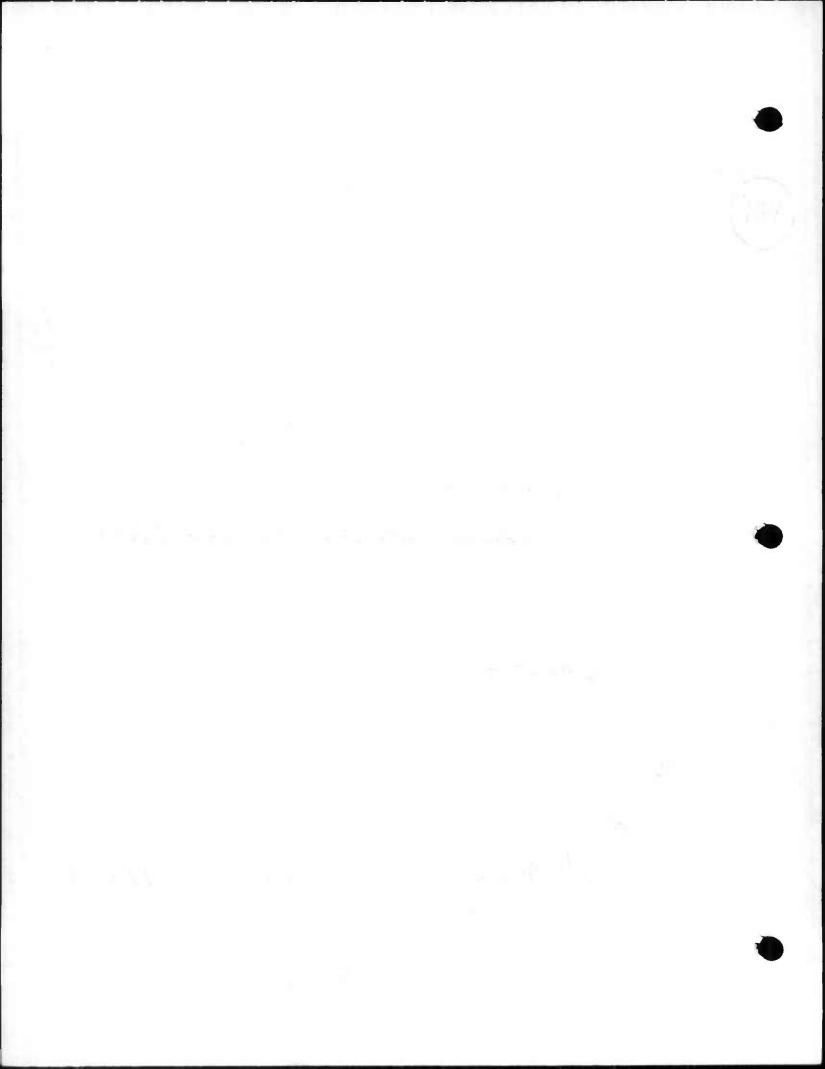
DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	death, Page 6 may be retained by the hospital or attendin	funeral director, page 5 should be detached for use as the
B/	1 24 hours after 1	by filled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

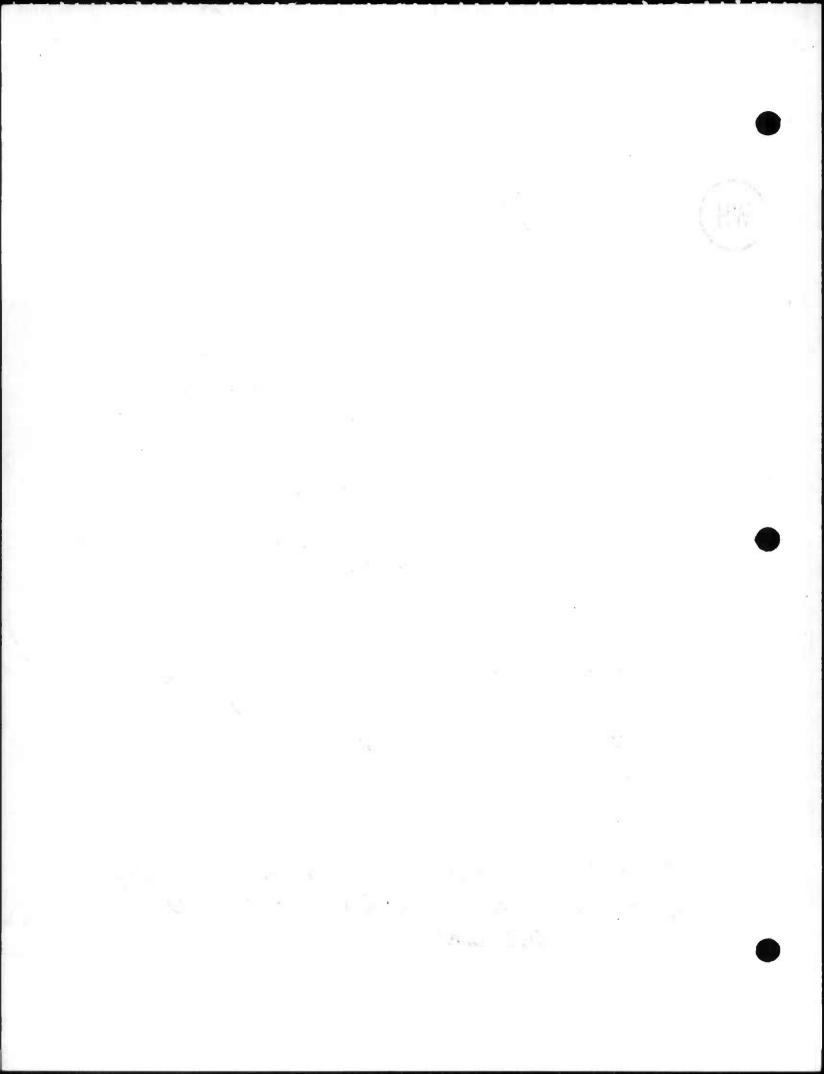
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL

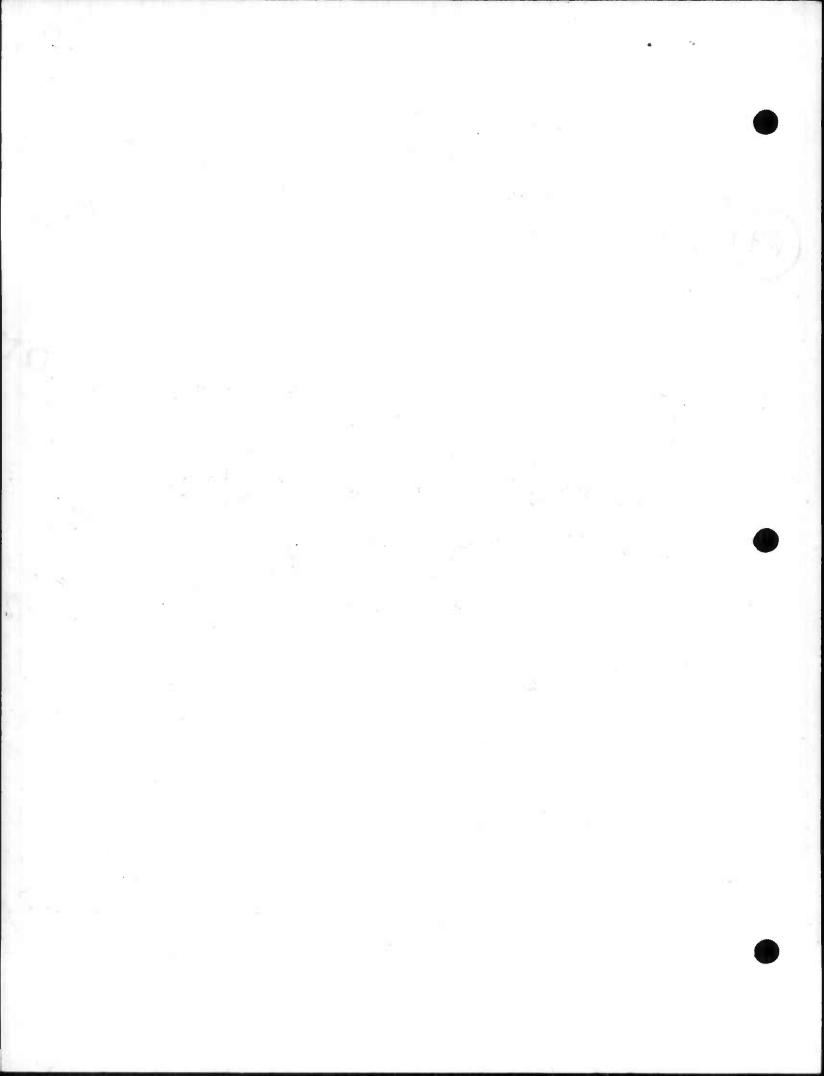
1 - FOR STATE OF N	ARYLAND / DEPART	MENT OF HEA		IENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	-	3. TIME OF DEATH
Frances M. Rathbun				January 2,	1995 YEAR	3:08 P _M
4. SOCIAL SECURITY NUMBER 5. SEX			UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
490-28-9728 1 □ M 2 🔀 F	71 YRS.	ONTHS DAYS HO	DURS MIN,	Feb 26, 19		entucky
9e. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR L	OCATION OF DEA	ATH	9c. COUNTY OF	
Carriage Hill Nursing Hor			Spring		Montg	omery
100. STATE 10b. COUNTY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
Maryland Montgomery	Si	lver Spr				14 YES 2 NO
212 Mowbray Rd		1111	20904			WHAT COUNTRY?
	EVER IN U.S. ARMED				USA	
1 Never Merried 2 Married FORCES? 1 IF YES, GIVE W	YES 2 NO	If yes, specify	y Cuben, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, atc.)	Bia	CE — American Indian, ick, White, etc.
3 Wildowed 4 Divorced	AR OR DATES	1 🗆 YES 2 💆	NO Specify:		Spe	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S US	SUAL OCCUPATION rk done during most of	f unding	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use i	retired.)	working			
3	Homema	ker		Own H	ome	
17. FATHER'S NAME (First, Middle, Last)		18		IE (First, Middle, Meiden S	Surname)	
Jesse C. Merritt				ocanoughr		
19e. INFORMANT'S NAME (Type/Print)				oute Number, City or Town		001
Edwin R. Rathbun				ver Spring		
20e, METHOD OF DISPOSITION 1 Description Method Meth	cemetery. cremetory or othe Gate of H	pisposition (Name of place)	ol	1	ATION — City or	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Gate of H		MODRESS OF FAC		iver sp	ring, MD
	.00	22. NAME AND A	RODRESS OF PAC	Hines-R	inaldi	Funeral Home
X						r Spring, MD
23. PART I. Enter the diseases, or complications that ahock, or head fallure. List only one cau	caused the death. Do not se on each ling.	t enter the mode	of dying, such	as cardisc or respir	ratory srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ichop 1 ev:40	lia				Onset and Death
DUE TO	OR AS A CONSEQUENCE OF);	dert				Z_ wks
Sequentially flat conditions, If sny, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF):					
CAUSE (Disease or Injury	OR AS A CONSEQUENCE OF):					
that initiated events resulting in death) LAST						İ
d.						
PART II. Other algnificant conditions contributing to Endone May Concer	deeth but not resulting in	the underlying ce	euse given in P	Part I. 24a. WAS AN A PERFORE		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2.100,400,100				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
				-c		1 TYES 2 NO
DID TOBACCO USE CONTRIBUTE TO CA			UNCERTAIN	X		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		THER:				
t YES 2 NO 1 Inpetient 2 C 27. MANNER OF DEATH 26s. DATE OF	ER/Outpatient 3 DOA 4 INJURY 26b. TIME 0			28d. DESCRIBE HOW IN	HIEW COOLINED	
1 Natural 5 Pending (Month, Da 2 Accident Investigation				280. DESCRIBE HOW IN	JUNY OCCURED	
3 Suicide a Could not be determined	INJURY — At home, ferm, atreate. (Specify)	ee1, factory, office		261. LOCATION (Street or City or Town, State)	nd Number or Rural	l Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of medical EXAMINER: On the best of ex						(e) end manner ae stated.
Suu a hure. M	(II)		c. LICENSE NUME	7	1/5/	9 (Month, Day, Year)
Bruce A. SINCY, AID 4	E OF DEATH (ITEM 27) (Typo, Pr	thirk s.	Siher	Soring, Mr	1 4690	_
31. DATE FILED (Month, Day, Your) 32. REGISTRAL 32. REGISTRAL	S SIGNATURE					



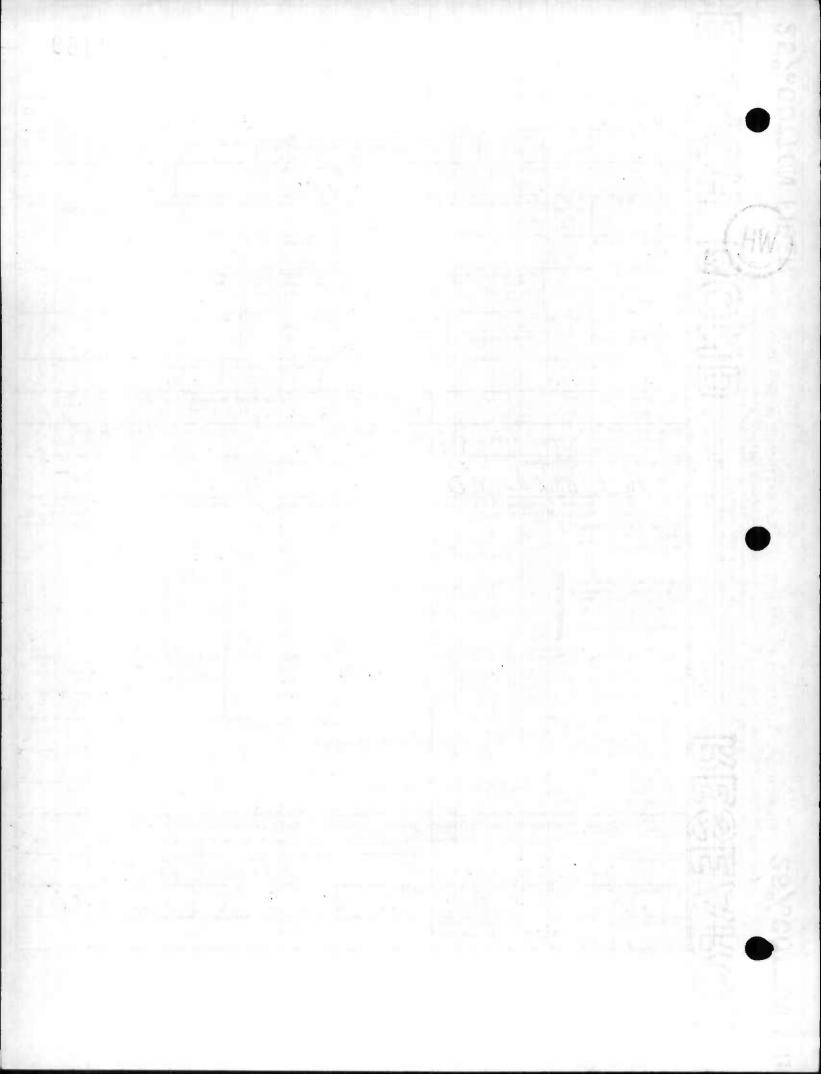
_	-	1	
BALTIMORE, MARYLAND 21215-0020	physi	buria	
Ö	Jing	中	
215	affenc	se as	
212	0	or us	
0	spita	per	
Z	e ho	etaci	nce
7	5	pe q	at o
B	Ded	pino	led
×	retai	5 sh	not
щ	y be	age	pe
SH	S ma	tor, p	ust
Z	age	direc	E F
E	P.	eral	n in
AL	deat	fun i	exai
8	after	y the	cal
	OUIS	In t	ned
	Š	filled lon, t	he
0	ith.	etely	H, T
16(w ba	ompl al, cr	eve
68	moent.	buri	atic
X	e e	ian a	Eng
BC	cate	hysic price	or tr
Ö	ertifi	ing p	oth
σ.	ath	tend al Hy	0
S,	e de	he a	Juny
R	at th	and and	ly In
00	es th	gned	S an
Ĕ	equir	en si	how
1	J ME	ept.	23 8
IA	E S	ate D	E
5	AN	rifica e St	11 10
F	YSIC	s cer	d, i
Z	H S	er th	arte
0	NIQ.	Afte	Is m
S	TEN	CTOR after	28
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR A	DIRE	mel
	M	34 L	=
	OSP	UNEF	INT
	出出	HE FI	OHT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacthed for use as the burial-in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JAN 0 9 1995

	FOR STATE REGISTRAR	STATE OF MA		DEPAR						GIENE		
	1. DECEDENT'S NAME (First, Middle, Last))	P	,		-			2. DATE OF DEA		YEAR	3. TIME OF DEATH
		NTHONY	K	mA	7NK	2	,		JANUAR	16	1995	6 26 DM
	4. SOCIAL SECURITY NUMBER	5. SEX	5. AGE (In yrs. la:	st birthday) YRS.	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Y		8. BIRTI Count	HPLACE (State or Foreign lay)
	217-34-4162 9a. FACILITY NAME (If not institution, give		31	THO.	Oh CIT	V TOWAL	OR LOCATI	ON OF 0	June 13			ryland
TOR	Fallston Ceneral				90. CIT		Fall			9c. C0	Har Har	ford
DIRECTOR	100. STATE 10b. COUNT Maryland	Y Harford		10c. CIT	ry, town	OR LOCAT		ewoo	od			10d. INSIDE CITY LIMITS? 1 YES 2 \ NO
¥.	10e. STREET AND NUMBER					101	. ZIP COD	E		10g. C	TIZEN OF	WHAT COUNTRY?
FUNERAL	1950 Chipper Dri							1040			US	SA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 250	RMED NO	13.	If yea, sp		n, Mexica	NIC ORIGIN? (Spec in, Puarlo Rican, e y:		14. RAC Blac Spec	E — American Indian, k, White, etc. */y: White
	15. DECEDENT'S EDU (Specify only highest grade	ICATION COMPOSITE (1)	16a. DE	CEDENTS	USUAL C	CCUPATIO	ON		16b. KIND C	F BUSINESS/	INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	live kind of Do NOT u	se retired.)	aunng mo	St of Workin	ng .				
COMPLETED	11		Pie	Cutt	er						intir	ng
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, A)	
BE	Gicoma Romano 19s. INFORMANT'S NAME (Type/Print)		1 40	5 AS A II 1817	100056				la R			
2	Rita D. Romano		"						Route Number, City Fagewo		,	nd 21040
	20g. METHOD OF DISPOSITION 1AS Buriel 2 Cremetion		20b. PLACE			_		TVE,		oc. LOCATION		
	1-X Buriel 2 ☐ Cremetion 3 / fem 4 ☐ Donation 5 ☐ Other (novel from Stats	Baker					1	./9/95			
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	999 10	1 200101		22	NAME AP	ND ADDRE	SS OF FA	CILITY			
	1 / Marit K	1111		to								me, P.A.
_	23. PART I. Enter the diseases, or	complications that	caused the de	eath. Do	not ente	the mo	de of dy	DULTY ing, auc	Road,	ADINGO respiratory	on, M. arrest.	id. 21009
	shock, or heert fellure. IMMEDIATE CAUSE (Final	List only one cause	on each line	ð.								Interval Between Onset and Dasth
	disease or condition resulting in death)	· A	ente.	ner	rea	· De	end	huf	activ			
	to do day	DUE TO (C	R AS A CONSE	OUENCE	F):	_	1:					
NO	Sequentially list conditions,	b/	silve,	nez	i C	ac	ku	me	popula	4		
ATI	If any, leeding to immediate couse. Enter UNDERLYING	DUE 10 (0	OR AS A CONSE	OUENCE O	F):) ,	day	. 1	. L	- Dire	6-AT		
FI	CAUSE (Disease or Injury thet initiated events	DUE TO (C	OR AS A CONSE	QUENCE O	F):	Lego			20	11/1	l	<u> </u>
CERTIFICATION	resulting in death) LAST	d.							YK	uu	les	ļ
- 11	PART II. Other significant condition	na contribution to d	eath but not a	re evitine	In the re	n dadular		of complex	Post Law W			
CAL	The state of the s	- contributing to u	eeth out not i	eauting	iii trie u	noeriying	g cause s	given in	PI	AS AN AUTOPS ERFORMED?	Y 246	AWAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA									_ 1 _ Y	ES 2 HNO		OF DEATH?
Σ.									-			1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL:	R/Outpetlant 3	□ DOA	OTHE		a 5 🗆 Ra	aldenca	6 Other (Specif	y)		
£Ι	27. MANNER OF DEATH	28e. DATE OF IP (Month, Day,		28b. TIN	E OF JURY	28c. INJ	URY AT		28d. DESCRIBE	HOW INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M	1 🗆 1	YES 2	NO		_		
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho c. (Specify)	ome, ferm,	street, fac	tory, offic	•		281. LOCATION (S City or Town,	Street and Numi State)	ber or Rural I	Route Number,
Ē.												
COMPLETED	(Check only one) 298. CERTIFIER 1 CHECK PHYS (Check only one) 2 MEDICAL EXAMINI											s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	0.	7.			29c, LICE	NSE NUI	MBER	29d. D	ATE SINE	(Mogth, Day, Year)
9	Andew NO	THERE	2	us	200	-				•	117	195
	30. NAME AND ADDRESS OF PERSON WITH A POPULATION AND ADDRESS OF PERSON WITH A POPULATI	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type		123	N.	MA	からた	BET	AIK,	mp21014
	JAN 0 9 1995	THE PROPERTY	S SIGNATURE	Щ					-	-		



	1 - STATE REGISTRAR	SINIE UF MANT		TMENT OF HEALTH		TGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last EARL FRANCIS F	ROWE			2. DATE OF D MONTH JANUA	DAY Y	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 214-05-5885 9a. FACILITY NAME (If not Institution, give	1 M 2 □ F	E (In yrs. last birthday) YRS.	MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATIO	MIN. (Month, Day,	1912	BIRTNPLACE (State or Foreign Country) MD Y OF DEATN
OR	CUMBERLAND NURS			CUMBERLAND	N OF DEATH		EGANY
DIRECTOR	10a. STATE 10b. COUN All	egany		r, town or Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO
HAL	346 Dorn Avenue			101. ZIP CODE 21502		109. CITIZEI USA	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF If yes, specify Cuban 1 TYES 2 ZANO	, Maxican, Puarto Rican,		RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12	OUCATION de completed) College (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION vork done during most of working e retired.) mployed	'	of Business/INDUS	STRY
E COM	17. FATHER'S NAME (First, Middle, Lest) Harry R. Rowe	2			er's NAME (First, Middle argaret A.		ne)
TO B	19e. INFORMANT'S NAME (Type/Print) Grace M. Rowe			ADDRESS (Street and Number of Avenue; Co			
	20a. METNOD OF DISPOSITION 1 № Burlal 2 □ Cremation 3 □ Ra 4 □ Donation 8 □ Other (Specify)	moval from Stata	0b. PLACE AND DATE	of Disposition (Name of their place) Thorial Park	DATE 01/05	20c. LOCATION — CR	
	21. SIGNATURE OF FUNERAL SERVICE		3	Scarpelli Cumberland	Funeral H	ome	
	23. PART 1. Enter the diseases, o shock, or heart felluri IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	eed the death. Do n esch line.	of enter the mode of dyle			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	S A CONSEQUENCE OF				
MEDICAL	PART II. Other algnificant conditi	Aspiration				WAS AN AUTOPSY PERFORMED? YES 2 00	24b. WERE AUTOPSY FINDINGS ARRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	HOSPITAL:	utestiant 3 DOA	26, PLACE OF DE	ATN (Check only one)	ac/fet)	
	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	/	28d. DESCRIB	DE NOW INJURY OCCU	RED
ED BY	2 Accident Investigation 3 Sulcide 6 Could not be 4 Nomicide detarmined	26s. PLACE OF INJU	RY — At home, farm, a			N (Street and Number or wn, Stets)	Rural Route Number,
COMPLETED	anal			and at the time, data and place,			
10	- MEDICAL CAAMI	OIL HAS DESIGN OF SYSUMIUS	mm/or investigatio	n, in my opinion, death occur	ru at tire time, data and	piece, and que to the	cause(s) and menner es stated.
D BE COM	296. SIGNATURE AND TITLE OF CERTIF	IER ALLEN	0/	29c. LICE	NSE NUMBER	29d, DATE S	MGNED (Month, Day, Year)



14		1 - STATE REGISTRAR	STATE OF MARY				EALTH ANDEATH		AL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last) Marie M	Roe					2. DAT	TE OF DEATH		YEAR	6:55 P
-		4. SOCIAL SECURITY NUMBER 220-32-0619	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 H	rs. 7. DAT	E OF BIRTH		. BIRTHPL	ACE (State or Foreign
2, 3 should	TOR	90. FACILITY NAME (If not institution, give stra Meridian - The P RESIDENCE OF DECEMENT			9b. CITY	Eas	ton			9c. COUNT	of dea	тн
. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY MARYLAND TAL	вот	10c. CIT	ry, town o	R LOCAT	_					od. INSIDE CITY LIMITS? YES 2 NO
- I	FUNERAL	100. STREET AND NUMBER RT.50 & DUTCHM	AN'S LANE			101	zip code	1601				AT COUNTRY?
M)	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR			If yes, sp	ENDENT OF H	lexican, Puert	NN? (Specify Yes o Rican, etc.)	e or No—		- American Indian, White, etc. WHITE
ND 212.55 hospital or arched for use ce.	PLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondery (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during mo	ON st of working	1	Sb. KIND OF BU			NY
YLA by the be det	BE COMPL	17. FATHER'S NAME (First, Middle, Leat) JESTER IRVINS		VIICCI					, Middle, Maiden		OIII I	
ay be retained page 5 should be notified	10	190. INFORMANT'S NAME (Type/Print) ROSETTA S. CHE	EZUM						mber, City or Tow			
e 6 m rector,		20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remote 4 Donellon 5 Other (Specify)	Si from State	ALISBUR	Y CF	REMA	TORY	1-6		ISBU		
SALTI death. P e funeral al. examin		21. SIGNATURE OF FUNERAL SERVICE LICE	MERCER		> N	EWN	S. HA	NERA RRIS		, EA	STON	I, MD
d with hours after completely filled in by the cremation, or removal event, the medical		23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ALTEMENTE',	eech line.		the mo	de of dying,	such es ce	erdiac or resp	iratory srre	et,	Approximate Interval Between Onset and Death
P.O. BOX 6870 sath certificate be executed intending physician and contal Hygiene prior to burial, or other traumatte et	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST		A CONSEQUENCE O								
L RECORDS, F law requires that the death ss been signed by the atter lept. of Health and Mental 23 shows any injury, or	ME	PART II. Other algoriticent conditione	contributing to deeth	but not reculting	in the ur	nderlying	g cause give	n in Part i.	24a. WAS AN PERFOI 1 TYES 2	RMED?	Al CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
23 by by Car	SICIAN:		HOSPITAL: 1 □ Inpetient 2 □ ER/Ou	Instinct 3 DOA	OTHER	R:	ACE OF DEAT					
G PHYSICI er this cer ith with the	ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	20s. DATE OF INJURY (Month, Day, Year)	26b. TIR		28c. INJ WO		28d. D	ESCRIBE HOW I	NJURY OCCU	RED	
OR ATTENDING IDENTIFY After hours after death tem 28 is mail	ETED 8	3 Suickle 6 Could not be 4 Homicide determined	26s, PLACE OF INJUF building, atc. (Sp	Y — At home, larm, ecily)	street, fact	iory, office		281. LC	CATION (Street by or Town, State)	and Number o	r Rural Rou	te Number,
로 국 전 등	COMPLI	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI EXAMINER:										nd manner ee stated.
TO THE HOSPIT TO THE FUNER De filed within 7 IMPORTANT:	TO BE	SIGNATURE AND TITLE OF CERTIFIER	COMPLETED OWNER OF				29c. LICENSE				SIGNED (M	onth, Day, Year)
		WILLIAM J. CUTZZY 31. DATE FILED (Month, Day, Year)	508 iaevica a	312	Print)	Mo		21601				
		JAN - 9 1995	Jaka altertile	or Rawfall								

TO I HAVE BEEN ADD. ALS

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attend executed with 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the second hours. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

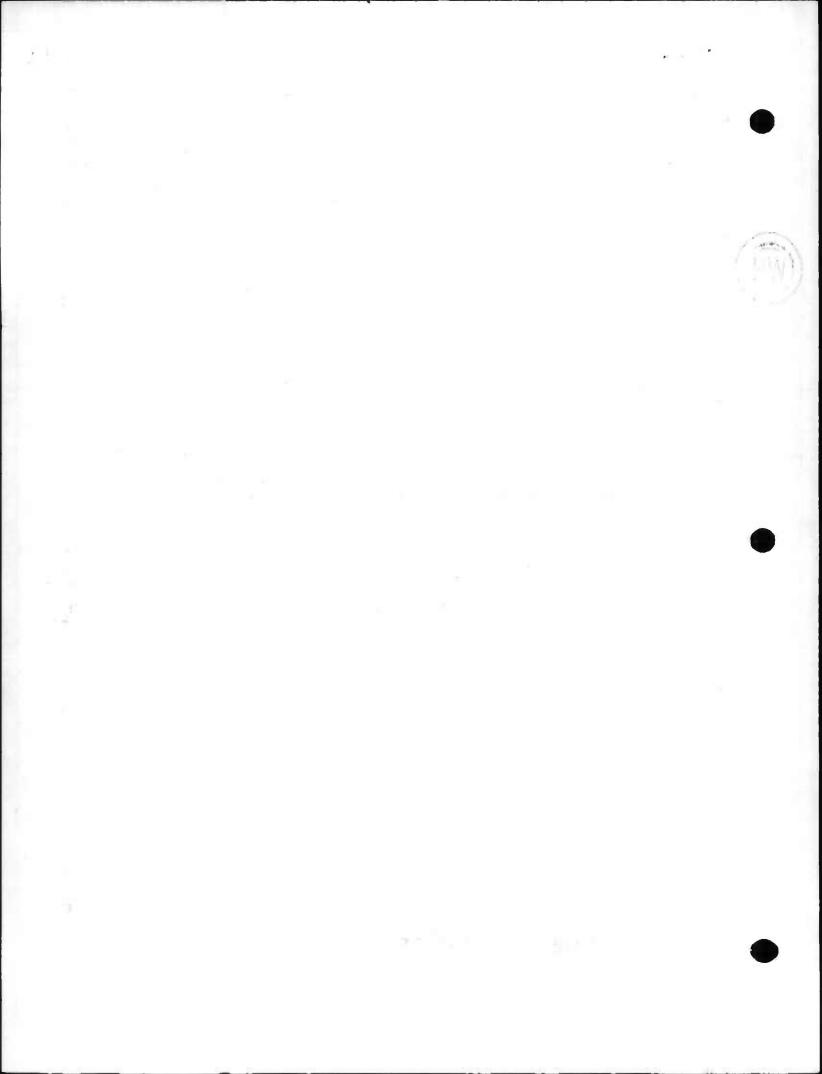
BALTIMORE, MARYLAND 21215-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

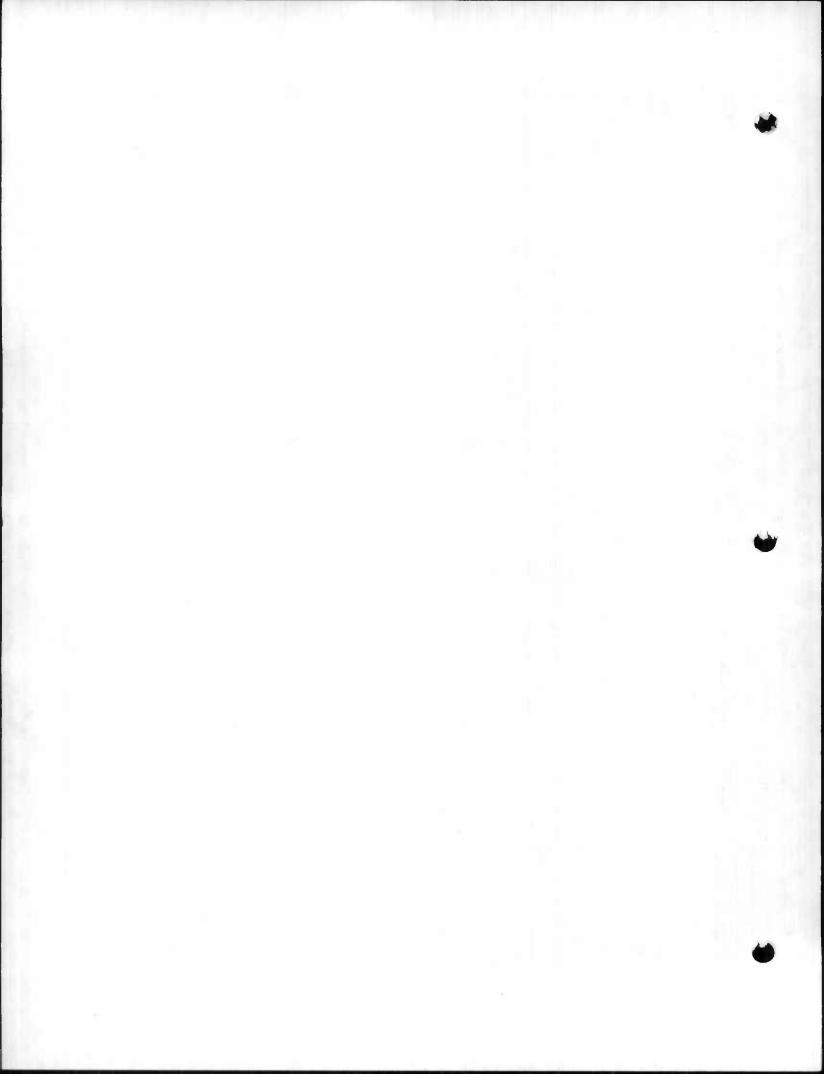
_					OLIV	TIFICAL	E OI	DEA		HI	EG. NO.			
	1. DECEDENT'S NAME (First	3.50								2. DATE OF D	DA		YEAR	3. TIME OF DEATH
- 1	Florence	May	ROUN							Januar		, 199	5	5:40 P M
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In	yrs. lest birth	MONTH	ER 1 YEAR	HOURS	24 HRS.	7. DATE OF B (Month, Day	(Year)		Country	
	201-20-0325		1 M 2 X F	9	1 "	AS.	April 15, 1903 Mary						yland	
_ [9a. FACILITY NAME (If not in					9b. Cl	•	OR LOCATION		ATH		9c. COUP	NTY OF DE	ATH
ē	Cuppett-Weeks Nursing Home						0a	kland	<u>1</u>			Gar	rett	
입	10e. STATE	10b. COUNTY	,		100	c. CITY, TOWN	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	MD	Ga	arrett					St	vant	on				LIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER						10	. ZIP COD				10g. CITI	ZEN OF W	NAT COUNTRY?
FUNERAL	Rt. 2								2156	1			USA	
5	11. MARITAL STATUS		12. WAS DECEDEN			1;	. WAS DE	ENDENT C	F HISPAN	IIC ORIGIN? (Sp	ecify Yes	or No-		— American Indian, White, etc.
BY F	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V					ecify Cubs		n, Puarto Rican.	, atc.)		Black, Specifi	
														White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND C								OF BUS	SINESS/IND	USTRY				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) The secondary (
M	17. FATHER'S NAME (First, M	liddle (set)				Housew	ille	F			Iome		_	
		V .	Green						Cora	ME (First, Middle	Lice		Gilp	in
H	19a. INFORMANT'S NAME (1		Green		19b MA	II ING ADDRE	SS /Strant			Poute Number, Co			-	III
2	Harry Round									akland,				1550
	20a. METHOD OF DISPOSIT	ION		20b. Pl		ATE OF DISP			, 0	DATE		CATION —		
	1 X Burial 2 ☐ Crematic 4 ☐ Donetion 5 ☐ Other		oval from State	cemete	ery, cremator	le Cen	eter	v		1/6				ryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			2	. NAME A	ND ADDRES	SS OF FA	CILITY			,	-)
	► R. 11	\. A -	Na I							al Home				1550
	23. PART I. Enter the d	Iseases or c	applications the	t caused t	he death	Do not est	2 5.	Sec	ona	St., 0a	ikla	nd, M	1D Z	
	anock, or n	eart Isliure. I	Liet only one cau	ise Dn esc	h ilne.	DO HOT BING		da or dy	ng, auci	il aa cardiac	or respi	ratory arr	eat,	Approximata Interval Between
	iMMEDIATE CAUSE (Fir disesse or condition	nsi	Dno	umoni										Onset and Death
1	resulting in death)			ONSEQUEN	CE OF):								24 Hours	
z	Arterosclerotic Heart Disease with Ischemia												Voors	
유	Sequentielly liet condit if any, leading to imme	ONSEQUEN	CE OF):		DIOC		WILLII IL	SCITCI	urra_		Icais			
2	CAUSE (Disease or Inju	ease							Years					
E	thet initisted events resulting in death) LAS	T	DUE TO	(OR AS A C	ONSEQUENCE OF):									
CERTIFICATION			d											
7	PART II. Other significe	nt condition	contributing to	death but	not result	ting in the	ınderlyin	g ceuse g	lven in	Part I, 24a.		AUTOPSY		WERE AUTOPSY FINDINGS
EDICAL										1.0	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME														1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			Love		ACE OF D	EATH (Chi	ck only one)				
YSI	1 TES 2 NO		1 Inpatient 2	ER/Outpath	ent 3 🗆 Di	OA 4 % N		e 5 🗆 Re	sidenca	6 Other (Spe	icity)			
	27. MANNER OF DEATH 1 💢 Natural 5	Pending	28a. DATE OF (Month, D	injury ay, Year)	28b	. TIME OF		PIK?		28d. DEŞCRIB	E HOW IN	JURY OCC	CURED	
B	2 Accident	Investigation	20- 81 405 0	F IN HIBY		N		YES 2	NO					
		Could not be datarmined	28e. PLACE O building,	etc. (Specify)	At home, te	erm, street, fa	ctory, offic	•	ı	28f. LOCATION City or Tou		nd Number	or Rural Ro	oute Number,
<u> </u>	29a. CERTIFIER													
(Check only one) Check only one) Check one) Check only one) Check one) Check only one) Check one) C														
								and manner as stated.						
H	29b. SIGNATURE AND TITLE	OF CERTIFIER	(-			-	NSE NUM	IBER		29d. DATE		Month, Day, Year)
2	20 MANE AND ADDRESS TO	1.1						D1.	5333				1/5	/95
	30. NAME AND ADDRESS OF											0.1-	- 0	
	Dr. Thomas 31. DATE FILED (Month, Day,		on, MD 32. REGISTRA			urth S	t.,	0akla	and,	Maryla	and	2155	0	
			ILIA DE											
	JAN_6	1995	Tille Will	JOHOL !	ALCON !	1								



VOID
CERTIFICATE #

95-01172
SEE

CERTIFICATE #



306	-	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MEDOTANT If item 26 is morked as item 22 shours one injury or other transple seems the median assembles
fler d	oval.	10
urs a	in by	Shadle
24 ho	filled on, o	94
thin .	etely	4 44
w be	ompl al, cn	BUS
Kecut	bung	alle
De e	cian or to	200
Scate	physical property	4 40
certif	ding	dio 1
eath	atten mtal h	2
the d	d Me	inini
that	ed by	VAC
puires	Sign	amu.
W rec	beer of	2 ch
he la	has Deg	C
NN: T	Stat	itte.
SICI	the the	7
F	r this	arke
DING	Afte	8
TTEN	after	28
OR A	DIRE	med
ITAL	PAL 22	98 -
HOSE	FUNE	TANT
THE	THE	ave
2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	7

	1 - FOR STATE REGISTRAR	THE OWNER	STATE OF I		AND / DE	EPARTMEI	NT OF H	IEALTH DE A	AND I	MEN	ITAL HYGIEN			
	1. DECEDENT'S NAME (First				oe.	THI TOAT	<u> </u>			2. 0	REG. NO		VEAD	3. TIME OF DEATH
	Mildred		Smith							Jä	onth 3	1	9957	7:15 P M
	4. SOCIAL SECURITY NUM 174-07-503 219-54-7	2 268	5. SEX	6. AGE (li	n yrs. lest bin 86		DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Pay Year) 1908 An			8. BIRTI	HPLACE (State or Foreign
A HO	HillHaven	Nursin					9b. CITY, TOWN OR LOCATION OF DEA				Prince Ge			
/ E	RESIDENCE OF DE	10b. COUNT	Y		10	De. CITY, TOWY	OR LOCAT	CION					_	10d. INSIDE CITY
L DIRECTOR	Md .		tgomery			Takon	na Pa	rk				,		1 YES 2 NO
FUNERAL	911 Prosp						101	209						States
B								ecity Cub	en, Maxica	n, Pu	NGIN? (Specify Yea arto Ricen, etc.)	or No-	Blac	E — American Indian, k, White, etc. White
ΙË	15. DE (Specify or	CEDENT'S EDU nly highest grade	CATION completed)		16a. DECED	ENT'S USUAL ind of work don NOT use retired	OCCUPATIO	ON ist of work	ing		16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	8Th Grade	(0-12)	College (1-4 or 5	+)		memake					Home			
COM COM	17. FATHER'S NAME (First, i		· 1								irst, Middle, Maiden	Surname)		
BE	Augusta :		Johnson								nson			
TO BE	Gloria J.		11								Number, City or Tow re Belts			20705
2	20a METHOD OF DISPOSI	TION		20b.	PLACE AND	DATEOFDISP	OSITION (Ne	me of		_		CATION —		
	1 N Burial 2 Cremati 4 Donation 5 Othe	Ion 3 LI Ram or (Specify)	oval from Stata	Ceme	arkla	wn or other Me	mori	al P	ark	1		kvil:		
examiner musi	21. SIGNATURE OF FUNER.	nas)	Jugar)		1	1800	New	Ham	psh		. Si		Spring 2090
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury												
N.	DID TOBACCO U	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN												
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			P DEATH (Chec								
TYS	1 TYES 2 NO		1 Inpetient 2 2						esidence		Other (Specify) DESCRIBE HOW II		OHDED	
BY PP		Pending Investigation	(Month, E	lay, Year)		INJURY M	1 🗆 1	RK? (ES 2 [] NO	200.	DESCRIBE HOW I	NJURY OC	COMED	
ETED	3 Suicida 6 Homicide	Could not be determined	28e. PLACE C building,	atc. (Specif	fy)	farm, street, fe	ctory, office			281.	LOCATION (Street a City or Town, State)	nd Numbe	r or Rural i	Route Number,
COMPLE	2 - MEC	DICAL EXAMINE	-11/1											and manner as stated.
O BE	296/SIGNATURE AND TITU	law	VU(\sim	N			29c. LIC	25	DO O	9	29d, DAT	SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF DEA	TH (ITEM 27)	S ₁ (V	w	Spr	ins	1/	UQ 21	290	1	
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA					00		-		10		
	JAN 6	1995	Japa d'huel	sork	Mall									

BALTIMORE, MARYLAND 21215-00	4 hours after death. Page 6 may be retained by the hospital or attending or	illed in by the funeral director, page 5 should be detaithed for use as the to, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending a	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the behover after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at annea.

Injury,

shows

DIRECTOR: / 28

TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If IM

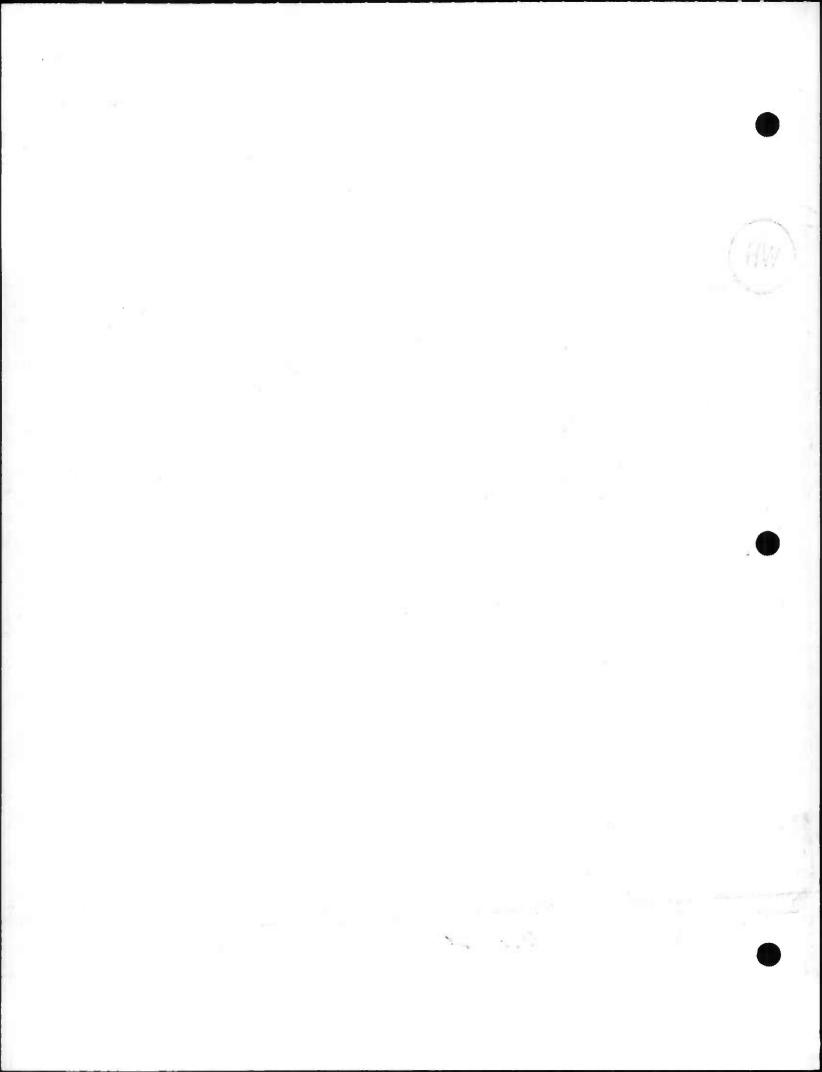
31. DATE FILED (Month, Day, Year)

1995

32. REGISTRAR'S SIGNATURE John Studen Reveal

1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Evelyn SHOOK 10.55 MM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-14-9106 1 M 2 X F YRS. May 26, 70 1924 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Laurel Regional Hospital Laure1 Prince Georges RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Adelphi 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3313 Powder Mill Road 20783 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, etc. 1 Never Married 2 Norried If yes, specify Cuben, Mexican, Puerto Rican, etc.) BY 1 YES 2 X NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes ntary/Secondary (0-12) College (1-4 or 5+) 11 0 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William G. Renner, Sr. Anna E. Stitley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 James F. Shook 3313 Powder Mill Road, Adelphi, Maryland 20783 20a. METHOD OF DISPOSITION
1 □ Burlel 2 🗵 Cremellon 3 □ Removal Irom State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Fort Lincoln Crematory 4 Donation 6 D Other (Specify) 1/8 Brentwood, Maryland 21. SIGNATURE OF JUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) raia DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the op end/or investigation, in my opinion, death occured at the time, data and piece, end due to the cause(e) and menner se stated. 296. SIGNATURE AND THE OF PERTIES 29c. LICENSE NUMBER 29d. DATE \$IGNED (Month, Day, Year) BE 008307 2 NAME AND GOORERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR		STATE OF MARYL	LAND / DEPART	TMENT OF H		MENTAL HYGIEN					
1. DECEDENT'S NAME (First, REBECC		SCHN				2. DATE OF DEATH MONTH JAN. 2,		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMB 579-14-1		SEX 8. AGE	(In yrs. last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 29, 1		HPLACE (State or Foreign ny) PENITS Y WANTA			
	OVE AD	OVENTIST	HOSP		B. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE MONTGOMERY						
RESIDENCE OF DEC	10b. COUNTY	ONE		Y, TOWN OR LOCAT		10d. INSIDE CITY LIMITS?					
10e. STREET AND NUMBER					f. ZIP CODE		10g. CITIZEN OF				
5142- MCARTHUR BLVD., N.W. 11. MARITAL STATUS 1 [V] Never Married 2 Married FORCES? 1 YES 2 [V] NO					200 CENDENT OF HISPAI	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	U . S	E – American Indian,			
3 Widowed 4 Divor	rced	IF YES, GIVE WAR OR D	DATES	1 🗆 YES	S 2 X TX O Specif	ty:	Spec				
15. DECI (Specify only Elementary/Secondary (0-	EDENT'S EDUCATion in highest grade community (12)	iON npleted) College (1-4 or 5+)	Ille. Do NOT use	vork done during mo	ost of working		S. GOVT	•			
17. FATHER'S NAME (First, Mit	CHNEBL	ΣΥ			18. MOTHER'S NA	AME (First, Middle, Maiden JNKNOWN	Surname)				
194. INFORMANT'S NAME (7) REV.DR.REI						ROCKVILL		0850			
20a. METHOD OF DISPOSITION X Burlal 2 Cremation 4 Donation 5 Other	n 3 🗆 Removal	from State 20t COFF R	b. PLACE AND DATE OF metery, cremetory or oth IVERVIEN	of disposition (Ne	TERY		CATION — City or To				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE W. Tu. 22. NAME AND ADDRESS OF FACILITY HYSONG CO., INC. 1300- N ST., NW, WASH., DC											
iMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuit that initiated events.	ona, b	DUE TO (OR AS A	each line.	wall		and a cardiac or reapi		Approximate Interval Between Onset and Death 2 deugs			
PART II. Other aignificant public TOBACCO US	nt conditions co	Hyperle	pidlma	n the underlying	potupo	PERFOR	IMED?	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	Ho	OSPITAL: Inpatient 2 - ER/Outp		OTHER:	ne 5 🗆 Residence	8 Other (Specify)					
	Pending nvestigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	M 1 1	YES 2 NO	28d. DESCRIBE HOW IN	NJURY OCCURED				
	Could not be letermined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, st cify)	irant, factory, office	•	26f. LOCATION (Street a City or Town, State)	nd Number or Rural F	loute Number,			
						a to the cause(a) and men		i) and manner as stated.			
30. NAME AND ADDRESS OF	PERSON WHO C	tom man a			29c. LICENSE NUM	٥	29d. DATE SIGNED	(Month, Day, Year) 02 1995			
31. DATE FILED (Month), Day, N	395 Jul	32. REGISTRAR'S SIGN	HADOY GRO NATURE Ordally	WE 120	POCKILL	LE maey	MIS				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.



	1 - STATE REGISTRAR	STATE UF I	MAKYLAND / CE			E OF				HYGIEN REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF	OEATN			TIME OF OEATH
- 4	ESTELLA	Н.		SK	IN	KER			ALLAAL.	PY	1	1995	450 Am
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTHPL	NCE (State or Foreign
	577.44.9959	1 □ M 2 📉 F	97	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.3	ľ, 18	97	Penns	ylvania
and the same	9a. FACILITY NAME (If not institution, give s	itreet and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DEAT	н
O.	Suburban Hospital Bethesda Montgomery										У		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y 6.4		too CIT	Y TOWN	OR LOCATI	ON					Las	
Ē	Maryland Montg	IVICATA	omery		thes		ON						d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				CITOD		ZIP CODE	F			10a CIT	ZEN OF WHA	YES 2 NO
FUNERAL	5215 West Cedar	Lane					2081				_	U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED					IC ORIGIN? (or No-	14. RACE	American Indian,
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X N	0		If yea, spe			n, Puerto Rice	an, atc.)		Black, W Specify:	White
	15. DECEDENT'S EDU		16a. DEC	CEDENT'S	USUAL O	CCUPATIO	N		16b, KI	ND OF BUS	INESS/IND	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life.	ve kind of Do NOT u	work done se retired.)	during mos	t of workin	g					
뒫		+4	Но	mema	ker					Ow	n Ho	me	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NAM	ME (First, Mide	dle, Maiden	Sumame)		
B	Aaron Heil	.man							Josep				
2	19a, INFORMANT'S NAME (Type/Print)								loute Number,				
	Robert L. Skinke	r						Road	Rock	_			
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetary, cren	natory or o	ther place				DATE			City or Town,	
	21. SIGNATURE OF UNERAL SERVICE LIC	CENSEE	Mt. C	omro	22.	NAME AN	COTY D ADDRES	SS OF FAC	II/Z	JALEX	Carri	er's S	rginia
	> MANYM	401016	\mathcal{V}										on D.C.
	23. PARTA. Enter tha diseases, or o	nomplications the	t assessed the de-	oth Do								_	
	anock, or haart failura.	Liat only ona cau	iae on aach lina.	atti. Do i	iot entai	r tha mod	ie or ayı	ng, aucn	1 aa CSrdia	c or respi	ratory ari	eat,	Approximata Intarval Batween
	IMMEDIATE CAUSE (Final disease or condition	M.11-4	0.1:0		_	1							Onset and Daath
	resulting in death)	a. IT COLOR	OR AS A CONSEC	UENCE O	anc	LLOYL							3 days
z	coronary heart disease										3 days		
2	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS X CONSEQUENCE OF):										1		
S	CAUSE (Disease or Injury	C											
E	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):								
CERTIFICATION	d.												
CAL	PART II. Other algnificant condition	a contributing to	daath but not re	aulting	In the u	ndarlylng	cause g	lvan in F	Part I. 24	a. WAS AN			RE AUTOPSY FINDINGS
5	aremia								1	PERFOR		co	MPLETION OF CAUSE DEATH?
MEDI													YER 2 NO
ä	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEAT	ГН ҮЕ	S 🗆	NO X	UNC	ERTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF DEA	OTHE								
YSI	1 TYES 2 NO	1 N Inpatient 2			4 🗌 Nur	sing Nome		aldenca (6 Other (S	(pecify)			
	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	E OF URY	28c, INJU WOR	IK?		28d. DESCR	IBE NOW IN	JURY OC	CURED	
B	2 Accident Investigation	26. PLACE O	F INJURY — At hon			1 YI	ES 2 _	NO		241.40			
E	3 Suicide 6 Could not be 4 Nomicide detarmined	building,	atc. (Specify)	, imili, i	street, rac	tory, ornew				own, State)	na Number	or Rural Route	Number,
P.E.	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of	my knowladge, dea	th occurr	ed at the t	time, data a	nd place	end due 1	to the cause/	a) and man	ner se stet	ed.	
COMPLETED	one) 2 MEDICAL EXAMINE												d manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	. (_				29c. LICE	NSE NUMI	BER		29d. DAT	E SIGNED (Mo	nth, Day, Year)
10	Thomas . J. S.	nderson					DI	1914	4		> /	-1-95	5
	30. NAME AND ADDRESS OF PERSON WN		SE OF DEATH (ITEM		0			^		^		Δ.	
	31. DATE FILED (Month, Day, Year)	JOERSEN ,	R'S SIGNATURE	641C	No	CKLE	DGE	D/	RIUE,	KE	THE	SPA. A	1d. 20817
	JAN 3 1995	4	Gor Randall	7									
	לננו ש וותע	July whole	AND THE PARTY	1									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



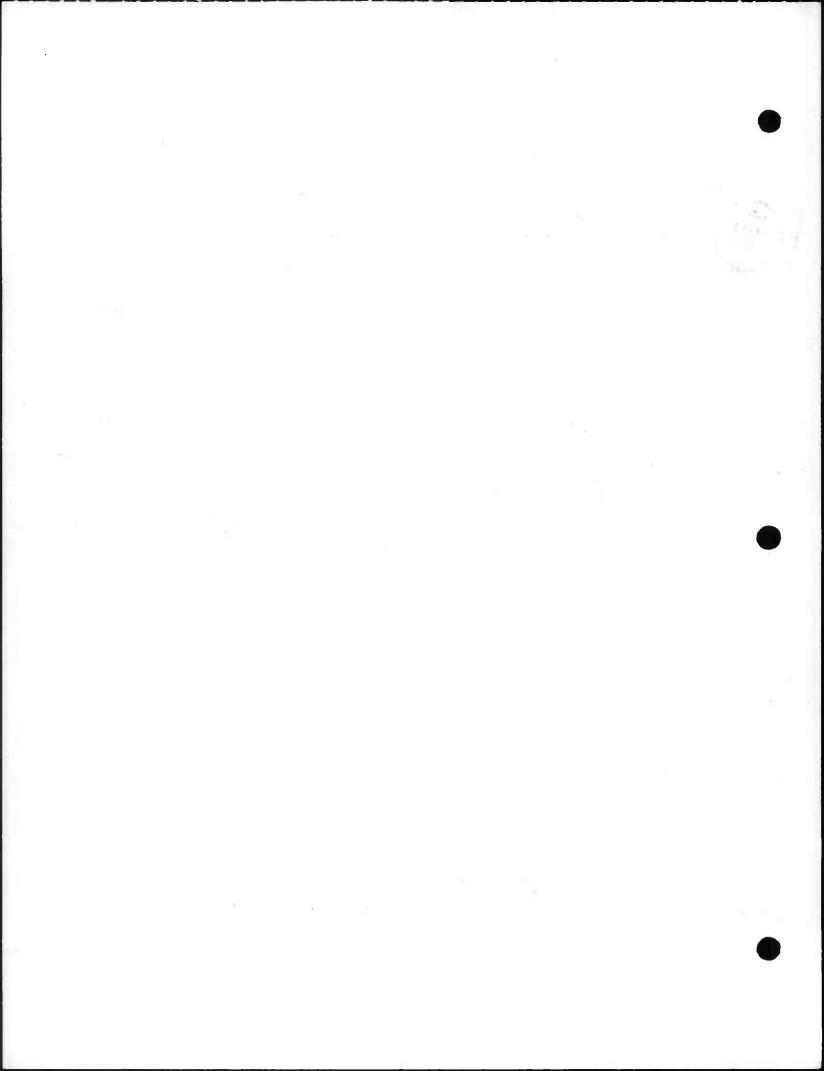
	1 - REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.	_			
(1. OECEDENT'S NAME (First, Middle, Last)						2. DA	TE OF DEATH		7	3. TIME OF DEAT	īN
	CHARLES	PAUL	51	-RL	NE			nuary 2	. 19	YEAR Q.5	12:40	D M
. 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)		IF UNDER 24 HRS.	7. DAT		1923	8. BIRTH	IPLACE (State or Fo	
	118-22-0827	1 √ M 2 □ F	71	YRS.	MONTHS DAYS	HOURS MIN.		cember		0.00.11	**	
	9a. FACILITY NAME (If not institution, give :			96. CITY, TOWN C	R LOCATION OF D		CCMDCI		NTY OF D			
риестоя	Suburban Hospit	a1			Bet	hesda		Montgomery				
필	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCAT	ION	10d.				10d. INSIDE CITY	,
	Maryland Mo	ntgomery			Gaithers	burg					LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER					ZIP CODE		10g. CITIZE			WHAT COUNTRY?	
E	411 Christopher	Avenue			- 1	20879			11	.S.A		
3	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARI	MED		ENDENT OF HISPA				14. RACI	E - American Indi	en,
	1 Never Married 2 Married	IF YES, GIVE W	X YEŞ 2 □N BR OR DATES	10		21 NO Specific		o Rican, atc.)		Speci	k, White, atc.	
ВУ	3 Widowed 4 Divorced	W	WII		1	A					hite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	(Gi	ve kind of	USUAL OCCUPATION	IN st of working	1	6b. KIND OF BUS	INESS/IN	DUSTRY		
W	Elementary/Secondary (0-12)	College (1-4 or 5+	Hin	Do NOT u	se retired.)		- 1					
MP		5+	Elec	ctri	cal Engi	neer		IBM				
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (Firs	t, Middle, Maiden	Surname)			
BE	Unknown					Unkn						
2	19a, INFORMANT'S NAME (Type/Print)		194	. MAILING	ADDRESS (Street a	nd Number or Rural	Route Nu	imber, City or Town	n, State, Zi	Code M	20895	
-	John Barron Fole	У	3	139 1	Universi	ty Boule	var	d, West	#10 -	SIL	r Sprin	g,
	20a, METNOD OF DISPOSITION 1 ☐ Burlal 2 ☐XCremation 3 ☐ Ram	oval from State	20b. PLACE A cometery, crer	NO DATE	OF DISPOSITION (Na	me of	0/	ATE 20c. LO	CATION —	City or To	wn, State	
	4 Donation a Other (Specify)		Metro	oli	tan Crema			/95A1ex	andr	ia,V:	irginia	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				is J. Co		ac Funo	wal 1	Uomo	Tne	
	· Christians	man	Phus			niversit					-	0.1
	23. PART I. Enter the diseases, or	complications that	caused the de-	eth. Do	not anter the mo	de of dving, suc	h aa ca	rdisc or respi	STT	reat.	Approxim	
	ahock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) a. Metastatic prostatic carcinoma 2945 DUE TO (OR AS A CONSEQUENCE OF):										Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL	PART II. Other algorificant condition	is contributing to	desth but not re	not resulting in the underlying cause given in l				n Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 1	CAUSE
ä	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEAT	TH YE	S I NO	UNCERTAIL	N					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA	26. PLAC	E OF DEA	TN (Check only one)							
S	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Nome	5 - Residence	8 🗆 01	her (Specify)				
동॥	27. MANNER OF DEATN	28a. DATE OF (Month, Da	INJURY	28b. TIM	E OF 28c. INJURY WO	JRY AT	28d. D	ESCRIBE HOW IN	NJURY OC	CURED		
B	Netural 5 Pending Investigation		11 A	1110		ES 2 NO						
	3 Suicide 8 Could not be	28a. PLACE Of	F INJURY — At hor	ne, farm,	street, factory, office		28f. LC	CATION (Street a	nd Numbe	r or Rural F	Route Number,	
ш	4 Homicide datermined		JIA				Cit	ty or Town, State)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of	my knowledge, des	th occum	ed at the time, date	and place, and due	to the c	ause(s) and man		and .		
<u> </u>		R: On the basis of ax) and manner ee si	lated
	296. SIGNATURE AND TITLE OF CERTIFIE							1000000				
8	10 Ah	1.				29c. LICENSE NUI	S9	>	29d. DAT	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALIS	E OF DEATH STEM	27) /kma	Print	1/2	11	,	- (12	1/3	
	KATHRYNS	KIRW	IN DE) i	9400 C	onu Av	ek	ensi	25	m	3895	_
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physicial DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 12+

DHMH-18 Rev 1/89

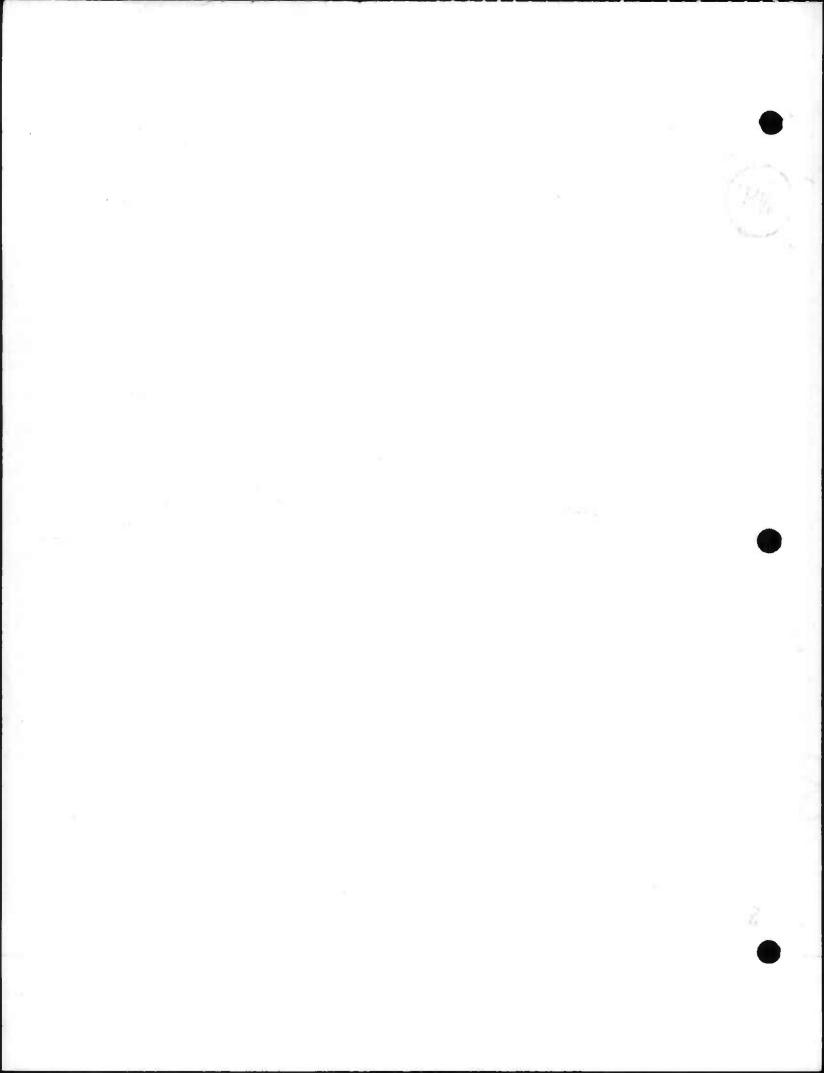


(W	1	1
/		P	j
Ex			permit
	020	physician.	y the funeral director, page 5 should be detached for use as the bunal-transit permit
	1215-0	or attending	use as the
	AND 2	he hospital o	setached for
	MARYL	retained by t	should be
	BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	rector, page !
	MITTIN	death. Pag	e funeral dir
	00	fe	the state

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosy	- TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	中	de		0	
	100	d b		6	
	ained	shoule		tiffec	
	e ret	5 5		10	
	d VE	Dage		þe	
	9 m	.tor.		nust	
	age	direc		Ti Te	
	th. P	heral		E	
	dea	e fur		exa	
	after	DV 45	mova	Ical	
	OULS	.u	Or re	med	ļ
١	1 67	fille	ion.	the	
	ithin	etely	еша	H.	
	w be	ошо	al, cr	eve	
	cecut	and c	buni	atic	
	8	ian a	of 70	mag.	
	ate	ysic	prid	r tr	
	rtific	ld bi	jiene	the	
	h ce	andir	Hyg	0.0	
	deat	atte	ental	3	
	the	y th	M P	Ē	
	that	ed b	th ar	any	
	nires	sign	Heal	83	
	red	been	10	sho	
	E Igw	has L	Dept	23	
	E T	cate !	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Hem	
	CIAN	ertifi	the S	10	
	HYSI	his c	with	ced,	
	1G P	ter th	ath v	mari	
	NON	R. Af	er de	56	
	ATTE	900	afte	200	
	OR	DIRE	POUR	tem	ĺ
	M	JAL	2	=	
	SPI	INEF	thin	Ä	
	EF	E FL	iw b	H	I
	D TH	O TH	e file	6 N	ĺ
	H	F	ŏ	=	

	1 - STATE OF MARY REGISTRAR	LAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEN						
	1. OECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH	AY YEAR	3. TIME OF OEATH				
	Patricia Jeanette Sullivan			January 1.	1995	10:30 AM				
	231-44-0910 1 D M 2 X F	55 YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 19.1	Count	**				
OR	98. FACILITY NAME (If not institution, give street and number) 9814 Culver Street RESIDENCE OF DECEDENT	Kensington	DEATH 9c. COUNTY OF DEATH Montgomery							
ECI	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE									
DIRECTOR	Maryland Montgomery		Kensington	Dn Limits?						
FUNERAL	9814 Culver Street		101. ZIP CODE 208	20895 U.S.A.						
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE 15 YES, GIVE WAR OF	S 2 NO	13. WAS OECENDENT OF HISPAI If yes, specify Cuban, Maxico 1 YES 2 X NO Specif	or No — 14. RACI Black Speci						
	15. DECEDENT'S EDUCATION	16a. OECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	I W.	пте				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		done during most of working tired.)							
OME	17. FATHER'S NAME (First, Middle, Last)	Homemak		Own H						
BE C	James Camper		Paul		Musick	l l				
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural							
Ĕ	John J. Sullivan	9814 Cu	lver Street K	ensington,	Maryland	20895				
	I □ Buriat 2 □ Cremation 3 □ Removal from State I a	Ob. PLACE AND DATE OF	DISPOSITION (Name of	OATE 20c. LO	CATION — City or To	wn, Stata				
	4 Donation 5 M Other (Specify) Entombment (21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Jate of Hea	ven Cemetery 0	<u>1/04/95 Si</u>	lver Spr	ing Maryland				
	Anne & Ocaly	,	Francis J. Co	llins Fune	ral Home	, Inc.				
	23. PART I. Enter the diseases, or complications that cause	ed the death. Do not	500 Universit	h as cardiac or respi	SIL.Spr retory arrest,	MD 20901 Approximate				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	4	inction			Interval Between Onset and Desth				
_	THE TO (OR AS A CONSEQUIENCE OF).									
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate b. Coronary artery disease years Due to (or as a consequence of)									
-ICA	CAUSE (Disease or injury that initiated events	~ 5 m				years				
E	that initiated events resulting in death) LAST	A CONSEGUENCE OF):				1				
	DADT II Other significant and live a contile in a state					-				
CAL	PART II. Other significant conditions contributing to death acute Grunch L'S	but not reaulting in t	he underlying cause given in	Part I, 24a, WAS AN PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC	chronic obstanctino	N. h. al. 6	m disease	1 YES 2	Kno	OF DEATH?				
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES	M NO □ UNCERTAIL			1 TES 2 NO				
SIA	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH	Check only one)							
YSI	1 YES 2 NO 1 Inpatient 2 ER/O	utpetient 3 DOA 4	THER: Nursing Home 5 Residence	8 Other (Specify)						
	27. MANNER OF OEATH 1 Netural 5 Pending (Month, Day, Year		F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	NJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28s. PLACE OF INJU building, atc. (S)	RY — At home, term, stree		28f. LOCATION (Street a City or Town, State)	and Number or Rural F	Route Number,				
PE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known	owledge, death occurred a	t the time, data and placa, and due	to the cause(a) and man	nor as stated.					
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examinat	ion and/or investigation, i	n my opinion, death occured at the	time, data and placa, and	d dua to the cause(a) and manner as stated.				
8	296. STANATURE AND TITLE OF COMMUNICA		29c. LICENSE NUI	ABER	29d. DATE SIGNED	(Month, Day, Year)				
2	30. NAME AND ADDRES NOT PERSON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Pri	(10)		1-1-	13				
	31. DATE FILED (Month, Day, Year) 132. REGISTRAR'S SK	15 W. CEN	SAR LN BE	71468 A	MI					
	JAN 6 1995	Pardally	¢							



9	£
ď	ž
3	.0
5	7
*	- II
7	>
=	a
2	- 8
₹	2
-	E
<u>E</u>	- 8
2	_
2	5
Š	-
Į,	5
	3
lig.	v
9	Ē
Ĕ.	C
=	5
D	E
_	5
=	- 3
THE TAM TEMPLIES DISK THE DESTRICTED DE EXECUTED WITHIN 24 MOUTS STEEL	singed by the attending physician and completely filled in by
Þ	4
	-
ĕ	ž
5	2
0	9
15	.5
5	U
5	9
z	ď
3	£
0	o
10	ä
Ξ.	0
Ξ.	7
2	۵,
ζ.	7
ذ	ä
2	6
	.2
NO PHISICIAN.	her this certificate has been
0	7
E	h

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENI REG. NO.

	1 - STATE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
- 5	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH								DEATH					
	JAMES E. STEVENSO			ON				JAN. OI		95	0539	Ам		
1			6. AGE (In	yrs, last birthday)	1 YEAR	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)		or Foreign	
-				36 YRS. MON						JUNE 11 1958		MARYLAND		
œ		9e. FACILITY NAME (if not institution, give street and number)					R LOCATIO		EATH			DUNTY OF DEATH		
OT:	ANNE ARUNDEL (TTAL	ANN	VAPO	DLIS				AN	NNE ARUNDEL				
DIRECTOR	10a. STATE 10b. COUNTY			18c. CITY, TOWN OR LOCATION					10d. INSIDE C					
	MARYLAND AN	EL	ANNAPOLIS							XX YES 2 NO				
3AL	10e. STREET AND NUMBER 10f. ZIP CODE							10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	1826 BOWMAN DRIVE			21401							SA			
F	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	YES	R IN U.S. ARMED 13. WAS DECENDENT OF HISPA 15. 2 NO 16. yes, specify Cuban, Mark			F HISPAN	NIC ORIGIN? (Specify Yes or No-			14. RACE — American Indian, Black, White, atc.			
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR			DATES 1 TYES 2XXNO Specify				e .			Specify:			
	15. DECEDENT'S EDUCATION			16a. DECEDENT'S	USUAL OC	CUPATIO	ON .	_	16b. KIND OF BUSINESS/INDUSTR				ACK	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)				ANNAPOLIS HOUSIN			LNC			
MP	12th			LANDSCA	PER				\perp	AUTHOR		10031	LING	
	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last)					18, MOTH	HER'S NA	ME (First	, Middle, Malden	Surname)			
BE	MORRIS STEVENSO 19s. INFORMANT'S NAME (Type/Print))N		T				EVELY						
2	MATTIE STEVENSON	I		1826 F	ADDRESS BOWMA	N DF	nd Number	ANN A	APOT	mber, City or Tow	n, State, 21	io Code) 401		
	20a. METHOD OF DISPOSITION		20b. P	LACE AND DATE					_			City or To	wn State	
	1 🔀 Suriel 2 🗆 Cremation 3 🗆 Ra 4 🗆 Donation 5 🗀 Other (Specify)	moval from State	cemete	ery, cremetory or o	ther niacel			3 1/6	1			IS, M		
	21. SIGNATURE OF FUNERAL SERVICE		APOLIS MEM. GARDENS 1/6/95 22. NAME AND ADDRESS OF FACILITY							10, 1	15.			
	Harry.	D. X	Harry J. Leese REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401											
					182	1 WF	TOT S	ST /	A NN A	POLTS	MD	21/10	37	- 1
- 1	23. PART I. Enter the diseeses, o	complicatione the	t caused t	the deeth. Do r	82 oot enter	1 WE	EST S	T. A	ANNA	POLIS, ordiac or reapi	MD.	2140)1 Approx	cimata
	23. PART I. Enter the diseeses, o ahock, or heart failure IMMEDIATE CAUSE (Finel	complications that List only one cau	t caused t	the deeth. Do r	82 not enter	1 WI	EST S	ST . A	ANNA	POLIS,	MD.	2140	Approx	cimate ii Between and Death
	anock, or heart failure	complications that List only one cau	t caused t	the deeth. Do r ch line.	ot enter	the mod	de of dyl	ng, sucl	h aa ce	rdiac or reapi	MD.	2140 reat,	Approx	i Between
	IMMEDIATE CAUSE (Fine) disease or condition	a. DUE TO	t caused t	the deeth. Do r	ot enter	the mod	de of dyl	ng, sucl	h aa ce	rdiac or reapi	MD.	2140 reat,	Approx	i Between
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. DUE TO	COR AS A C	the deeth. Do not him.	eot enter	the mod	de of dyl	ng, sucl	h aa ce	rdiac or reapi	MD.	2140 reat,	Approx	i Between
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	a. DUE TO	COR AS A C	the deeth. Do r ch line.	eot enter	the mod	de of dyl	ng, sucl	h aa ce	rdiac or reapi	MD.	2140	Approx	i Between
IFICATION	anock, or heart failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	t caused to use on each (OR AS A C	the deeth. Do not him.	F):	the mod	de of dyl	ng, sucl	h aa ce	rdiac or reapi	MD. restory ar	2140 reat,	Approx	i Between
ERITIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	t caused to use on each (OR AS A C	the deeth. Do not him.	F):	the mod	de of dyl	ng, sucl	h aa ce	rdiac or reapi	MD.	2140 rest,	Approx	i Between
L CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO	(OR AS A C	the deeth. Do not him. Consequence of the conseque	F):	De la companya de la	Ju	My Such	h as co	rdiac or reapi	ratory ar	reat,	Appro- interva Onset	il Between and Death
ICAL C	anock, or heart failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO b. DUE TO c. DUE TO	(OR AS A C	the deeth. Do not him. Consequence of the conseque	F):	De la companya de la	Ju	My Such	h as co	24a. WAS AN PERFOR	AUTOPSY MED?	reat,	Approx	If Between and Death
ICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO	(OR AS A C	the deeth. Do not him. Consequence of the conseque	F):	De la companya de la	Ju	My Such	h as co	24a. WAS AN	AUTOPSY MED?	reat,	Approinterva Onset	and Death Ty Findings OF CAUSE
MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST	a. DUE TO c. DUE TO d	(OR AS A C	the deeth. Do reth line. Poly consequence of consequence of consequence of the consequen	not enter	derlying	J couse g	My Such	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	reat,	Approinterval Onset	and Death Ty Findings OF CAUSE
MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST PART II. Other aignificant conditions.	a. DUE TO c. DUE TO d. TRIBUTE TO CA	t caused to use on each of the second each of the s	the deeth. Do reth line. Poly consequence of consequence of consequence of the consequen	in the unit	deriying	J couse g	liven in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	reat,	Approinterva Onset	and Death Ty Findings OF CAUSE
SICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of	a. DUE TO c. DUE TO d	(OR AS A C (OR AS A C (OR AS A C	consequence of consequence of the not resulting in the part of the	F): The unit of t	derlying	J ceuae g	plven in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	reat,	Approinterva Onset	and Death Ty Findings OF CAUSE
PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of	a. DUE TO b. DUE TO c. DUE TO d. TRIBUTE TO CA	(OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENCE OF THE PROPERTY OF	F): The unit of t	derlying	COURCE G	piven in ERTAIN	Part I.	24a. WAS AN PERFOR YES 2	AUTOPSY INED?	246	Approinterva Onset	and Death Ty Findings OF CAUSE
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST PART II. Other algnificant conditions and the cause of the condition of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that inflated events resulting in death) LAST PART II. Other algnificant condition of the cause of th	a. DUE TO b. DUE TO c. DUE TO d. TRIBUTE TO CA HOSPITAL: 1 Inpetiant	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF DEATH YES, PLACE OF DEATH INTO THE CONSEQUENCE OF DEATH SERVICE	in the unit	derlying	UNC	plven in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approinterval Onset Onse	and Death Ty Findings OF CAUSE
BY PHYSICIAN: MEDICAL C	anock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 \(\) NO 27. MANNER OF DEATH 1 \(\) Natural 5 \(\) Pending	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	DEATH YES. PLACE OF DEATH DEATH YES. PLACE OF DEATH AT home, farm,	in the unit	derlying	UNC	piven in ERTAIN	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approinterva Onset	and Death Ty Findings OF CAUSE
LETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	DEATH YED. PLACE OF DEATH DEATH YED. PLACE OF DEATH AT home, farm, a	in the unit	derlying	UNC	plven in ERTAIN	Part I.	24a. WAS AN PERFORMENT YES 2	AUTOPSY IMED? NO	24b.	Approinterval Onset Onse	and Death Ty Findings OF CAUSE
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the condition of the condition o	B. DUE TO B. DUE TO C. DUE TO C. DUE TO DOI: 10 Inpatient 1 Inpatient 286. PLACE Obuilding.	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	DEATH YEST DOA 285. THE STATE OF DEATH STATE OF DEA	in the unit	derlying	UNC	plyen in ERTAIN	Part I.	24a. WAS AN PERFORMATION (Specify)	AUTOPSY IMED? NO NO NO NO NO NO NO NO NO N	24b.	Approinterval Onset Were autrops Amailable Pricompletion of Death? Yes 2	AY FINDINGS OF CAUSE
COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST PART II. Other algnificant conditions. DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation and Suicide 4 Homicide 6 Could not be determined.	B. DUE TO b. DUE TO c. DUE TO d. TRIBUTE TO CA HOSPITAL: 1 Inpatient 21 284 PLACE O building.	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	DEATH YEST DOA 285. THE STATE OF DEATH STATE OF DEA	in the unit	derlying	UNC	ERTAIN NO and due	Part I.	24a. WAS AN PERFORMATION (Specify)	AUTOPSY MED? NO NJUNY OC	24b.	Approinterval Onset Onse	If Between and Death If FINDINGS OF CAUSE NO NO NO NO NO NO NO NO NO N
COMPLETED BY PHYSICIAN: MEDICAL C	Anock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 296. CERTIFIER 1 CERTIFYING PHY 2X MEDICAL EXAMIN	B. DUE TO b. DUE TO c. DUE TO d. TRIBUTE TO CA HOSPITAL: 1 Inpatient 21 284 PLACE O building.	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	DEATH YEST DOA 285. THE STATE OF DEATH STATE OF DEA	in the unit	derlying	UNC 5 Re- JETY AT RES and place, with occurrence 29c. LICE	ERTAIN NO and due	Part I.	24a. WAS AN PERFORMATION (Specify)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. 24b. Annual F	Approinterval Onset Were autrops Amailable Pricompletion of Death? Yes 2	AY FINDINGS FOR TO OF CAUSE NO NO NO NO NO NO NO NO NO NO NO NO NO
BY PHYSICIAN: MEDICAL C	AND TOBACCO USE CON Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the cause. Examines and the cause of the cause	B. DUE TO b. DUE TO c. DUE TO d. TRIBUTE TO CA HOSPITAL: 1 Inpatient 20 286. PLACE O building. SICIAN: To the best of siER: On the basis of a	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENCE OF CONSEQ	in the unit of the	deriying deriying noly one) it ing Home 28c. INJI wol 1 Y ory, office	UNC To S Rail TREY	ERTAIN Sidence NO and due ed at the consensus of the c	Part I.	24a. WAS AN PERFORMATION (Specify) ENCRIBE HOW III	AUTOPSY MED? NO NJUNY OC	24b. 24b. CCURED Or Rural F And And And And And And And And And And	Approinterval Onset Onse	Principles of the state of the
COMPLETED BY PHYSICIAN: MEDICAL C	AND TOBACCO USE CON Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the cause. Examines and the cause of the cause	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENCE OF CONSEQ	in the unit	deriying deriying noly one) it ing Home 28c. INJI wol 1 Y ory, office	UNC To S Rail TREY	ERTAIN Sidence NO and due ed at the consensus of the c	Part I.	24a. WAS AN PERFORMATION (Specify) ENCRIBE HOW III	AUTOPSY MED? NO NJUNY OC	24b. 24b. CCURED Or Rural F And And And And And And And And And And	Approinterval Onset Onse	Principles of the state of the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the foundation of the property of the state of the conflictate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishing be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. N	IO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY	SEAR S	. TIME OF DEATH			
	VANICE STEPHENS				1	5	95	5:30 Am			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In)		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year,		8. BIRTHPI Country)	LACE (State or Foreign			
		6 YRS.	THS DAYS	HOURS MIN.	05-01-1		Country	MD			
	9a. FACILITY NAME (If not institution, give street and number)	9b	CITY, TOWN C	R LOCATION OF DEA	тн	9c. COUNTY OF DEATH					
B	CITIZENS NURSING HOME	\ \	HAVE	EDA GA	ACS	HARFORD					
5	RESIDENCE OF DECEDENT				700	647	100	, 4			
оівестря	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT				1	0d. INSIDE CITY LIMITS?			
) <u> </u>	MD		Baltir	nore City			YES 2 NO				
/₹	10e. STREET AND NUMBER	10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?						
#	1310 Windemere Avenue		21218			USA					
FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married FORCES? 1 YES	S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (- American Indian, White, etc.				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DATE	is .		2 XNO Specify:	, Puarlo Hican, etc.)						
								White			
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of work life. Do NOT use re	AL OCCUPATION	N st of working	16b. KIND OF	BUSINESS/INI	DUSTRY				
<u>س</u>	Elamentary/Secondary (0-12) College (1-4 or 5+)		,				6				
₹	11	Cle	rical		Fe	deral	Gove	rnment			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		**************************************		ddie, Malden Surname)						
98	Martin Stephens			Gi	race Lill	Y					
2	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural Ro							
-	Mrs. Helen Hawkins	3501 M	cComm	ons Roac	l, Churc	hville	, MD	21028			
	20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremetion 3 Removal from State compte	LACE AND DATE OF D	ISPOSITION (Na	me of	OATE 20c.	LOCATION —	Cify or Town	n, Stata			
. 1	4 Donation 5 Other (Specify) Chi	urchville	Pres.	Ch. Cen	1/7 C	hurch	ville,	MD			
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	O ADDRESS OF FACI	LITY		-				
	Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197										
	23. PART i. Enter the diseases, or complications that caused the	ha death. Do not						Approximata			
	ahock, or heart failura. List only one cause on each	h iina.		11 1				Intarval Between Onset and Daath			
	disease or condition	GOMAN	86	MANH POR	R.						
l	DUE TO (OR AS A CO	ONSEQUENCE OF):		1 -11 -11	11						
z	(4/11)	MULLIC	1	venillari	۶.						
9	Sequantially list conditions, if any, leading to immediate	ONSEQUENCE OF):						1			
S	cause. Entar UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa DUE TO (OR AS A CO	ONSEQUENCE OF):									
E	reaulting in death) LAST										
	PART ii. Other algnificant conditions contributing to death but										
EDICAL	The street adjunction contributing to death but	cause given in P		ORMED?	_ A	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO					
ă		1 YES	2 NO		OF DEATH?						
Σ	DID TOPACCO LISE CONTRIBUTE TO CO	-			1 - YES 2 1 NO						
Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	l m	26. PL	ACE OF DEATH (Chec	k only one)						
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetie			e 5 □ Raeldenca 6	☐ Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT RK?	26d. DESCRIBE HO	W INJURY OC	CUREO				
B	2 Accident Investigation	1 Netural 5 Pending M 1 YES 2 NO									
	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, straet, factory, office building, etc. (Specify)										
	4 Homicide detarmined				,	,		2.0			
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated,										
S	one) 2 MEDICAL EXAMINER: On the basis of examination as							and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER		1	29c, LICENSE NUME			-				
H	to Lato Cilla	SIAAD) [/ L(I	11	Z9a. DAT	1/C	Aonth, Day Year)			
2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH	OTEM 27) (Turks Delic	()	y you			1/2/0	17			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)								20			
Ш	1 7 7 5 WHILLIAM MINES	1 1/1/1/1/	31. DATE FILED (Mante, Day, Year) 32. PEGISTRAN'S SIGNATURE								
	31. DATE FILED (Mgnib, Del. Year) 32. DEGISTRAT'S SIGNATI	UREA	95	7190	עוין	101	6				
	31. DATE FILED (MONTO, POX YOUR SIGNATURE SIGN		95	7190	עויין	4	6				

CAN DEPEND OF THE PERSON OF TH

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

٩	REGISTRAR		CE	RTIF	ICATE O	F DEA	TH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) HERMAN	Edward			LMAN			2. DATE	of DEATH		YEAR	3. TIME OF DEATH 9:40 am
ě.	4. SOCIAL SECURITY NUMBER 213-12-8543		6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR		MIN.	(Monti	of BIRTN h, Day, Year)	1919	Country	PLACE (State or Foreign
FUNERAL DIRECTOR	9a. FACILITY NAME (If not Institution, give Saint Joseph Hoapi				9b. CITY, TOW TOW	NOR LOCATI	ON OF DE	EATH			altim	EATH
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
E	Maryland	Harford		Joppa								LIMITS?
ار	10e. STREET AND NUMBER	narroru				101, ZIP COD				100 CITI	ZEN OF W	1 YES 2 NO
5	2522 Ma	ountain Ro	nad.				210	00			US	
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM		13. WAS (ECENDENT (17 (Specify Yes	or No-	14. RACE	- American Indian.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 15 IF YES, GIVE WA	YES 2 NO	0	If yes,	specify Cubi	an, Maxica	in, Puarto			Specif	, White, atc.
COMPLETED					USUAL OCCUP		ina	16b	. KIND OF BU	SINESS/IND	USTRY	
					se retired.)	most of works	'ny					
₩ I	10		L:	inem	an				7	relepl	none	Company
8	17. FATHER'S NAME (First, Middle, Last)					Middle, Maiden	Surname)					
8	Harry (nmn) S	killman						otti		Fras		
6	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-	Jean E. Skillman		25	523 1	Mountai	n Roa	d, J	oppa	, Mary	land	210	085
	20a. METHOD OF DISPOSITION 120 Burlel 2 Cremetion 3 Ren	noval from State	cemetery, cren	natory or o	of Disposition ther place)			DAT		CATION —		
	4 Donetion 5 Other (Specify)	CENSEE	Highvie	ew Me		Gard			/95 F	'allst	on,	Maryland
	#11	MM							III Fu	nera]	L Hon	ne, P.A.
	Alsten 1	If Auc	ers		1317	Cokes	bury	Road	d, Abi	ngđor	n, Mo	1. 21009
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that	caused the dea	th. Do	not enter the	mode of dy	ing, suc	h as care	diac or resp	iratory arr	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition								Onset and Death			
	resulting in death)	JTPUT EOUENCE OF):								DAYS		
NO	Sequentially list conditions, PERSISTENT PROSTHETIC MITRAL REGURGITATION DIE TO (OR AS A CONSEQUENCE OR):									WEEKS		
CERTIFICATION	If any, leading to Immediate cause. Enter UNDERLYING											
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):								HOURS		
F	resulting in death) LAST	d.										
	DART II ON											
DICAL	PART II. Other significant condition		death but not re	sulting	In the underly	ing cause	given in	Part I.	24s. WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	TRICUSPID REGUR	AUTATION						- 1	1 TYES	(NO	1	COMPLETION OF CAUSE OF DEATH?
WE												t 🗆 YES 🗡 NO
PHYSICIAN:												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF E						
14S	1 YES NO	28e. DATE OF I		DOA 28b. TIN	4 Nursing N		asidence	_				
	Natural 5 Pending	(Month, De			JURY	INJURY AT WORK? YES 2	OM [28d. DES	SCRIBE NOW	INJUHY OCC	COMED	
B	2 Accident Investigation 3 Suicide Could set be	28e. PLACE OF	INJURY — At hon	ne, ferm.				28f. LOC	ATION (Street	and Number	or Burni B	nute Aumber
COMPLETED	4 Nomicide 8 Could not be	building, a	itc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				or Town, State		Or Fide at Fi	THE PROPERTY OF THE PARTY OF TH
۳	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the beat of r	ny knowledne des	th occur	ad at the time	eta and alass	and due	10 100 000	(-)(-4	
P N												and manner as stated.
	29b. SKONATURE AND THE UNE CONTURY	1	(1)		10				001010000000000000000000000000000000000			
8	(IQUE TUE	Ahreold A	in lax	colcor	Surgon	ZIG. LIC	ENSE NUI	MSEM		29d. DAT	I SIGNED	(Month, Day, Year)
2	30. NAME/AND ADDRESS OF PERSON W	NO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type	Print)	U261	51			/		
	GARTH R. MCDONA	LD, M.D., S	UITE 304	1, 12		R PIER	RE D	RIVE,	TOWS	ON, M	D. 212	204
JAN 0 9 1995 Julia daudian land												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fourstand tage 6 may be retained by the hospital or attending physicial TO THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlating filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial the filled within 72 hours after death with the State Dear, of Health and Mental Honlehe prior to burial, cremation, or removal	e notified at once.
nours after death. Page 6 may	led in by the funeral director, p. or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ertificate be executed within 27	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 22 hours after death with the State Dedr of Health and Mental Hysiene prior to burial. Cempation, or removal	other traumatic event, the
law requires that the death c	as been signed by the attendi	23 shows any injury, or
ATTENDING PHYSICIAN: The	CTOR: After this certificate harder death with the State I	28 is marked, or item
TO THE HOSPITAL OR A	TO THE FUNERAL DIRECTOR TO THE POINTS TO THE PUNERAL DIRECTOR TO THE PUNERAL D	IMPORTANT: If Item

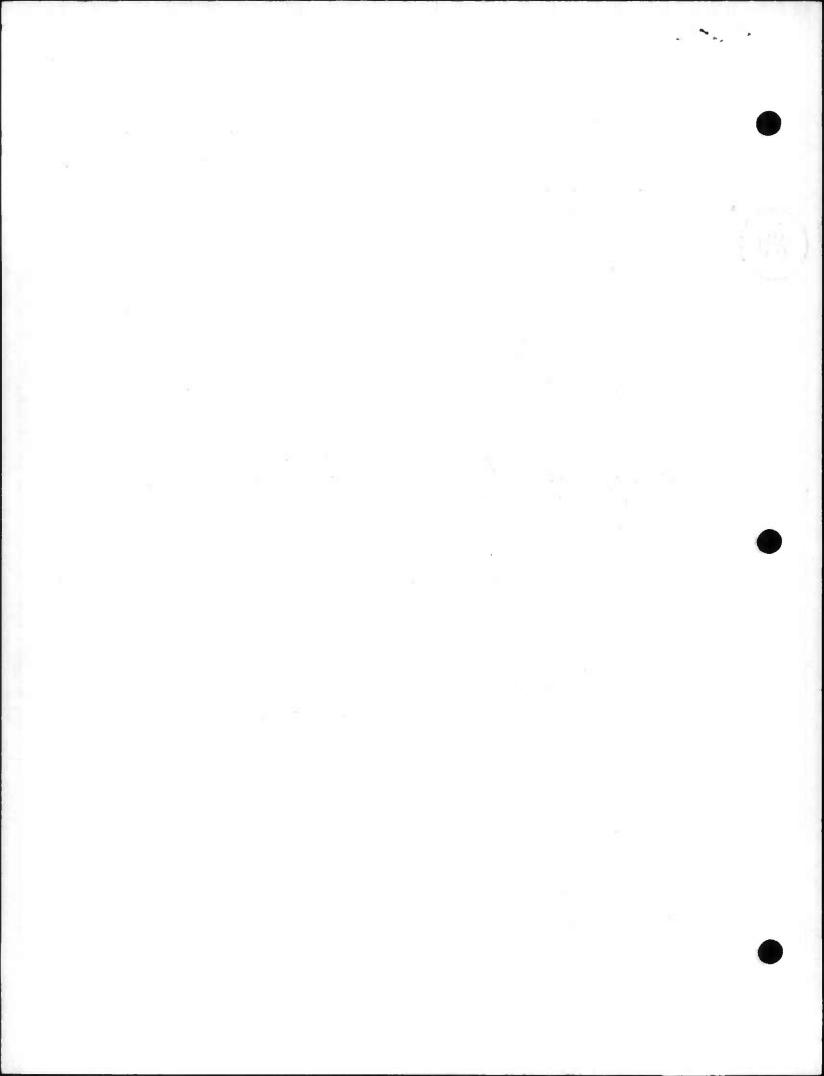
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR	CERTIFIC	ATE OF DE	ATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	SUTHANI			DATE OF DEATH	1 de	3. TIME OF DEATH			
			UNDER 1 YEAR IF UM	DER 24 HRS. 7. E	DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	577-28-3664 XXM2□F	77 YRS. MG	HTHS DAYS HOUR	Min. De	Month, Day, Year)	1, 191	7 Maryland			
TOR	So. FACILITY NAME (If not Institution, give street and number) Southern Maryland Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH Clinton Prince Get							
EC	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY			
LDIF	Maryland Charles		Waldorf			Decision of the second	1 VES 2 X NO			
FUNERAL DIRECTOR	4130 Gardiner Road			0601			d States			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1/2/2 FORCES? 1/2/2 WAR (WW - 2	YES 2 NO	2 NO If yes, specify Cuban, Maxican, Pue				RACE — American Indian, Black, White, atc. Specify: White			
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION	dina	16b. KIND OF BUS					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Ilfe. Do NOT use re	(Give kind of work done during most of working life. Do NOT use retired.)			Retail Sales				
N N	17. FATHER'S NAME (First, Middle, Last)	CO-0v		THER'S NAME (First, Middle, Meiden					
BE C	Claude L. Suthard	·			cilla Al	,	r			
6	190. INFORMANT'S NAME (Type/Print) Mary L. Suthard		DRESS (Street and Num							
	20s, METHOD OF DISPOSITION	20b. PLACE AND DATE OF C	ardiner Ro		DATE 20c 10c	CATION - City o	or Town State			
	1 (X Burtsl 2 Committion 3 Removed from State 4 Donation 5 (2 Other (Specify) 21. SIGNATURE ENTRUMERA (SERVICE UCENSEE)	Mary land Vet	erans' Ce	m. Jan	9, 1995	Chelte	enham, Md.			
	MgB Mark G. Brohawn	00053	THE HUNTT P.O.BOX 1	56, WAL	DORF, MA	RYLAND	20604			
	23. PART I. Ener the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate Interval Between Onest and Death Due to (or as a conscious) Due to (or as a conscious)									
N	Sequentially the conditions of a Arterso scientific Gardens scient Disease 18									
CATIC	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
- 11	PART II. Other algorificant conditions contributing to dea	th but not resulting in t	he underlying caus	e given in Part	1 24- WAS AN	AUTOREV	24b. WERE AUTOPSY FINDINGS			
DICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 X NO OF									
	DID TOBACCO USE CONTRIBUTE TO	O CAUSE OF F	VEATIL VEC 1	7 110 5	. '		1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	O CAUSE OF L		NO DEATH (Check or						
SICI	EKAMINER? 1 XYES 2 NO HOSPITAL: 1 Inputent 2 ER/		THER: Nursing Home 5		, ,					
Y PHYSICIAN: ME	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJU (Month, Day, Ye	JRY 28b. TIME O	F 28c, INJURY AT	28d	DESCRIBE HOW II	JURY OCCURE	0			
LED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF IN. building, etc.	JURY — At home, farm, stree (Specify)	et, factory, office	261.	LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,			
PLE	29a. CERTIFIER (Check only 1) CERTIFYINO PHYSICIAN: To the best of my to	knowledge, death occurred a	t the time, date and pla	ca, and due to th	e cause(a) and man	ner as stated.				
COMPLETE	one) 2 MEDICAL EXAMINER: On the beals of axamid						use(a) and manner as stated.			
H	296. SIGNATURE AND TITLE OF CERTIFIER	on mas	29c. L	192	3	29d. DATE SIG	NED (Month, Day, Year)			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, Pri	1		411		1 2			
	31. DATE FILED (Month, Day, Voar) 32. REGISTRAR'S	SIGNATURE	DNOY W	INC	11)	216	43			
	JAN 0 9 1995 Julia da	SIGNATURE WOLLOW RANGELL	,							



DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-9620
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be minered by the hospital or attended to the control of the cont	age 6 may be retained by the hospital or attendion phys
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 about be deflacted for use as the bords be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	director, page 5 should be detached for use as the buril
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.	er must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH		ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	THELMA SMI	TH SHEP	ERO			2. DATE OF DEATH			3. TIME OF DEATH
	THELMA	V.	SHEF	HER	D		January 8		YEAR	7:37A M
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (II	yrs. last birthday)	IF UNDER 1 Y		24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
)2 YRS.	MONTHS BY	YS HOURS	MIN.	Oct 20 19	02	Mar	yland
-1	9a. FACILITY NAME (If not institution, give stree				WN OR LOCATIO		тн	9c. COUNT		
0	Wilson Health Care	Center		Gaithersburg						ery
S S	10a. STATE 10b. COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY
E	MD Montgo	omerv		Gai	thersbu	ıra				LIMITS?
AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL DIRECTOR	301 Russell Avenue			20877					ed S	tates
P.		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specif NO il yes, specify Cuban, Maxican, Puerto Rican, etc					4. RACE	- American Indian, White, etc.
ВУ	1			1 VES 2 NO Specify:					Specify: White	
	15. DECEDENT'S EDUCAT	16a. DECEDENT'S	ECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINES						VIII 1 CC	
	(Specify only highest grade cor Elementary/Secondary (6-12)	(Give kind of v	Give kind of work done during most of working fe. Do NOT use retired.)					Jamess/Industry		
F		College (1-4 or 5+)	School	Teache	r		E	ducat	ion	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME	E (First, Middle, Maiden	Sumame)		
BE (Albert Smith			Virginia Hopkins						
10	19a. INFORMANT'S NAME (Type/Print)						ute Number, City or Town			
-	Edward Collinson		18 Co	llinso	n Road	Edg	ewater, M			
	20a. METHOD OF DISPOSITION Burlel 2 Cremellon 3 Remove	I from State 20b.	PLACE AND DATE (of DISPOSITIO	N (Name of		DATE 20c. LO	CATION — CI		
	4 Donation 5 Other Special Mt. Calvary Cemetery 1/12/95 Lothian, Maryland									aryland
	as we will all the same of the							ר רנ	ineral Home	
_	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								oris, ND	
	shock, or heart failure. Lis	iplications that caused tonly one cause on ea	tha death. Do n ch lina.	ot entar tha	mode of dyin	ng, auch	aa cardiac or reepi	ratory arre	at,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									yes
_	DUE TO (OR AS A CONSEQUENCE OF)!									10
Õ	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):						
ER	reaulting in death) LAST									
AL C	PART II. Other aignificant conditions of	ontributing to death bu	t not resulting i	n tha under	lying cause gi	iven in Pa	art I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
2							PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä							_ 13.117	y		OF DEATH?
ž	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YE	S NC	☐ UNC	ERTAIN	Z			V
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	6. PLACE OF DEAT	H (Check only	one)	1				
YSI	1 VES NO 1	☐ Inpatient 2 ☐ ER/Oulpe	tlant 3 🗆 DOA		Home 5 Res	idenca 8	Other (Specify)			
	27. MANNER OF BEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIM	URY	INJURY AT WORK?		8d. DEŞCRIBE HOW I	NJURY OCCU	IRED	
BY	2 Accident Investigation	28a. PLACE OF INJURY -	At home form		YES 2					
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, alc. (Specif	y)	treet, factory,	OTTICA	2	181. LOCATION (Street a City or Town, State)	nd Number o	r Rural Ro	oute Number,
9	29a, CERTIFIER									
COMPL	(Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowle								nvanassas
	29b. SIGNATURE AND TITLE OF CERTIFIER	/	and/or investigatio	ii, iii niy opiiii		_				
BE	250. SIGNAL UNE AND TITLE OF CEHUNTER	h 19	1		29c. LICEN	SE NUMB	ER .	29d. DATE	SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO G	DMPLETED CAUSE OF DEAT	TH (tTEM 27) (Type.	Print)	00-11-5	0	1 8	- '/	1/	7 2
	9410 ald	Bery	la R	of Dr	Schult	man	mel	208	77 5	-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S OGNA				-				
	JAN 11 1995	miles difficulties	Rischall							

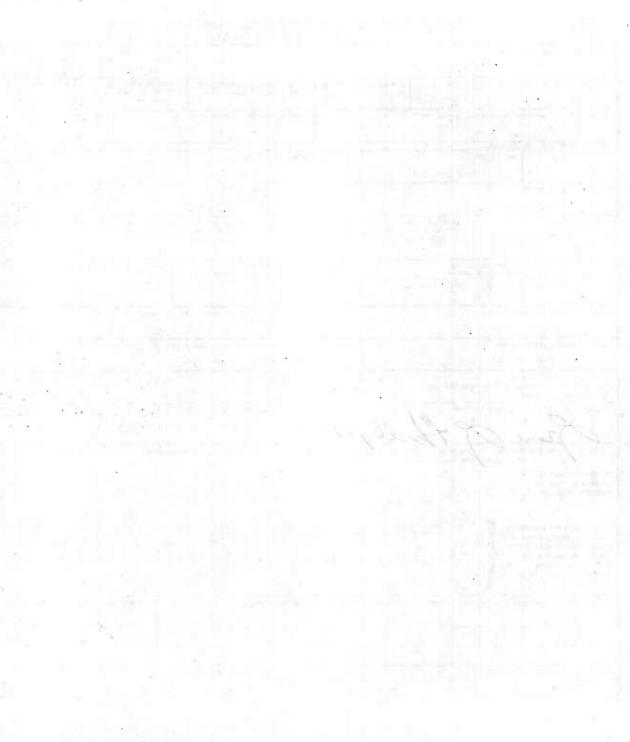
W. Land

		1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND C	DEPAR	TMENT I	OF I	ALTH DEAT	AND M	ENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Las Adam Cla		Sisle	er					2. DATE OF DEATH Jan. 7,	°995	YEAR	3. TIME OF DEATH 4:30am
D		4. SOCIAL SECURITY NUMBER 235-36-7235	5. SEX 1 🔀 M 2 🗆 F	6. AGE (In yrs. la. 76	st birthday) YRS.	MONTHS E		#F UNDER :		7. DATE OF BIRTH June 24,19	918	8. BIRTH	HPLACE (State or Foreign ry)
Z, 3 should	OR	9a. FACILITY NAME (If not institution, give Cuppett & Weeks		ome		9ь. сіту, т 0ak1		LOCATIO	N DF DEA	тн		nty of c	
1	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY WV Pre	ston			r, town dr gwood	LOCATIO	ON					10d. INSIDE CITY LIMITS?
1)		10e. STREET AND NUMBER			1 11211	5,,,,,		ZIP CDDE			10g. CIT		1 YES 2 NO
as the burial-	BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X		If y	S DECEI	NDENT OF	, Maxican,	C ORIGIN? (Specify Year Puerto Ricen, etc.)		14. RACI Blac Spec	
for use as	LETED	15. DECEOENT'S Et (Specify only highest gra		iife	ECEDENT'S hive kind of v Do NOT us	USUAL OCCI work done dur se retired.)	JPATION ing most	l of working	7	16b. KINO OF BU		l Whi	LLE
be detached		4th 17. FATHER'S NAME (First, Middle, Last) Charles B. Sisle	r	1 00	al Mi	ner				Mining E (First, Middle, Malden V. Harrise	Sumame)	isler	:
e 5 should be notified at	TO BI	19a. INFORMANT'S NAME (Type/Print) Sylvia Zinn		ADDRESS (S				ute Number, City or Tow	n, State, Zi	ip Code)			
irector, page		20a. METHOD OF DISPOSITION 11 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE cemetery, cre Bethle	emetory or of	Cemet	ery			1/95 Kin		- City or To	own, Stata VV 26537
he funeral dir al.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Outhor H-Wright 22. NAME AND ADDRESS OF FACILITY Browning Funeral Home 201 E. Main St. Kingwood, WV 26537											
and completely filled in by the funeral director, page 5 should be detached for use burlal, cremation, or removal. natic event, the medical examiner must be notified at once.		23. PART I. Enter the diseasee, o ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	repeate	a on each line	ratio	n pne			ig, auch	ee cerdiac or reepi	ratory ar	rest,	Approximate Interval Between Onset and Death 2 years
ending physician I Hygiene prior to or other traun	ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. late si		ect o	f lon	g te	erm a	alcol	nolism			years
certificate has been signed by the attr 1 the State Dept. of Health and Menta 1, or Item 23 shows any Injury,	N: MEDICAL C	PART II. Other significant condition dementia, bro		feath but not	resulting i	n tha unde	rlying	cause gl	ven in P	24e. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
vith the State De ced, or item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER DF DEATH	HOSPITAL: 1 Inpetient 2 28a. DATE DF II (Month, Day	NJURY	28b. TIM	_		5 Res	idence 6	Control Other (Specify) Carried OESCRIBE HOW I	NJURY OC	CCURED	
DIRECTOR: After this compound after death with them 28 is marked,	тер ву	Natural 5 Pending 2 Accident Inveetigation 3 Suicide 8 Could not b 4 Homicide determined	28a. PLACE DF	INJURY — At he	ome, ferm, s			S 2 []		28I. LOCATION (Street a City or Town, State)	and Numbe	or Rural I	Route Number,
JNERAL DIREC Ithin 72 hours ANT: If Item	COMPLET		SICIAN: To the best of n										a) and menner as stated.
TO THE FUNERAL (be filed within 72 h IMPORTANT: If II	TO BE (29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE SIGNATURE AND ADDRESS OF PERSON V	X a	Ku	ui	1 0	10	D2	6650	ER		TE SIGNED	(Month, Day, Year)
		Margaret A. Kais	er, M.D.	P.O.Bo	x 486		and	, Md	215	50			
;		MAN 13 1995	Jahr Dhurch	S SIGNATURE	ц.								

BALTIMORE, MARYLAND 2121

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

o. STREET AND NUMBER 1901 Dulaney Pla MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 15. DECEDENT'S ED	S. SEX 1 S. M 2 F street and number) CC TY A C CC 12. WAS DECEDENT FORCES? 1	6. AGE (In yrs. lest	YRS. MON	CITY, TOWN	OR LOCATION		January 7. DATE OF BIRTH (Month, Day, Year) June 8 1	935 9c. cou	995 B. BIRTHPL	
SOCIAL SECURITY NUMBER 224-46-3233 FACILITY NAME (If not institution, give) 901 Dulaney Place ESIDENCE OF DECEDENT 0. STATE 10b. COUN And STREET AND NUMBER 1901 Dulaney Place MARITAL STATUS Never Married 2\(\) Married Wildowed 4 Divorced 15. DECEDENT'S ED (Specify only highest gree (Specify only highest gree (Specify only highest gree	s. SEX t	6. AGE (In yrs. lest	YRS. MON	CITY, TOWN	OR LOCATION	MIN.	7. DATE OF BIRTH (Month, Day, Year) June 8 1	935 9c. cou	8. BIRTHPL Country) VIC	ACE (State or Foreign
224-46-3233 FACILITY NAME (If not institution, give processes of pecedient of pece	t was decedent forces?	59	YRS. MON	CITY, TOWN	OR LOCATION	MIN.	June 8 1	9c. COU	VITE	ginia
. FACILITY NAME (If not institution, give 1901 Dulaney Plates) ESIDENCE OF DECEDENT S. STATE 10b. COUN And And And And And And And And And And	street and number) Ce TY IE Arundel 12. WAS DECEDENT FORCES? 1 [Ar	napol			9c. COU	INTY OF DEA	ТН
esidence of Decement state 10b. coun And street and number 1901 Dulaney Planering Marital Status Never Married 2 Married Widowed 4 Divorced 15. DECEMENT'S ED (Specify only highest gree (Specify only highest gree	Arundel CCE 12. WAS DECEDENT FORCES? 1	SUSS HALLS ASS		Ar	napol					
esidence of Decement state 10b. coun And street and number 1901 Dulaney Planering Marital Status Never Married 2 Married Widowed 4 Divorced 15. DECEMENT'S ED (Specify only highest gree (Specify only highest gree	Arundel CCE 12. WAS DECEDENT FORCES? 1	SVED WILLS ADD	toc. CITY, TO			13		,-,	HIIC A	under
MD Ann a. STREET AND NUMBER 1901 Dulaney Pla MARITAL STATUS Never Married 2\(\) Married Wildowed 4 Divorced 15. DECEDENT'S ED (Specify only highest gree	ace 12. WAS DECEDENT FORCES? 1	SVED IA U.S. ADD	toe. CITY, TO	WN OR LOC	ATION					
o. STREET AND NUMBER 1901 Dulaney Planer Pl	12, WAS DECEDENT FORCES? t [EVED IN U.S. ADI			toc. CITY, TOWN OR LOCATION Annapolis					Dd. INSIDE CITY
1901 Dulaney Pla MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced 15. DECEDENT'S ED (Specify only highest gree	12. WAS DECEDENT	EVER NI U.S. ADI		101. ZIP CODE				T 40 - 0/2		YES 2 ND
MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grace)	12. WAS DECEDENT	EVER IN HE ARE				1401			ted St	
☐ Widowed 4 ☐ Divorced 15. DECEDENT'S ED (Specify only highest grade)	FORCES? t	tt. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? t XYES 2 NO.			B-4		IC ORIGIN? (Specify Y		14. RACE -	- American Indian.
(Specify only highest grad	d 4 Divorced IF YES, GIVE WAR OR DATES			NO If yes, specify Cuben, Maxican, Puerto Rican, atc.) t YES 2 ND Specify:			Block, White, etc. Specify: White			
Elementary/Secondary (0-12)	CEDENT'S EDUCATION If highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						18b. KIND OF BUSINESS/INDUSTRY			
	College (1-4 or 5+)	life.	Do NOT use reti	sician Medica				odiool		
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAME (First, Middle, Melden Surneme)						
Lee Edward Sut	ton				ra. mol		ne (First, Middle, Maide 1 McClella			
. INFORMANT'S NAME (Type/Print)	. MAILIND ADD	RESS (Street	and Numbe				p Code)			
and the state of t										
	noval from State	20b. PLACE A	ND DATE OF DIS	SPOSITION (/	Vama of	. /- :	DATE 20c. L			
	ICENSEE	St. A	unnes C	emet	ery	1/5/9	95 At	nnapo	lis, Ma	aryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHN M. Taylor Funeral Horn										
V Will I May										
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a conseduence of):										
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE DF):										
cause, Enter UNDERLYING CAUSE, Chiesase or injury										
that initieted events resulting in death) LAST d.										
PERFORMED? AMAILABLE PRIOF								TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE		
							1 □ YES	2 NO	0	F DEATH?
EXAMINER?	HOSPITAL:		ОТ		PLACE OF I	DEATH (Che	ck only one)			
3			DOA 4	Nursing Ho	-	esidence	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1 Natural 5 Pending	(Month, De	y, Year)	INJURY	W	YORK?	7 415	26d. DESCRIBE HOW	INJURY OC	CURED	
2 Culaida	28s. PLACE OF	INJURY — At hor	me, farm, street			ND	28f. LOCATION /Stree	t and Numba	or or Rumi Bou	to Number
4 Homicide determined	building, a	tc. (Specify)		,,					- Or 1 (0) (0) 1100	no monitori,
		anniation arezor (i	nvestigation, in	my opinion,				_		
Stuart E. Si	Elouille	w			29c. LIC	98	38	29d. DAT	1 3 9	Sonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) STOCK LITE FOR CONTRACT (ALCO OF DEATH (ITEM 27) (Typo, Print)										
31. DATE FILED (Month) Diff. Very								(. A)	anquel	is Und.
DATE FILED (Nontr) Day, Yang 1995		Signature	10	900	0 (Best	gate Ro	l. Al	nnquel	is Mid.
The state of the s	MARRY JORGAN SUT. METNOD OF DISPOSITION Burial 2 Cremetion 3 Rer Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE L PART LEnter the diseases, or shock, or heart failure MEDIATE CAUSE (Finel sease or condition suiting in death) Adjusted to the sease or condition suiting in death) AND COMMENT OF THE STATE O	METNOD OF DISPOSITION Buriel 2 Cremetion 3 Removal from State Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE PART Letter the diseases, or pumplications that abook, or heart failure List only one cause or condition suiting in death) MEDIATE CAUSE (Finel sease or condition suiting in death) DUE TO (Conditions, any, leading to immediate use, Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST MART II. Other significent conditions contributing to conditions and the conditions contributing to conditions of the conditions contributing to conditions conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions conditions contributing to conditions condition	METNOD OF DISPOSITION Burial 2 Cremetion 3 Removal from State Donation 6 Other (Specify) Signature of Funeral, Service Licensee PART Enter the diseases, or complications that caused the death and the property of the part	METNOD OF DISPOSITION Burlal 2 Cremetion 3 Removel from State Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE PART Enter the diseases, or pumplicetions that caused the death. Do not enable sease or condition suiting in death) DUE TO (OR AS A CONSEDUENCE OF): ACQUENTIAL! DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): ACTION OF THE SIGNATURE O	METHOD OF DISPOSITION Burial 2 Cremation 3 Removal from State Denation 6 Other (Specify) PART Enter the disease, or perplications that caused the death, Do not enter the management of the place of the specific process of the process of the perplication of the place of the place of the perplication of the place of the perplication of the perp	METNOD OF DISPOSITION Burlal 2 Cremetton 3 Removal from State Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 147 Duke PART / Enter the diseases, or complications that caused his death. Do not enter the mode of dy shock, or heart failure List only one ceuse on each line. MEDIATE CAUSE (Finel sease or conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at inhititing deventa suiting in death) LAST DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE	METNOD OF DISPOSITION Burla! 2 Cremetion 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION Name of congeger, cremetory or cother place! 22. NAME AND ADDRESS OF FAX 147 Duke of (2. NAME AND ADDRESS OF FAX 147 Duke of	METNOD OF DISPOSITION 1901 Dulancy Place Annapolis, METNOD OF DISPOSITION 1	MEDIATE CAUSE (Finel season conditions and its little death) Last Due to (or as a consequence of): Due to	MET II. Other significent conditions autifing in death) LAST MAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, dasih occurred at the time, date and place, and due to the cause(g) and memory and my period. MANNER OF DEATH 28a. PLACE OF INJURY 28b. TRUER; and place 28b. LCCATION (Sinest and Number or Rural Roccing) 28a. PLACE OF INJURY 28b. TRUER; and place 28b. LCCATION (Sinest and Number or Rural Roccing) 28b. LCCATION (Sinest and Number or Rural Roccing) 28b. PLACE OF INJURY 28b. Truer, date and place, and due to the cause(g) and manner as stated. CERTIFING PNYSICIAN: To the best of my knowledge, dasih occurred at the time, date and place, and due to the cause(g) and manner as stated. MEDICAL EXAMINER: On the basis of assimination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(g) and manner as stated.



\	
	ı
ø	
NE.	
emo	-
70	
ď,	
crematio	
E .	
ğ	
5	
prio	
ene	
II Hygi	
enta	
ž	
	Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21216

DIVISION OF VITAL RECORDS, P.O. BOX 68760

rmit. Pages 1, 2, 3 should

hours after death, Page 6 may be retained by the hospital or models under once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 hours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at examiner.

						95	01106		
						55	01100		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last) Jessie B. St	tewart			2. DATE OF OEATH MONTH January	1 199	SAR 2:10 p		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		BIRTNPLACE (State or Foreign					
	263-09-0177	1 - M 2X F 89 YRS. MONTHS DAYS HOURS MIN. Jan 6, 19905 Country) Missis							
R	90. FACILITY NAME (If not institution, give st	,		,					
CT	Southern Maryla RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		4	Clinton		grince	Georges		
DIRECTOR	Maryland Princ		Clinto		10N 10				
FUNERAL	100. STREET AND NUMBER 7520 Surrats Roa	ad		10f. ZIP CODE 2073	101. ZIP CODE 10g. CITIZEN United				
FC	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2	ARMED 13 XNO	. WAS OECENDENT OF NISP/	s or No 14	- 14. RACE American Indian, Black, White, etc.			
ВУ	3X Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		It yes, specify Cuben, Mexic 1 YES 2/2 NO Spec		Specify: White			
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	DECEOENT'S USUAL (Give kind of work done life. Do NOT use retired.	during most of working	16b. KINO OF BU	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondery (0-12)	Depar	tment	Store					
	17. FATHER'S NAME (First, Middle, Last) Joseph Samuel McGraw 18. MOTNER'S NAME (First, Middle, Meiden Surname) Nancy Jane Smith								
TO BE	9e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)								
	Joseph F. McGraw,								
	20e. METHOD Q5 DISPOSITION 1 🕮 Burlel 2 🐼 Crematton 3 🗆 Remo 4 🗆 Donetion 5 🗀 Other (Specify)	oval from State 20b. PLAC	EAND DATE OF DISPO Crematory or other place L'EMATOLY	Jan 2,1995	DATE 20c. LC		y or Town, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC		22	. NAME AND ADDRESS OF F	ACILITY Lee Fu		Home, Inc 6633		
Щ	Lours US	A A			_	20	nton,Maryland 735		
	23. PAYIT I. Enter the diseases, or c shock, or heart failure. I	complication that caused the List only one cause on each li	death. Do not ente ne.	r the mode of dying, su	ch as cardisc or resp	Iratory srres	t, Approximate Interval Between		
	iMMEDIATE CAUSE (Final disease or condition	AZ	ote U	1. A. Bum	Mana		Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)								
NO	Sequentially list conditions,								
CAT	oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
RTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):						
E	d								
CAL	PART II. Other significent conditions	s contributing to death but no	offyh	nderlying cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
MEDICAL		1 13117	CII Ju		1 _ YES	NO	COMPLETION OF CAUSE OF DEATH?		
Z.	DID TOBACCO USE C	CONTRIBUTE TO CAL	JSE OF DEA	TH YES NO	D K				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE						
PHYS	1 VES 2 NO 27. MANNER OF DEATN	Polinpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY	28b. TIME OF	rsing Home 5 - Residence	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUP	RED		
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year)	INJURY M	WORK?			47		
밀	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atreet, tac	ctory, office	281. LOCATION (Street City or Town, State,		Rural Route Number,		
ш		CIAN: To the best of my knowledge,							
COMPL	2 MEDICAL EXAMINES	R: On the beele of examination end/o	or Investigation, in my	opinion, death occured at th					
BE	29d. DATE S	IGNED/(Month, Day, Year)							

MAND TITLE OF CERTIFIER

29d. DATE SIGNED/(Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Spor N

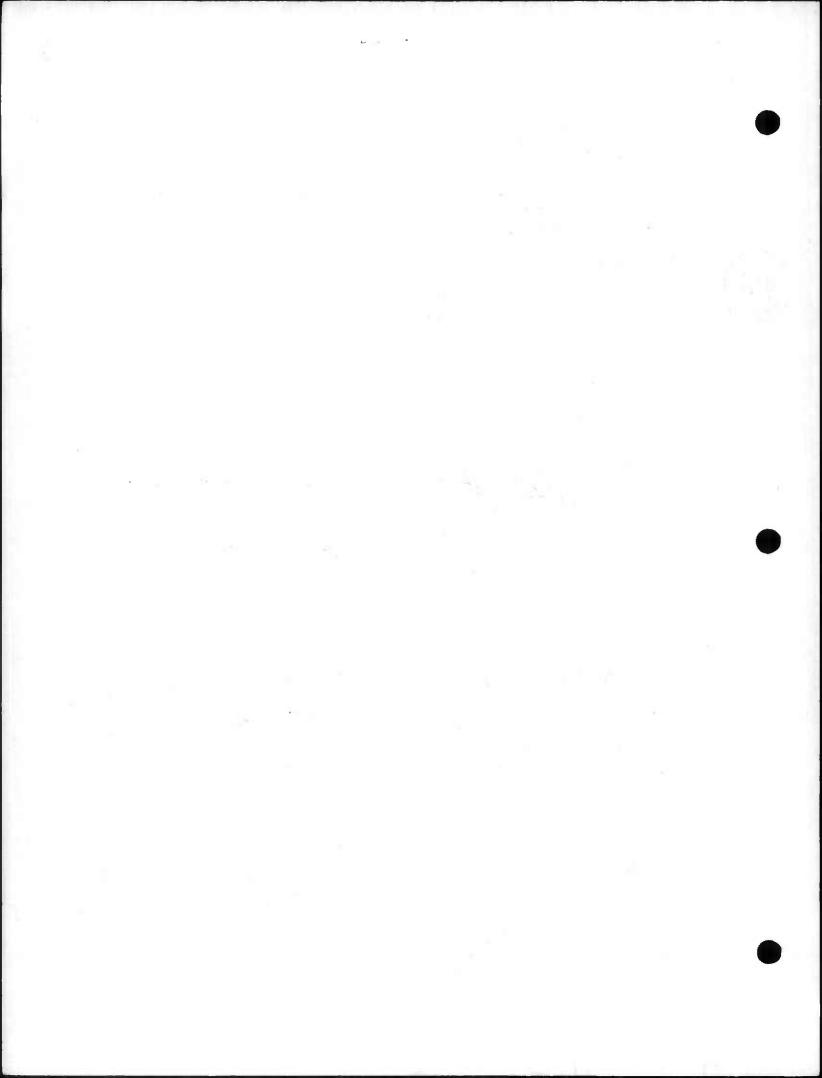
31. DATE FILED (MONTH, Day, Year)

JAN 0 3 1995

2

32, REGISTRAR'S SIGNATURE Filia Studior Revolate

DHMH-16 Rev 1/89



1	-	STATE REGISTRA
Г.	-	ECEDENTIA N

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Maurice E. Shaw, Jr. A. SOCIAL SECURITY NUMBER 2. DATE OF DEATH JAY J995 S. SEX 4. SOCIAL SECURITY NUMBER 2. DATE OF DEATH JAY J995 9:43 4. SOCIAL SECURITY NUMBER 204-03-5736 1	гн А в
Maurice E. Shaw, Jr. 4. SOCIAL SECURITY NUMBER 204-03-5736 11 M 2 F 72 YRS. 5. SEX 4. SOCIAL SECURITY NUMBER 204-03-5736 12 M 2 F 72 YRS. 5. SEX 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 4. HOURS MIN. 4. SOCIAL SECURITY NUMBER 204-03-5736 12 M 2 F 72 YRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 4. SUPPLY SERVICE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NAME (If not institution, give street and number) 4. SEX SEX 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NAME (If not institution, give street and number) 4. SEX SEX 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NAME (If not institution, give street and number) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I County) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8. BIRTHPLACE (State or I COUNTY) 4. SEX SEX 8.	A
4. SOCIAL SECURITY NUMBER 204-03-5736 1	
204-03-5736 1	mian
98. FACILITY NAME (If not institution, give street and number) 1112 Maple Avenue Rockville Rockville Montgomery 102. STATE 104. COUNTY 105. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE Montgomery 104. INSIDE CITY INTERIOR TOWN OR LOCATION ROCKVILLE 105. CITY TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 107. STREET AND NUMBER 107. STREET AND NUMBER 108. CITIZEN OF WHAT COUNTRY?	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Rockville 10d. INSIDE CIT LIMITS? 1 📉 YES 2 🗆 10a. STREET AND NUMBER 10d. CITIZEN OF WHAT COUNTRY?	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Rockville 10d. INSIDE CIT LIMITS? 1 🖔 YES 2 10d. STREET AND NUMBER 10d. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?	
Maryland Montgomery Rockville 106. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?	
106. STREET AND NUMBER 106. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?	
101, ZIP CODE 109, CITIZEN OF WHAT COUNTRY?	NO
1112 Maple Avenue 20851 United States	
1 Never Married 2 Married FORCES? 1 N YES 2 NO If yes, specify Cuban, Marketon, Puerlo Ricen, etc.) His Pack, Special Puerlo Ricen, etc.) His Pack, Special Puerlo Ricen, etc.)	m,
3 □ Wildowed 4 □ Divorced World War II Specify: Specify: White	
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)	
- 2 Electrical Engineer G.S.A.	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
Maurice E. Shaw, Sr. Nettie Mellott	
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)	
Ruth O. Shaw 1112 Maple Avenue, Rockville, Maryland 20851	
20s. METHOD OF DISPOSITION 14 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complexy, cremetory or other place) 20c. LOCATION — City or Town, State	
4 Donation 5 Other (Specify) Norbeck Memorial Park 1/5/95 Olney, Maryland	
11. SENATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Fun	era:
Home/Rockville, Inc., 300 W. Montgomery Rockville, Maryland 20850-2805	Ave
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory expert.	ata .
shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset an	etween
disease or condition	Death
resulting in death) a. Metastatic Prostate Cancer DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	
CAUSE (Disease or Injury	
that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
resulting in deeth) LAST	NDINGS
resulting in deeth) LAST	TO
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given (n Part i. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRICE	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given (n Part I. PERFORMED? 1 YES 2 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given (n Part i. Performed? 1 YES 2 X NO 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 1 YES 2 X NO	10
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given (n Part i. PERFORMED? DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 249. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 1 YES 2 X NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given (n Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given (n Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PERFORMED? 1 YES 2 NO CORPETAIN 1 YES 2 NO Y	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given (n Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 24b. WERE AUTOPSY PERFORMED? 1 YES 2 NO 25b. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27b. MAILABLE PRIOR COMPLETION OF DEATH 26. PLACE OF DEATH (Check only one) 27b. MANNER OF DEATH 28c. INJURY AT WORK? 1 No WE UNCERTAIN 22bd. DESCRIBE HOW INJURY OCCURED 27c. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given (n Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY At home, farm, street, factory, office 28t. LOCATION (Street and Number or Bural Route Number)	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given (n Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 res 2 X NO 1 VES 2 X NO OTHER: 4 Novaling Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH Natural 5 Pending Investigation 28. LATE OF INJURY (Month, Day, Near) 29b. TIME OF INJURY WORK? 1 YES 2 NO 20b. TIME OF INJURY WORK? 1 YES 2 NO 21 No WE UNCERTAIN 24a. WAS AN AUTOPSY PARTICLE OF DEATH (Check only one) 24b. WERE AUTOPSY PARTICLE OF DEATH (Check only one) 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 24b. WERE AUTOPSY PARTICLE OF DEATH (Check only one) 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 24b. WERE AUTOPSY PARTICLE OF COMPLETION OF OF DEATH (Check only one) 24c. WAS AN AUTOPSY PERFORMED? 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 24c. WAS AN AUTOPSY PERFORMED? 24c. WAS AN AUTOPSY PERFORMED? 24c. WAS AN AUTOPSY PERFORMED? 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 24c. WAS AN AUTOPSY PERFORMED? 24c. WAS A	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given (n Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 2 NO 2 UNCERTAIN 1 YES 2 NO 2 UNCERTAIN 1 YES 2 NO 2 NO EATH? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 2 NO 2 UNCERTAIN 2 NO 2 UNCERTAIN 2 NO 2 UNCERTAIN 3 DOA 4 NOVEMBER AUTOPSY PERFORMED? 1 YES 2 NO 2 NO 2 NO EATH? 1 YES 2 NO 2 NO 2 UNCERTAIN 2 NO EATH? 1 YES 2 NO 2 NO 2 NO EATH? 1 Inpatient 2 ER/Outpetient 3 DOA 4 November Novem	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given (in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO COMPLETION OF OF DEATH 1 YES 2 NO COMPLETION OF OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 Inpetion 2 ER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 YES 2 NO OTHER: 28a. DATE OF INJURY AT WORK? 29b. TIME OF INJURY AT WORK? 29c. CERTIFIER Could not be determined 29e. CERTIFIER (Check only or lown, Stele) 29e. CERTIFIER (Check only or lown, Stele) 29e. CERTIFIER (Check only or lown, Stele) 29e. CERTIFIER (Check only or lown, Stele) 29e. CERTIFIER (Check only or lown, Stele)	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given (n Part I. PERFORMED? DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO NORTH	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given (in Part I. 24a. WAS AN AUTOPSY PERFORMED? DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	ated,
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY MINURY MINURY MINURY NORKY 1 YES 2 NO 28a. DATE OF INJURY AT WORKY 1 YES 2 NO 28a. DATE OF INJURY AT NORKY 1 YES 2 NO 28a. DATE OF INJURY AT NORKY 28b. TIME OF NUMBER OF DEATH OF NUMBER (Check only one) 28b. TIME OF ORDINARY NORKY 1 YES 2 NO 28c. INJURY AT WORKY 1 YES 2 NO 28c. INJURY AT WORKY 1 YES 2 NO 28c. INJURY AT WORKY 1 YES 2 NO 28c. INJURY ORW, Street and Number or Rural Route Number, City or Town, Street) 28c. CERTIFIER (Check only one) 28c. CERTIFIER (Check only one) 28c. INJURY AT WORKY 1 YES 2 NO 28c. INJURY AT WORKY 1 YES 2 NO 28c. INJURY AT WORKY 1 YES 2 NO 28c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mortin, Day, Year) 29d. DATE SIGNED (Mortin, Day, Year) 29d. DATE SIGNED (Mortin, Day, Year) 29d. DATE SIGNED (Mortin, Day, Year) 29d. DATE SIGNED (Mortin, Day, Year) 29d. DATE SIGNED (Mortin, Day, Year) 29d. DATE SIGNED (Mortin, Day, Year)	ated,
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given (n Part I. PERFORMED? DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO NOTHER: 25. WAS CASE REFERRED TO MEDICAL EXAMINER TO DAMPT A CONTRIBUTE TO CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER TO MEDICAL EXAMINER On the best of investigation of the subset of investigation one) 26. PLACE OF INJURY A thome, farm, street, factory, office 28d. DESCRIBE HOW INJURY OCCURED	ated,
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO CONTRIBUTE TO CAUSE OF DEATH YES NO WINCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Ingeter 1 2 ER/Dutpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY M 1 YES 2 NO 27a. MANNER OF DEATH 28b. Stilled 8 Could not be detarmined detarmined adarmined adarmined adarmined adarmined adarmined adarmined point in the underlying cause given in Part I. 28b. VINCERTIFIER (Check only one) 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. LICCATION (Street and Number or Rural Route Number, City or Town, State) and manner as stated. 28c. CERTIFIER (Check only one) 28c. MALABLE PRIOR 28c. INJURY AT WORK? 1 YES 2 NO 28c. LICCATION (Street and Number or Rural Route Number, City or Town, State) and manner as stated. 28c. CERTIFIER (Check only one) 28c. CERTIFIER (Check only one) 28c. CERTIFIER (Check only one) 28c. LICCATION (Street and Number or Rural Route Number, City or Town, State) and manner as stated. 28c. LICCATION (Street and Number or Rural Route Number, City or Town, State) and manner as stated. 28c. LICCATION (Street and Number or Rural Route Number, City or Town, State) and manner as stated. 28c. LICCATION (Street and Number or Rural Route Number, City or Town, State) and manner as stated. 28c. LICCATION (Street and Number or Rural Route Number, City or Town, State) and Number or Rural Route Number, City or Town, State) and N	ated,

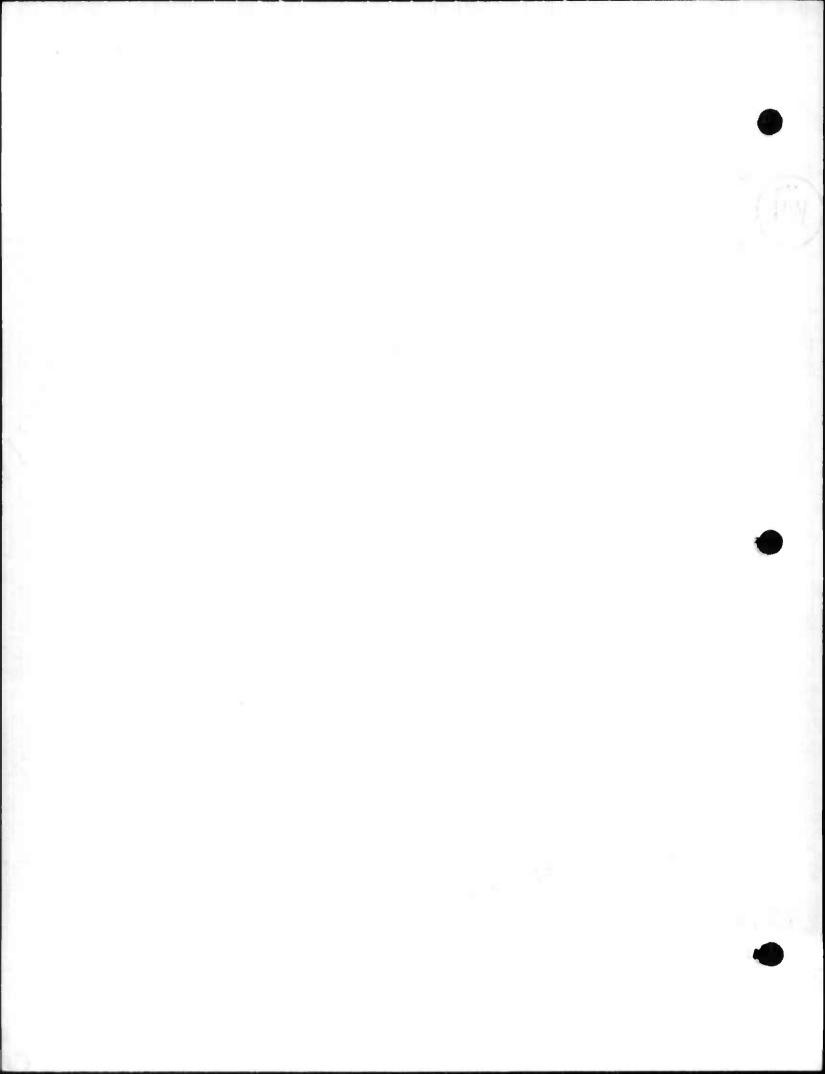
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

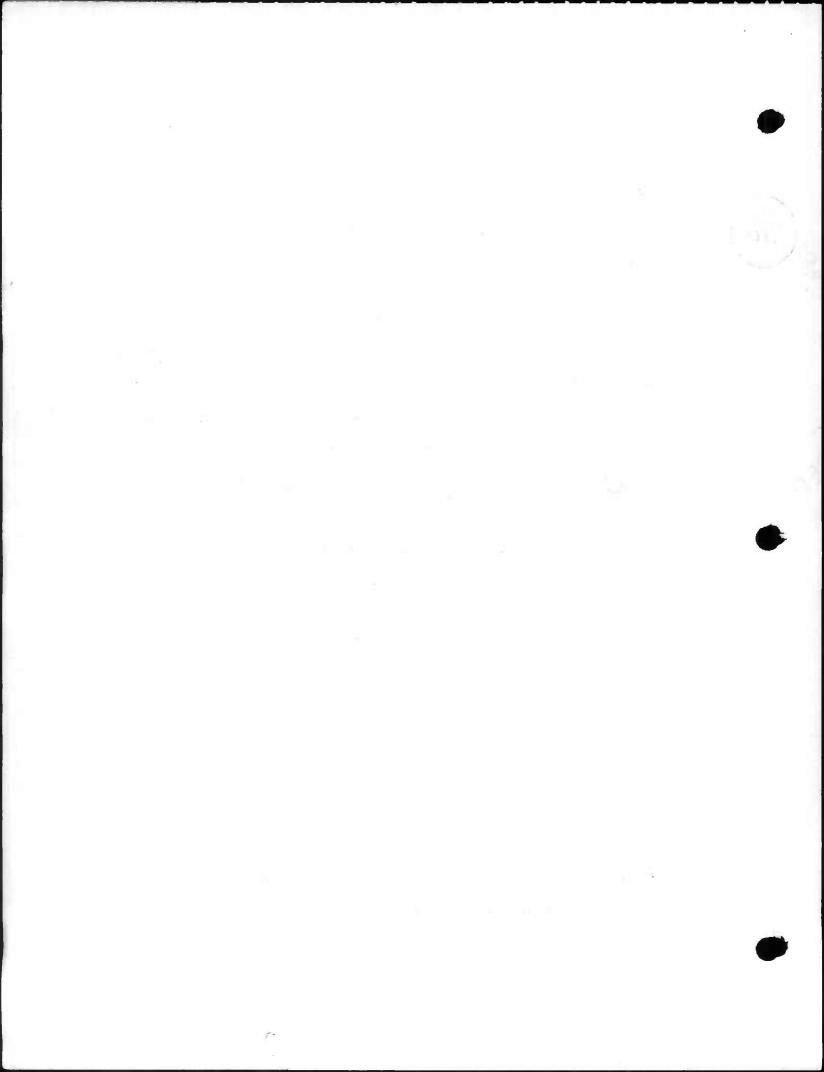
DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or estending physician	filled in by the funeral director, page 5 should be detached for use as the bartat-ma- ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacthed for use as the burnal-trap be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR STATE OF MARYLAND	/ DEPAR ERTIF					MENTAI	REG. NO.	E			
	1. DECEOENT'S NAME (First, Middle, Last)		_				2. DATE	OF DEATH	γ	YEAR 3	. TIME OF DEATH	
	HILDA BETTY STEIN						JA	N. 6,	1995		М	
3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.) $125-16-1892$ 1 \square M 2 \bowtie F 7 2	(ast birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	DE BIRTH	1922	Country)	RMANY	
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY	r, TOWN C	R LOCATIO	ON OF DE		. 20,		Y OF DEA		
OR	13302 HUNTER HILL DRIVE		HA	GER	ERSTOWN WASHINGTON							
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN (OR LOCAT	ION					L	Od. INSIDE CITY	
DIR	MARYLAND WASHINGTON	HAGERSTOWN									LIMITS?	
IAL	10e. STREET AND NUMBER	10f. ZIP CODE								EN OF WHA	AT COUNTRY?	
FUNERAL	13302 HUNTER HILL DRIVE	21742					U.S. F					
	11. MARITAL STATUS 1 Never Married 2 Merried IF YES 2. WEST OF THE STATE OF THE ST	NO NO		if yes, spi	ecify Cube	t, Maxicar	n, Puerto F	? (Specify Yea licen, etc.)	or No 1	Black, V	American Indian, Vhite, etc.	
ВУ	3 Wildowed 4 Divorced	2 (X ND	Specify	,-			Specify:	WHITE				
E	(Specify Only highest grade completed)	Give kind of	work done	durina mo.	ON st of workin	g	16b.	KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondery (0-12) College (1-4 or 5+) 4 OFFICE CLERK STATIONARY									СОМ	DANV		
17. FATHER'S NAME (First, Middle, List) FREDERICK MAY 18. MOTHER'S NAME (First, Middle, Meiden Surmame) LINA JONAS 199. INFORMANT'S NAME (Type/Print) SUSAN LINDA SCHNEYER 199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 319 DELIGHT MEADOWS ROAD, REISTERSTOWN, MD. 21136 200c, METHOD OF DISPOSITION 200b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE OATE OATE)										TANI		
										21136		
20s_METHOD OF DISPOSITION 1 [ABurlel 2 Cremetton 3 Ramoval from State 4 Donation 6 Other (Specify) Bandwall from State 20b. PLACE AND DATE OF DISPOSITION (Name of State Part of Cartery) OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of State Part of Cartery) OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of State Part of Cartery) OATE 20c. LOCATION — City or Town, State 20c. LOCATI												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				D ADDRES			FUNED		AF 7	NO	
	· R. hoel Brady		40 40	D E.	ANT]	ETAI	M ST.	FUNERA HAGE	RSTOW	ME, I N, MD.	21740	
	 PART I. Enter the diseases, or complicatione that caused the canada shock, or haert failure. Liet only one cause on each lir 	deeth. Do r	not enter	the mo	de of dyl	ng, auct	n aa card	lac or respir	atory arres	st,	Approximate Intervel Batween	
	IMMEDIATE CAUSE (Fine) disease or condition											
	disease or condition resulting in deeth) a. Caratra Tulnuguary Caratr											
Z	Sagurable let conditions of b. Quality les Mellityes											
AŢ	If any, leading to immediate cause. Enter UNDERLYING	, leading to immediate										
띮	CAUSE (Disease or Injury thet initiated events Due TO (DR AS A CONSI	EDUENCE D	74.х ^о Сы F):	Lace	cue	eage	-					
CERTIFICATION	resulting in death) LAST d. Drahetic hen	al d	sea	se								
CAL	PART II. Other significant conditions contributing to death but not	resulting	in tha ur	nderlying	csuse g	iven in i	Part I.	24a. WAS AN / PERFORI			ERE AUTOPSY FINOINGS	
							_	1 TYES 2		CC	MILABLE PRIOR TO IMPLETION OF CAUSE F DEATH?	
M	DID TODA COO LICE CONTRIBUTE TO CALLES OF THE						1			1	YES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE. 25. WAS CASE REFERRED TO MEDICAL 26. PLA	ATH YE			UNC	ERTAIN	1 🗆					
PHYSICIAN: MED	EXAMINER?		OTHER	3:	5 🗆 Re	sidence	6 🗆 Other	(Specify)				
H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJ				CRIBE HOW IN	JURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation		М	1 🗆 Y	ES 2 _	ND						
	3 Suicide 8 Could not be 4 Homicide detarmined	no <i>m</i> e, farm, i	street, fect	ory, office			281. LOCA	TION (Street er r Town, Stete)	nd Number or	Rural Rout	e Number,	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, of	feeth occur	ad at the t	lena deta	and plans							
N N	(Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or										nd menner se stated.	
	291 SIGNATURE AND TITLE OF CERTIFIER				29c. LICE						onth, Day, Year)	
TO BE	Cuch Wand Lynn				2-	1241	14		11-	8-19	195	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT) ERIC M. WAGSHAL M.D. 17			ll R	load	, Ha	ager	stown	, Md	. 21	.740	
	31. DATE FILEO (Month, Dey, Year) JAN 0 9 1995 Julia distribution Res											
	AND THE PROPERTY OF THE PROPER	exe.LL										



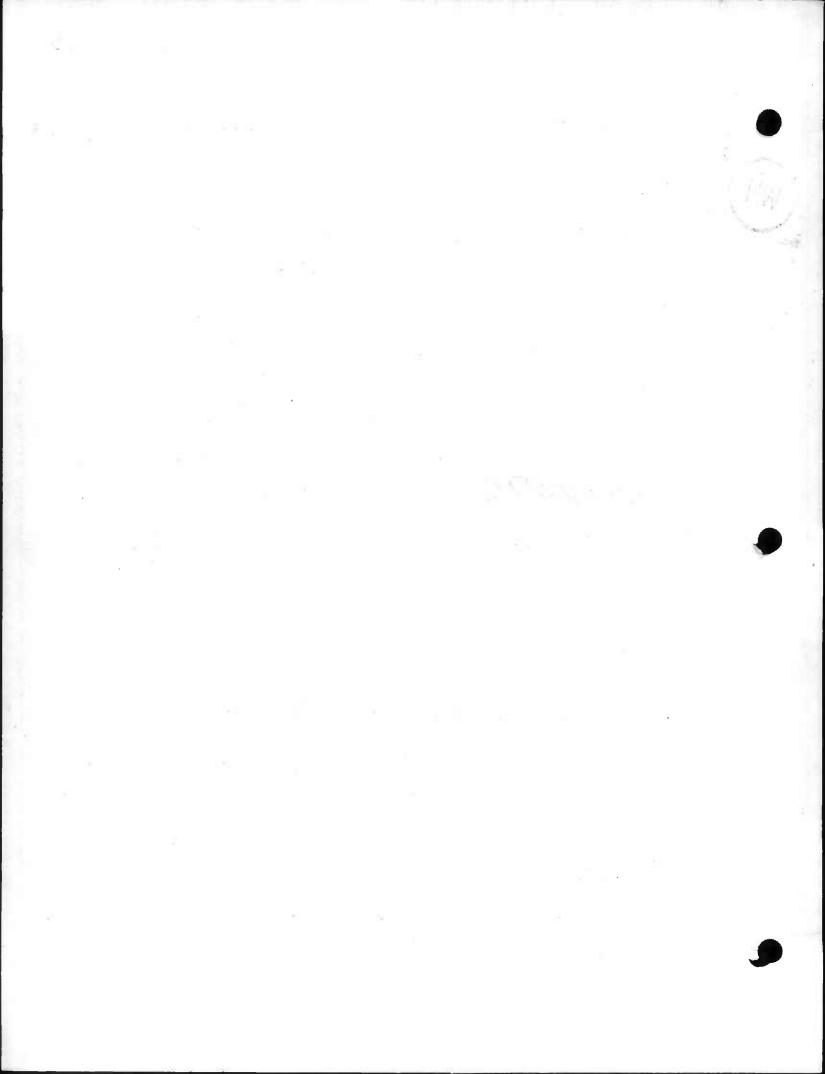
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR STATE

	REGISTRAR		C	ERTIF	ICATE O	F DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	T					2, DATE OF		1 O O YEAR	3. TIME OF DEATH			
	Roy Braden SMITH	, JI.	0.405 //						1995 YEAR	2:00 Am			
	214-34-9731	5. SEX 1 🛣 M 2 🗆 F	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER 1 YEA MONTHS DAY		7. DATE Of (Month,	15, 19	8. BIRTI	HPLACE (State or Foreign ry)			
	9a. FACILITY NAME (If not institution, give a		56	THS.						ryland			
a c						N OR LOCATION OF	DEATH		c. COUNTY OF E				
5	14719 Strite Road	<u>a</u>			Hagerstown Washingto								
EC	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY			
F -	Maryland Wash	ington		Ha	gersto	wn			LIMITS?				
4	10e. STREET AND NUMBER				0	10f. ZIP CODE		10	WHAT COUNTRY?				
E	14719 Strite Road	đ				21742			US				
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS,	ECENDENT OF HIS		Specify Yea or	No. 14. RAC	F American Indian			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	МО		ES 2 NO Spe		en, etc.)	Spec	k, White, etc.			
		l				white							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INOUSTRY													
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5 +)] =-	ille. Do NOT use retired.) self-employed				51		A			
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname									ractor				
									name)				
BE	19a. INFORMANT'S NAME (Type/Print)	, 51.											
2	JoAnn Smith					et and Number or Rui				017/0			
	20a. METHOD OF DISPOSITION					e Rd., H							
	1 K Burial 2 Cremation 3 Rem	oval from State	cemetary, cre	and DATE C	Per plecal	(Nama of	OATE	20c. LOCAT	ION — City or To	own, Stata			
	4 Donetion 5 Other (Specify)	CENIDEF	Mt.B	ethe					ille, M	aryland			
	1. R Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF THE SERVICE LICENSEE A Donetion 5 Other (Specify)												
415 E. Wilson Blvd., Hagerstown, Md.													
	23. PART I. Enter the diseases, or o	complications that	caused the de	eath. Do n	ot enter the	node of dying, s	uch se cardis	c or respirate	ory arrest,	Approximate			
	IMMEDIATE CAUSE (Final Interval Desth												
f	disease or condition												
	resulting in death) a. Adenocarcinoma of the Right lung with wide DUE TO (OR AS A CONSEQUENCE OF):												
z	and the second second second	sprea	d Meta	stas	is					9-12 month			
음	Sequentially list conditions, If any, leading to immediate spread Metastasis DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or Injury	C											
브	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
ER	resulting in death) LAST												
EDICAL CERTIFICATION	PART II. Other algorificant condition	na contributing to	death but not	resulting I	n the underly	ing cause given	In Part I. 2	4a. WAS AN AUT	TOPSY 24h	WERE AUTOPSY FINDINGS			
8								PERFORME	D?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
							1	☐ YES 2 📉	NO	OF DEATH?			
Σ	DID TOBACCO USE	CONTRIBILITI	E TO CAL	ISE OF	DEATH	VES [7]	10 N			1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBOT	- IO CAC) J. OI									
ᅙ	EXAMINER? 1 YES 2X NO	HOSPITAL:			OTHER:	PLACE OF DEATH	, , , ,						
¥	27. MANNER OF DEATH	1 Inpetient 2 I		26b. TIM		ome 5X Residenc							
	1 🕅 Natural 5 🗌 Pending	(Month, Da			URY	WORK?	28d. DESC	NIBE HOW INJU	IRY OCCUREO				
B√	2 Accident Investigation	28e PLACE OF	F INJURY — At he	ome term e		7.2	80 1000	D11 (0	At				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	one, term, s	Areet, factory, o	TICE	City or	Town, State)	Number or Rural	Route Number,			
<u> </u>	29a. CERTIFIER								_				
린	(Check only 1 X CENTIFTING PHYSI												
ဂ္ဂ်	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R . O.	/i			29c. LICENSE N	IUMBER	29	d. DATE SIGNED	(Month, Day, Year)			
	(away l	UDIX	To es	>-		D0106	2	1	1/6/	95			
2	30. NAME AND ADDRESS OF PERSON WH												
ł	Edward W. Ditto, III, 217 W. Washington St., Hagerstown, Md. 21740												
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE						-				
JAN 0 9 1995 Julia Devoler Rodall													





TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STA	TE	RAR
	1. D	ECED	ENT'	S NA

TO BE COMPLETED BY FUNERAL DIRECTOR

HEGISTRAR		CERTIFIC	ALE OF D	EAIH	REG. I	10.	
1. DECEDENT'S NAME (First, Middle, Last) Pearl Effie	Suffecoo	1			PONTO 2-1		year 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-20-4325				UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year 7-19-1		BIRTHPLACE (State or Foreign Country)
ne. FACILITY NAME (# not institution, give s 14837 Hicksvil			Clear S		ATH	9c. COUN	ry of DEATH Shington
De. STATE 10b. COUNTY Wash	ington	10c. CITY, TO	own on Location r Sprin	ng,			10d. INSIDE CITY LIMITS? 17 YES 2 NO
33 North Mill	street		101. ZIF 2.1	722			EN OF WHAT COUNTRY?
. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	If yes, specify		IC ORIGIN? (Specify i, Puerto Rican, etc.)	Yee or No-	14. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		160. DECEDENT'S USI (Give kind of work life. Do NOT use re Seams	done during most of tired.)	working		BUSINESS/INDU	Industries
FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mail	,	
John Gary Mow o. INFORMANT'S NAME (Type/Print) Patsy Martin	en	196. MAILING AD			Belle Oute Number, City or		ing, MD.217
e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Rem	20	b. PLACEAND DATE OF D					ity or Town, State
□ Donation 8 □ Other (Specify)		metery, crematory or other	Cem. 1-	-5-199	5 C		Spring, MD
SIGNATURE OF POYERAL SERVICE LIC	ENSEE OIL	Den		son F	uneral O Clear		
equentially list conditions, any, leading to immediate sue. Enter UNDERLYING AUSE (Disease or injury last initiated events equiting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	blad	lder		(Ser mill
ART II. Other significent condition	a contributing to deeth	but not resulting in t	he underlying ce	euse given in l	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE	OF DEATH (Che	ck only one)		
1 TYES 2 NO	1 Inpetient 2 I ER/Ou	tpetient 3 DOA 4	Nursing Home 5				
Netural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	INJURY	M 1 TES		28d. DESCRIBE HO	W INJURY OCCU	JREO
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp.	Y — At home, ferm, stree ecify)	et, factory, office		26t. LOCATION (Street, Street,	et and Number o	r Flural Route Number,
	CIAN: To the best of my known						d. ceuse(e) and manner as stated.
6. SIGNATURE AND TITLE OF CERTIFIER	1		29	c. LICENSE NUM	BER O	29d. DATE	SIGNED (Month, Day, Year)
NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Print	love	- 1	ip 11	140	
DATE FILEO MARIN Son Year) Julia	A 22. AEGISTRAP'S SIG	NATURE					



I. DEC	- 1	
- 1	٠	
L	2	
4. SO	Ì	
219		
9e. FA	1	
0.0	П	-

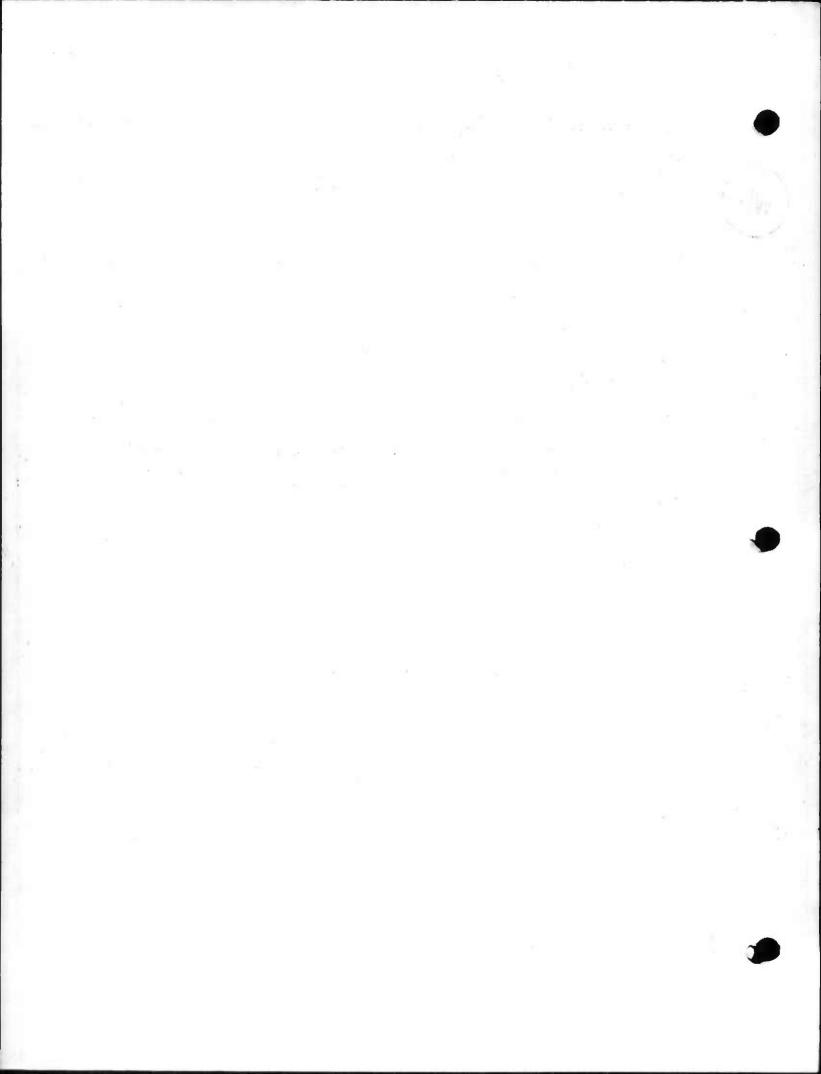
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last) LOFTaine Vi					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		5 2:35 AM BIRTHPLACE (State or Foreign				
		1 □ M 2 X F 74	YRS. MOI	ITHS DAYS	HOURS MIN.	May 13, 1	920	Maryland				
OR	9. FACILITY NAME (If not institution, give street Clearview Nursing		96.		r location of di ers town	EATH	%c. COUNTY OF DEATH Washington					
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 0174 77	WN OR LOCATI								
фівестов	United States of the States of	Washington	10c. CH Y, 10		gers town			10d. INSIDE CITY LIMITS? 11 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 257 S. Prospect St			101.	ZIP CODE 2174	0	10g. CITIZEI	OF WHAT COUNTRY?				
S	The state of the s	12. WAS DECEDENT EVER IN U.S.	. ARMED	13. WAS DECI		VIC ORIGIN? (Specify)	ee or No — 14	U.S.A . RACE — American Indian,				
BY FI	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X_NO	If yes, spe	cify Cuben, Mexice		Black, White, etc. Specify: White					
B	15. DECEDENT'S EDUCA (Specify only highest grade of	ITION 184	. DECEDENT'S USU	AL OCCUPATIO	N	16b. KIND OF B	USINESS/INDUS					
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use rel Homemi		st of working		Но	ime.				
8	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Malde								
BE C	Harry Phillips					e Wiles	James no					
2	190. INFORMANT'S NAME (Type/Print)	7 7				Route Number, City or To						
	James B. Spangler							Md. 21795				
	20c. METHOD OF DISPOSITION 1 Disposition Surface Date Date Date Date 20c. Location - City or Town, State 20c. Location - C											
	Davis Funeral Home Smithsburg, Md. 21783											
	* Lenno L.	ravo		Davis	s Funera	l Home Sm	ithsbur	g.Md. 21783				
NOI	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallura. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
	d.			er caco	-							
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions Apticions	contributing to death but in	ot resulting in the	C)	cause given in		NN ALITOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)						
rsic		HOSPITAL: 1 Inpatient 2 ER/Outpatier		HER: Nursing Home	5 Realdence	8 Other (Specify)						
	27. MANNER DF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJL WOI	RK?	28d. DESCRIBE HOV	INJURY OCCUP	RED				
) BY	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJURY — A	At home, farm, stree			281. LOCATION (Street	t and Number or	Rural Route Number,				
ETEC	4 Homicide determined	building, etc. (Specify)				City or Town, Sta	re)					
COMPLETED	29a. CERTIFFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the lime, date end place, end due to the cause(e) end manner se stated.											
	296. SIGNATURE AND TITLE OF CERTIFIER		6		29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)				
TO BE	- Edu	cus Thurse			0075	57	•	1/3/95				
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ÎTEM 27) (Type, Prin	1)		/						
	JAN 10 401995 Julia	32. REGISTRAR'S SIGNATUR	RE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit abe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

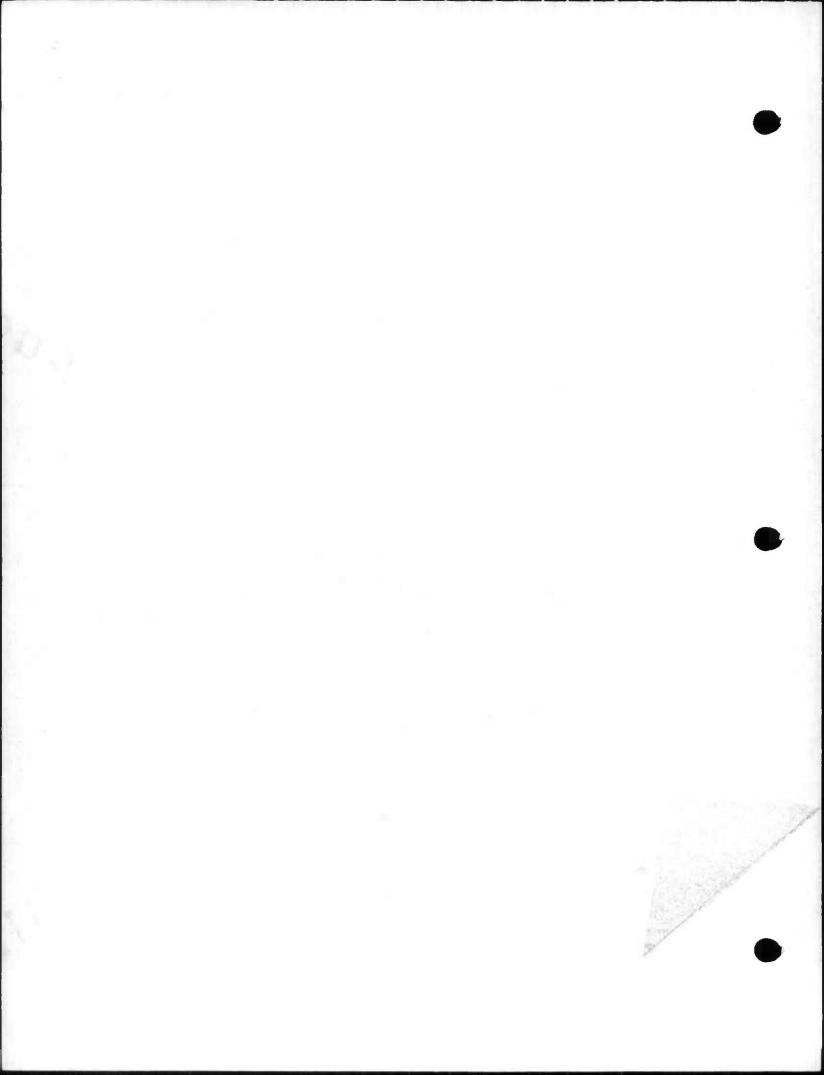
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or removal.
IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	1 - STATE REGISTRAR	011112 01 11	CI		ICATE O			REITIAL III	3. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	ATH	*******	3. TIME OF DEATH		
	BABY	GIRL		STE	WART			JANUAR	Y 2,19	95	12:29 p M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	-		7. DATE OF BIR	TN	8. BIRT	NPLACE (State or Foreign		
		1 🗆 M 2 💢 F		YRS.	MONTHS DAY	HOURS 1	20	JAN. 2		Coun	md		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATI	ON OF DE		-	UNTY OF			
DIRECTOR	THE JOHNS HOPKIN	S HOSPITA	AL	BALTIMORE CITY									
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ν		10c CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY		
<u>E</u>	MD			2-4			LAND				LIMITS?		
	10e. STREET AND NUMBER		_	DAL	TIPIORE,	MORE, MARYLAND 1 101. ZIP CODE 109. CITIZEN OF WHA							
FUNERAL	1424 N. BROADW	IAV											
2	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. AR	21213 IRMED 13. WAS DECENDENT OF HISPANIC OF					city Yes or No-		NACE — American Indien, Black, White, etc.		
	1 X Never Married 2 Married	FORCES? 1	YES 2 X	Ю	If yes,	specify/Cubi	ın, Mexicei	n, Puerto Rican,		Blac			
В	3 Wildowed 4 Divorced										BLACK		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of	USUAL OCCUPA	TION most of worki	ng	16b. KIND	OF BUSINESS/II	NDUSTRY			
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	se retired.)						10.0		
M	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)												
	ISAIAH STEWA	DT)			
B	19a. INFORMANT'S NAME (Type/Print)	MV I	10	h MAII INC	ADDRESS (Street		REDA	Oute Number, City	WART	Zio Codel			
2	ALFREDA STEWART	•	1.5					SALTO.,					
	20a. METNOD OF DISPOSITION		20b, PLACE	AND DATE	OF DISPOSITION				11D. ZI		fown State		
	1 Donation 5 Other (Specify)	oval from State	cemetery, cre	ematory or o	ther place)		.1AN						
1 Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Xother (Specify) JAN 2, 1994 BALTO., 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										TD.			
1	10UNG HODET	NC HOCDI	T A I		600	N UC		070557					
-	JOHNS HOPKINS HOSPITAL 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate												
	ahock, or heart failure.	List only one cau	se on each line).	or enter the	node or dy	my, soci	Tall Cardiec O	reaphratory a	mrest,	interval Between		
	IMMEDIATE CAUSE (Final disease or condition												
H	disease of condition												
2		. 1	rotern	~ 1	1 hora		0				İ		
은	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury												
	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION		d											
A.	PART ii. Other significant condition	s contributing to	death but not a	resulting	in the underly	ing ceuse	given in	Part I. 24a. 1	MAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS		
DICAL									YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME											1 YES 2 NO		
ä	DID TOBACCO USE	CONTRIBUT	E TO CAU	SE O	DEATH	YES [] NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF D	EATH (Che	ock only one)					
YSI	1 YES 2 NO	1 Inpatient 2	ER/Outpetlent 3	DOA	OTHER: 4 Nursing N	ome 5 🗆 R	ealdenca	6 🗆 Other (Spec	ify)				
F	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF (Month, D	INJURY wy, Year)	28b. TIM	E OF 28c.	NJURY AT WORK?		28d. DESCRIBE	NOW INJURY O	CCURED			
B	2 Accident Investigation					YES 2	NO						
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY — At he etc. (Specify)	me, ferm,	atreet, factory, o	fice		28f, LOCATION City or Town	(Street and Numb i, State)	per or Rural	Route Number,		
COMPLETED	29a. CERTIFIER												
M M	(Check only DE CERTIFTING PNYS												
8			xii/minetion and/or	Investigation	on, in my opinio	, death occu	red at the	time, date end p	ace, and due to	the ceuse	(e) end manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	11				29c, LIC	ENSE NUW	IBER	29d. D/	ATE SIGNE	D (Month, Day, Year)		
5	30 NAME AND ADDRESS OF BEDSON WE	O COMPLETED CO.	DE OF DEATH	11 an ~	0-7-11					1/3	195		
	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAU	SE OF DEATN (ITE	m 27) (Type	Print)	+	Ba	1+: m	DO N	10	21287		
	31. DATE FILED (Month, Day, Year)	A REGISTRA	R'S SIGNATURE		C. 3	11	04	1111716	, PC, //	10.	01801		
	JAN 09 1995	Jalia da	ALLON TONG	all									
	Unit or idea	1.4											



funer	
pletely filled in by the fi	moval.
5	or re
palli	П, 04
stely f	al, cremation,
ηdμ	, Cre
00 0	unal
n an	to b
ysicia	one prior to burial,
듄	9
ittending physician and completely i	Hygie
atte	enta
\$	ž
ă	and
 After this certificate has been signed by the attending physici. 	Health
eeu	9
has b	Dept
cate	State
certif	the
this	ME
After	death
COR	after
9	60

	1 - FOR STATE REGISTRAR		STATE OF	MARYL	AND /	DEPAR	TMENT	OF OF	HEALTH	AND	MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First	t, Middle, Last)			the the						2. D	ATE OF DEATH			3. TIME OF DEATH
	JOHN H	lerber	t	SQUI	RES							AN 02	.,	YEAR	0939 A
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (/		birthday)	IF UNDER		1	R 24 HRS.	7. D.	ATE OF BIRTH			
	213 24 6		1 ₹ M 2 □ F	64		YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	tontin 103, Year 19	30	8. BIRTHP Country	MD
	9e. FACILITY NAME (If not is						9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH		9c. COUN	TY OF DE	
le le	MEMORIAL H		L				(TIM	BERL	AND	ALLE				ANY
등	RESIDENCE OF DEC	10h COUNT	y			10a CIT					() log 644 (to.				
DIRECTOR	WV	Mine	ral			10c. CITY, TOWN OR LOCATION Ridgeley								10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER					101. ZIP CODE								1 YES 2 NO	
R	Route 1 Box	x 559B			26753							CEN OF WI	IAI COUNTRY?		
FUNERAL	11. MARITAL STATUS	1 3330	12. WAS DECEDEN	IT EVER IN	U.S. ARMED 13. WAS DECENDENT OF HISPAN					NIC OF	IIGIN2 (Specify Voc	14 BACE	- American Indian.		
	1 Never Married 2X		FORCES?	YES	2 N	0		it yes, s	pecify, Cubi	nn, Mexic	an, Pue	rto Rican, etc.)	U NO_	Black,	White, etc.
ВУ	3 Widowed 4 Dive	orced	Korea			1 TES 2 TNO Specify:					ıy.			Specify W	hite
COMPLETED		EDENT'S EDU			16a. DEG	CEDENT'S	USUAL O	CCUPATI	ION ost of worki	ina	Т	16b. KIND OF BUS	SINESS/IND	USTRY	
9	Elementary/Secondary (College (1-4 or 5	+)	lite.	Do NOT us	e retired.)			""	- 1				
₩	12				Re	t. E	Lect:	ric	Lan			Tire (Compa	ny	
	17. FATHER'S NAME (First, Middle, Last) Warren T. Schlines											rst, Middle, Melden	,		
BE	Warren L. Squires 190. INFORMANT'S NAME (Type/Print)											V. (Swe		•	
2												Number, City or Town			
	Shirley M.						Ridg		2	26753					
	20s. METHOD OF DISPOSITION ** Duriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) Sunset Memorial Park 20c. LOCATION - City or Town, State 01/05 Cumberland, MD 21502														
	21. SIGNATURE OF FUNERA		ENGEE .	130	uise	C Mei				SS OF EA	i			and,	710 21302
	22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502														
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory screet, Approximate														
1	IMMEDIATE CAUSE (Final Onset and Dae														
											100				
	disease or condition										1291				
Z	Sequentially list conditions b.														
CERTIFICATION	if sny, laading to imme	diate	DUE TO	(OR AS A	CONSEO	UENCE OF	7:								
윤	CAUSE (Disease Dr inju		C. DUE TO	(OR AS A	CONCEO	HENOE OF									
	that initiated events resulting in dasth) LAS	т	DOL 10	(On AS A	CONSEC	UENCE UP	·):								
S	A STATE OF THE STA	-	d												1
AL	PART il. Other significa	nt condition	s contributing to	death bu	it not re	suiting i	n tha un	darlyin	g cause	given in	Part I	24a. WAS AN			VERE AUTOPSY FINDINGS
	Wall	Vario	ister le	1 hit		84h	cha	(1 TYES 2			COMPLETION OF CAUSE OF DEATH?
MEDIC	V							`						1	YES 2 AND
z	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF	DEAT	TH YE	S 🗆 t	10 E	UNC	ERTAI	N 🖸	1		1	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	, 2	6. PLACE	OF DEAT	H (Check								
YSI	1 YES 2 NO		1 Inpatient 2 8		itlent 3		4 🗆 Nun		ne 5 🗆 Re	ealdence	6 🗆 C	Other (Specify)			
표	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D			26b. TIMI INJ		26c, IN. W(JURY AT ORK?		28d.	DESCRIBE HOW IN	JURY OCC	URED	-
B	2 Accident	Investigation					М		YES 2	NO					
8		Could not be determined	26e. PLACE C building,	atc. (Specia	— At hon (y)	ne, farm, s	treet, tect	ory, offic			28t. 1	LOCATION (Street e. City or Town, State)	nd Number	or Rural Rol	ute Number,
COMPLETE	an ormalism														
MPI	29a. CERTIFIER (Check only one) On														
00	MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner es stated.														
BE (296. SIGNATURE AND TITLE OF CONTINUER. 29d. DATE SIGNED (Month, Day, Year)														
O 30. NAME AND ADDRESS OF PERSON WHO CHARLETED CAUSE OF DEATH (USEN 37) (See Cont.)								148	6	5		1-3	95		

Memorial Hospital Medical Bldg., Cumberland,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

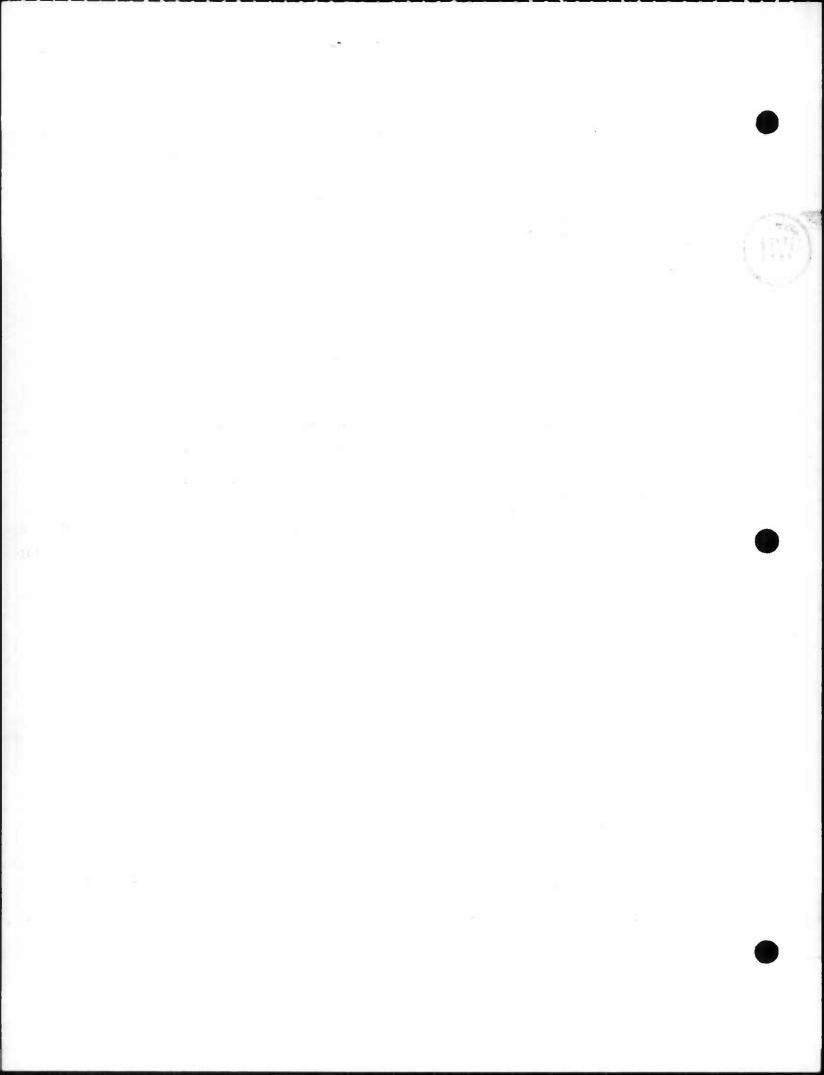
ROBUSTIANO

31. DATE FILED (Month, Day, Year)

J BARRERA

32. REGISTRAR'S SIGNATURE

June 1



YEAR

3. TIME OF DEATH

PRINCE GEORGE

2:56P M

Approximata interval Between

Onset and Death 1 week

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

2. DATE OF DEATH

		75A1	5 <i>ELL</i>	F	Ρ.	JCH,	4611	BEI	R	JA	NARV	4 199	15-	2:56P	
		4. SOCIAL SECURITY NUME	1	5. SEX	6. AGE (In)	rs. last birthday)	IF UNDER I	YEAR DAYS	IF UNDER 24 F	ms. 7. DA	TE OF BIRTH		. BIRTHPI Country)	LACE (State or Foreign	
2		174-16-8169		1 🗌 M 2 💢 F	8	6 YRS.	WOWTHS	DAYS	HOURS M		ne 25,	1908 F		sylvania	
pinous	_	Da. FACILITY NAME (If not in	stitution, give stre				9b. CITY,	-	R LOCATION			9c. COUNT	Y OF DEA	ATH	
	0	RESIDENCE OF DEC	MIAKY	CAND	HOSF	1746		CL	11/7	ON		PRI	NCE	GEORG.	
11111	입 입	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF	LOCAT	ION				T	IOd. INSIDE CITY	
WH&	DIRECTOR	Maryland	Char	24			Wal	dont	F					LIMITS?	
y		10e. STREET AND NUMBER		103			Wal	_	ZIP CODE			10g. CITIZI		AT COUNTRY?	
19	E	16801 Gardn	er Road	1					206	n 1				States	
020 physician burial-tra	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U	S. ARMED	13. W	AS DECI	ENDENT OF H	ISPANIC ORI	3IN? (Specify Y		4. RACE -	- American Indian.	
9 gg 4	BY	1 Never Merried 2 📈 3 Wildowed 4 Divo		FORCES?	WAR OR DATE	Z MNO	1	yes, spe	2XX NO	lexican, Puari Specify:	o Rican, atc.)		Specify: Whit		
r attend	윤		EDENT'S EDUCA y highest grade co		16	e. DECEDENT'S	USUAL OCC	CUPATIO	IN st of working	1	6b. KIND OF BI	JSINESS/INDU	STRY		
		Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)									
AND the hospital detached for	COMPL	12		0		Secr	etary	У			U.S. G		ent		
the hose detach	8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)													
RYL ed by i	핆	Edward Pavo									Dandre				
MARYLAND • retained by the hospit • 5 should be detached notified at once.	2	19e. INFORMANT'S NAME (7									imber, City or To				
- 8 9 6		Charles J.		ber, or.							, Mary	_			
ORE e 6 may ector, pa		1X Burlel 2 Crematio	n 3 🗆 Remov	ral from State	cemete	ACE AND DATE	ther place)	ION (Nai	Condo	01	07 14a	OCATION — CI	ty or Town	i, State	
	1	1XI Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Trinity Memorial Gardens 01-07 Waldorf, Maryland 22. NAME AND ADDRESS OF FACILITY THE HINTT FINE FINE TWO													
ALTIN death. Pag tuneral dia i.		MgB Hart MI Subtaur THE HUNTT FUNERAL HOME, INC.													
00 - 0 5	Щ	Mark G. Brohawn MODO53 P.O.BOX 156, WALDORF, MARYLAND 20604													
in the		23. PART I, Enter the di shock, or h	iseases, or co aart fallure. Li	mplications the at only one cau	nt caused thuse on aach	na death. Do i n lina.	ot enter t	ha mod	de of dying,	such as c	ardiac or rea	olratory arre	nt,	Approximata interval Between	
		IMMEDIATE CAUSE (Final											Onset and Dat		
Tage 1		disease or condition resulting in death) a. Subarachnoid huemorrhuge Iw.											I week		
N 8 5 - 8		DUE TO (OR AS A CONSEQUENCE OF):													
at para and	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
BOX cate be e thysician e prior to	ATI														
Fe ply	H	CAUSE (Disease or Inju that initiated events	ry C	DUE TO	OR AS A CO	AS A CONSEQUENCE OF):								 	
	듄	reaulting in death) LAS	Т												
S, P. death death e attental H lental H ury, or											,			1	
ECORDS, quires that the dea n signed by the att t Health and Menta were well and Menta any Injury,	MEDICAL	PART II. Other significa	_		. /		in the und	leriying	ceuse give	n in Part i.	24e. WAS A	N AUTOPSY RMED?		YERE AUTOPSY FINDING	
	ă	conge	nnve	hear	1 100	une					1 🗆 YES	2 NO		OMPLETION OF CAUSE OF DEATH?	
												/ .	1	YES 2 NO	
S t s t	ä	_DID_TOBACCO		ONTRIBUTE	E TO C	AUSE OF	DEATH	H Y	ES 🗀	NO 🔀					
VITA JAN: The rificate ha re State D or Item	SICIA	25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:			OTHER:		ACE OF DEAT	H (Check only	one)				
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State E n 28 is marked, or item	YS	1 TES 2 NO	1	Inpatient 2			4 Nursi	ng Home	5 🗆 Reside						
PHYSIC this ce with th	PHY	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, E	F INJURY Day, Year)	28b. TIM	E OF 2	WOI	RK?		ESCRIBE HOW	INJURY OCCU	RED		
ON O DING PHYS After this death with	BY	2 Accident	Investigation	20. 01 105.0	OF IN HIEW	100	м		ES 2 N					·-	
ISIC TTEND TTOR: / after d	8		Could not be determined	building,	etc. (Specify)	At home, farm,	street, fector	ry, office	•	28f. L	DCATION (Street by or Town, Stett	and Number of	Rural Rou	ite Number,	
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 Is mai	E I	29e. CERTIFIER													
로 글 본 ==	COMPLETED	(Check only		AN: To the best of											
HOSPITAL FUNERAL Within 72 I	S	2 MEDI		Un the besis of a	examination as	nd/or investigatio	n, in my opi	inion, de	eath occured a	t the time, di	ite and place, a	nd due to the	cause(s) a	and menner as stated.	
to the hospi to the funer se fied within	BE (296. SIGNATURE AND TITLE							29c. LICENSI			29d. DATE	SIGNED (A	fonth, Day, Year)	
	144		(au	/				ŀ	7) 3	838	8	1 1	1419		

JAN 0 5 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NACHNANTO 8926 WOODYNRD ROAD CLINTON

32. REGISTRAR'S SIGNATURE

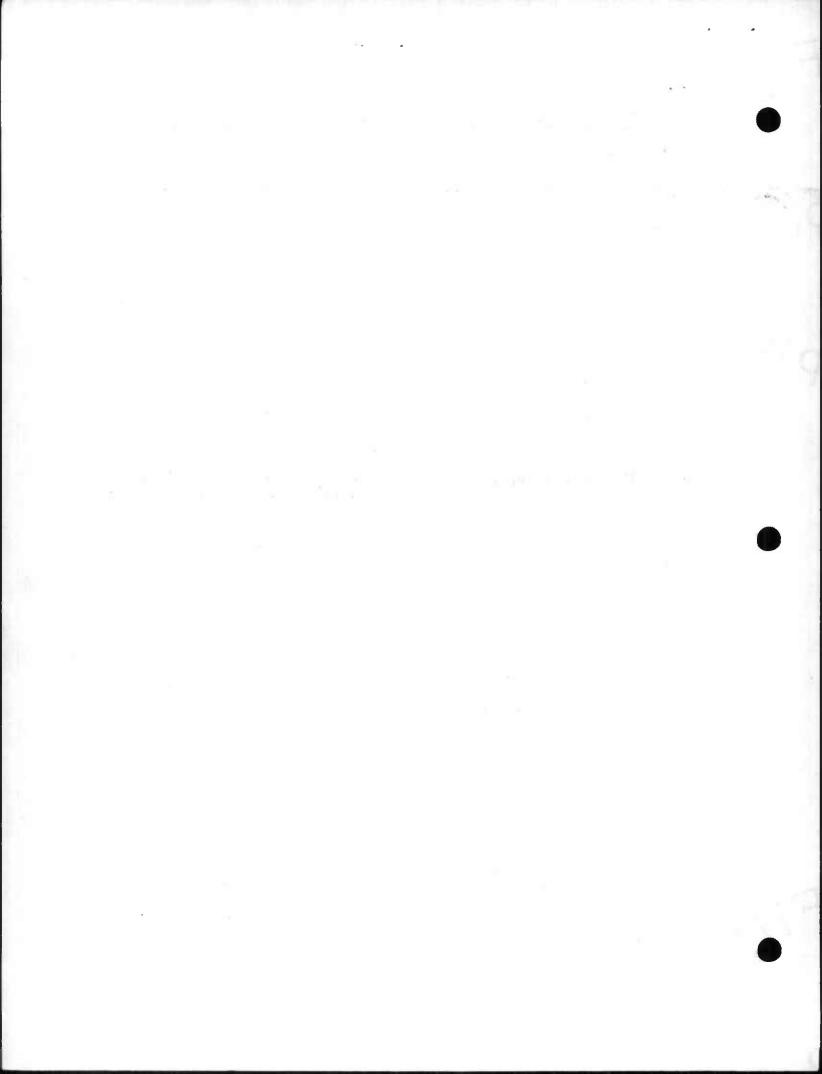
2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DHMH-18 Rev 1/89

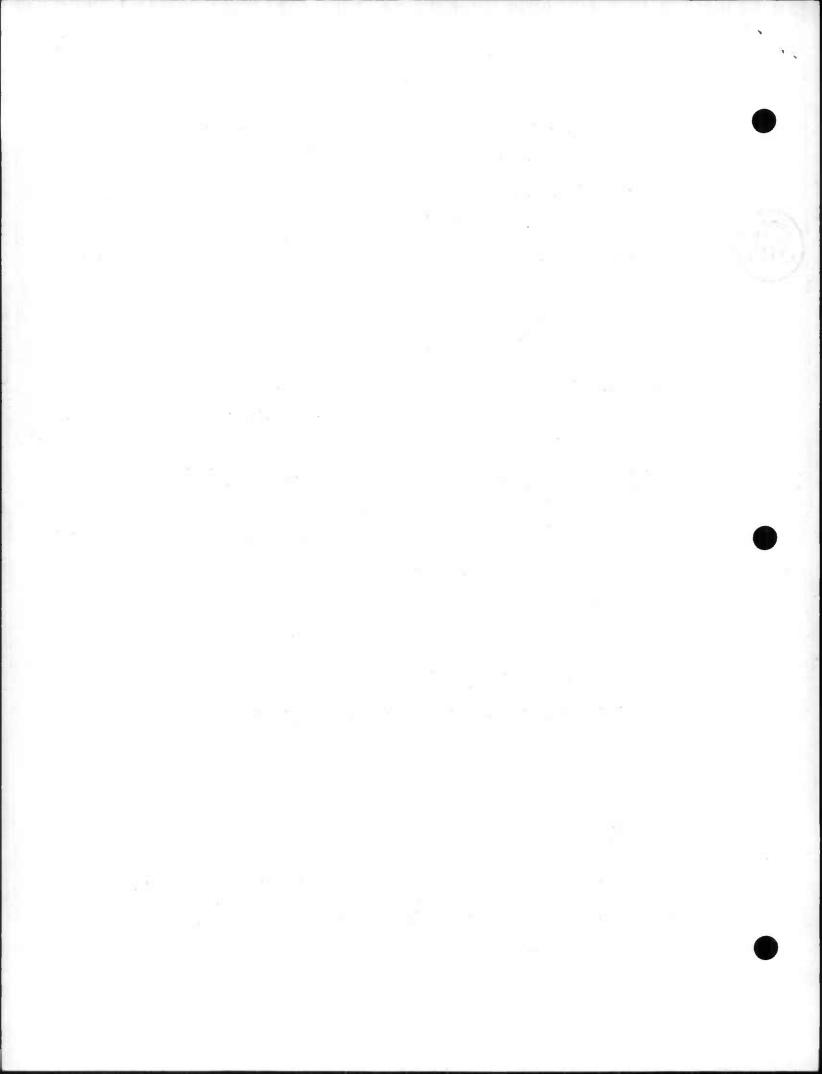


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burnary be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-002 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1000

	1 - FOR STATE OF MARY		MENT OF HEAD CATE OF DE		NTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH MONTH DA		3. TIME OF DEATH					
	MARY CATHERINE SNO				~ ~ ~ ~ ~ ~ ~ ~	995	9:30PM M					
			FUNDER 1 YEAR IF U		DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	NPLACE (State or Foreign try)					
	216-22-9598 10 #EMATE	71 YRS.			Sep 16, 1							
œ	9a. FACILITY NAME (If not institution, give street and number)	-9	b. CITY, TOWN OR LO			9c. COUNTY OF DEATN						
DIRECTOR	FREDERICK MEMORIAL HOSPITAL		FREDERIC	ζ		FREDERI	CK					
REC	10e. STATE 10b. COUNTY		TOWN OR LOCATION		-		10d. INSIDE CITY					
	MD CARROLL	KEYM	AR				1 YES 2 NO					
FUNERAL	1981 KEYSVILLE RD. SOUTH		10f. ZIP (21757		10g. CITIZEN OF	S.A.					
5	11. MARITAL STATUS 12. WAS DECEOENT EVER FORCES? 1 YES		13. WAS DECENDED	NT OF NISPANIC	ORIGIN? (Specify Yes	or No.— 14. RAC	E — American Indian,					
ВУ	IF YES, GIVE WAR OR		1 YES 2	NO Specify:	uerto Hican, atc.)		TTE					
	15. DECEDENT'S EDUCATION	THE DECEDENTS IN	1	NO			ILIL					
COMPLETED	(Specify only highest grade completed)	16s. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of w	rorking	16b. KIND OF BUS	SINESS/INDUSTRY						
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +)	FACTORY			RITER	BER CO.						
OM	17. FATNER'S NAME (First, Middle, Last)	TACIONI		MOTNER'S NAME	(First, Middle, Maiden							
	CHARLES M. SPIELMAN		1		MAY OTTO							
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Nu									
2	ANNA BELLE MOFFITT	2070 KE	YSVILLE-B	RUCEKEY	TAR.	MI	21757					
		b. PLACE AND OATE OF WHOLEVY CREMETORY OF OTHE UNION CEM		1		CATION — City of T CYSVILLE,						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ORESS OF FACILI		HARTZLE								
- 8	(otharine O Xar)	Elen	1	WOODSBOI								
	23. PART I. Enter the diseases, or complications that cause	the death. Do not	enter the mode of	dylng, such as	s cardlec or reaple	ratory arrest,	Approximate					
	shock, or heart fellura. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition Space Condition											
	disease or condition Seven End-Stage COPS DUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
S	Sequentially list conditions,											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
FIC	ceuse. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF):											
E	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	PART II Other clausificant conditions and its discussion in											
NAL N	PART II. Other significent conditione contributing to deeth	to R P	the underlying ceu	se given in Par	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
Ö	Orteopororie,	20 K 11	THONI	106	1 TYES 2	X NO	OF DEATH?					
Σ							1 TYES 2 NO					
AN	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF		OF GEATN (Check of								
PHYSICIAN: MEDIC	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpertent 2 ER/Ou		THER:									
H	27. MANNER OF DEATH 28s. OATE OF INJURY	28b. TIME (d. DESCRIBE NOW II	NJURY OCCURED						
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUF	WORK? M 1 YES									
	3 Suicide 8 Could not be 28s. PLACE OF INJUR	Y — At home, farm, atre	et, factory, office	28	f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,					
ETE	4 Homicide datarmined				ony or rown, orang							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my known one) 2 MEDICAL EXAMINER: On the beets of axamination						(a) and manner as stated					
ш	29b. SIGNATURE AND TITLE OF CEATIFIER	The recilied comme		LICENSE NUMBEI			D (Month, Day, Year)					
TO B	Jun of Life min			0519	44	114	195					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O	5 TONE	h Ave.	Suite	204 F	alens	k mb					
	31. DATE FILED (MATE, Pay, 16a) 32 AGISTRAR'S SIG	NATURE			- 111							
	ALL CERT CITY	or Andall										



hospi	ched		
the	det		
5	2		
pa	밁		•
lain	Sho		1
9	S		
0	age		
may	9		
9	900		
906	dir		
9.	E G		į
eat	fun		
er d	the	E	
35	6	E.	
MUS	.5	r re	Ì
Š	lled	0,0	
,	ly fi	ation	1
tt.	lete	Ea	
₹ 0	du	, C	
etic	00	urial	
exec	and	ğ	•
90	ian)f f(
ile.	ySic	P	
ffc	6	ine	
Cert	Sing	遊	
=	tend	三	
dea	at	ent	
the	Ĕ	2	
Jat	3	and	
IS II	Deu	aith	
uire	Sig	£	
9	een	ō	,
aw.	ls b	ept	-
9	100	e D	
2	Call	Stal	:
SA	Britis	he	
XS.	SC	5	
F	#	W	
DING	After	death	
ATENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospit	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	after	

Thomas G. Johnson, M.D.

31. OATE FILED (Morith, Day, Year)

JAN 1 0 1995

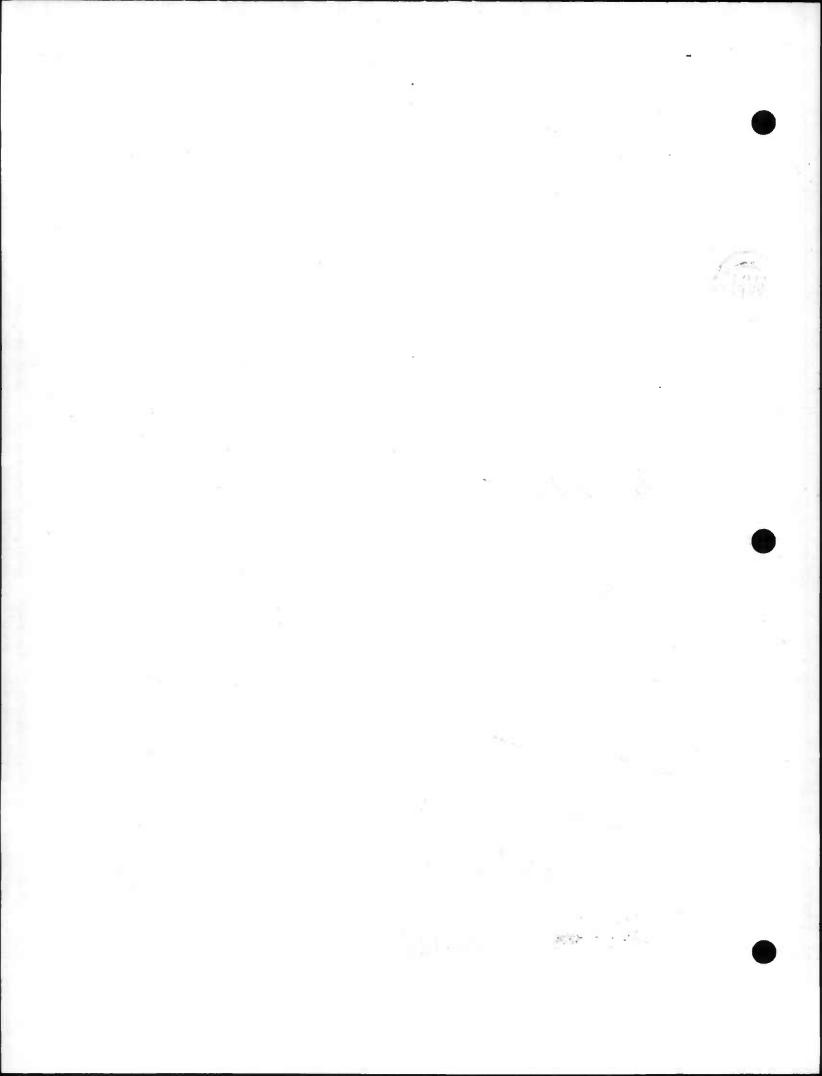
	••										95)		90
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last))							2. DATE OF DEAT				3. TIME OF DE	
1	EWING ELTON STUA	RT							JANUARY	8,	1995	EAR	5:20	Рм
1 3	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDE				IF UNDER	24 HRS.	B. 7. OATE OF BIRTH B. BIRTHPLACE (State or					Foreign
1	191-01-5832	-5832 1 X M 2 □ F 86 YRS.			MONTHS	DAYS	HOURS	MIN.	JAN. 9,	(Month, Day, Year) AN. 9, 1908		PENI	NSYLVA	NIA
	99. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR	LOCATION	ON OF OR		-	. CDUNTY	OF DEA	TH .	
DIRECTOR	GARRETT COUNTY M	HOSPITAL			OAKL	AND			GARRETT					
	RESIDENCE OF DECEDENT 100, STATE 10b, COUNT	OF DECEDENT				DR LOCATIO	ON.			10d. INSIDE C				
E E	MARYLAND		10c. CITY, TOWN OR LOCATION SWANTON						1 YES 2 K NO					
	10e, STREET AND NUMBER				7111110		7IP CODE	F		100	o CITIZEI		AT COUNTRY	-
FUNERAL		TON ROAD			101. ZIP CODE 21561					100		USA	AI COUNTRY	
13	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.							IIC ORIGIN? (Specif	y Yes or I	or No. 14. RACE — American			dlan,
BY F	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR DR DATES			ND If yes, specify Cubsn, Mexico					en, Puerto Ricen, etc.)			Black, White, etc. Specify: WHITE	
	15. DECEOENT'S ED	WW I		CEDENTIO	USUAL OC	COMPATION			T and the same in				WHILE	
	(Specify only highest grad	le completed)	(G	ive kind of a	work done o	during most	of working	ng	16b. KINO O	BUSINE	SS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		TEAM	FITTE	ER			С	ONST	RUCT	ION		
O	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First Middle M	eiden Sum	ne/mel			
BE C	JOHN HIRAM S	TUART						CHEL	NAME (First, Middle, Meiden Surneme) L ANN PHILLIPS					
	19+. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS	(Street and	d Number	or Rural I	Poute Number, City o	r Town, St	tate, Zip Co	de)		
5	ALLAN L. STUART 1202 BROADFORD RD. MT. LAKE PARK, MD 21550													
	20b. PLACE AND DATE OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Denetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of the Company of t													
	AL SUPERIOR AND ALL SERVICE LICENSES													
	DURST FUNERAL HOME - OAKLAND, MD. 21550													
	23. PART I. Enter the diseases, or	complications the	et ceused the de	eth. Do i	not enter	the mod-	e of dyi	ing, suc	h ss cardiac or i	reepirato	ory street	,	Approxi	mete
	shock, or heert fellure. Liet only one ceuee on eech line. Intsrvel Between Onsst snd Desth													
	disease or condition resulting in desth)	. metasi	tatic lu	no C	Δ								9 mo	
	resulting in destri)		(DR AS A CONSE										9 1110	ntns
Z														
RTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):													
2	CAUSE (Disesse or Injury	C	(OR AS A CONSE										-	
E	thet initieted events resulting in death) LAST	DOE TO	(OH AS A CONSEL	DUENCE O	+ }:									
当		d	_										·	
4	PART II. Other significant condition	ons contributing to	death but not r	eeuiting	In the un	derlying	ceuse (given in		S AN AUT			VERE AUTOPSY	
EDICAL	ASHD								1 _ YI	RFORMED	10	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEC	hypothyroidism	l											F DEATH?	1 NO
														,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				-	26. PLA	CE DF D	EATH (Ch	ack only one)					
SIG	1 YES 2 ND	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER		5 🗆 Re	eldence	8 Other (Specify)				
동	27. MANNER DE DEATH													
Netural 5 Pending 2 Accident Investigation M 1 YES 2 ND														
	2 Suicide 280, PLACE OF INJURY — At home form street factory office 281 LOCATION (Compt and At make any Design At make									ite Number,				
29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.														
COMPLETED	(Check only CERTIFYING PHY													
8	2 MEOICAL EXAMIN	A		vuarigatic	ni, in my o	_				e, end du	e to the c	Ause(s)	end menner es	stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	PIV						ENSE NUM		29	d. DATE S	SNED A	Aonth, Day, Yee	7)
2	30. NAME AND ADDRESS DF PERSON W	HD COMPLETED CALL	SE DE DEATH //TE	M 970 /%	Dunt'		ומ	5333			1	1	15	
1 1	I	COMI LETED CAU	OF DE DEVILLE (LIE)	m 41) (1)/pe	, rinn)						1	,		

311 N. Fourth St

32. REGISTRAR'S SIGNATURE

21550

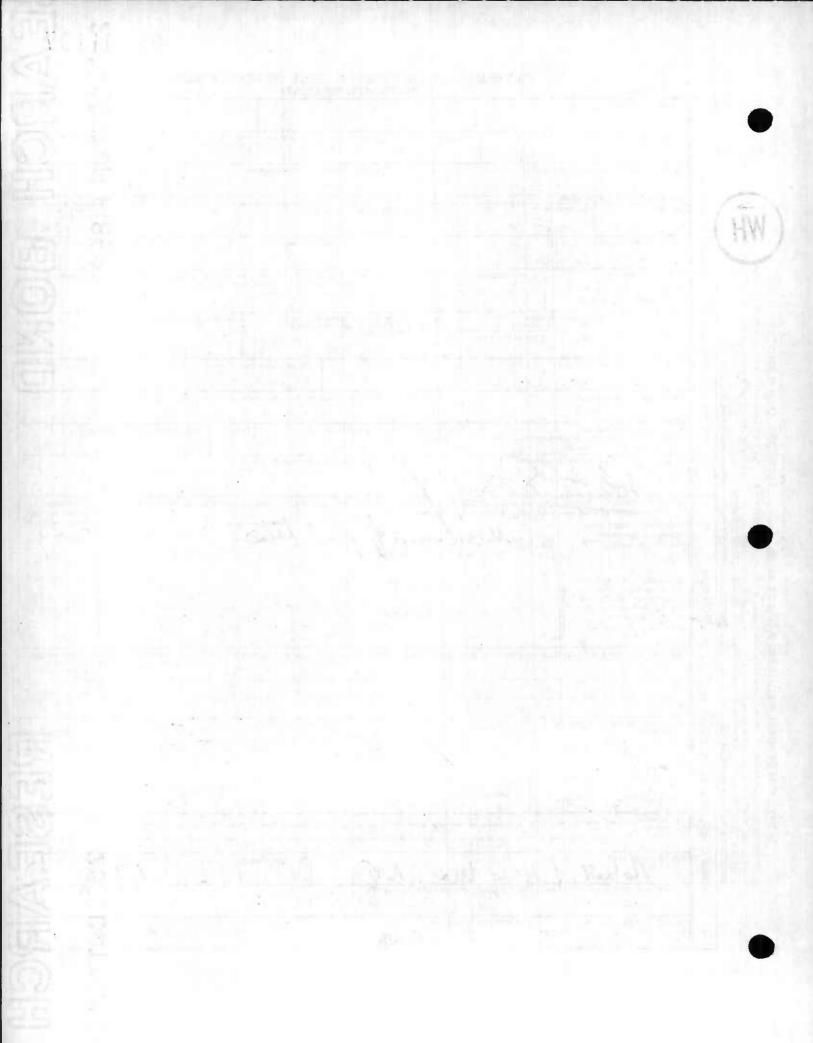
Oakland, MD



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR HENRY K. TESTERMAN 10:35 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) a. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 2/23/1910 1 M 2 F DAYS HOURS 174-01-3838 84 Tennessee 9a. FACILITY NAME (If not inetitution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Citizens Nursing Home Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Sabillasville 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21780 15024 Foxville-Deerfield Road U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. burial-t BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

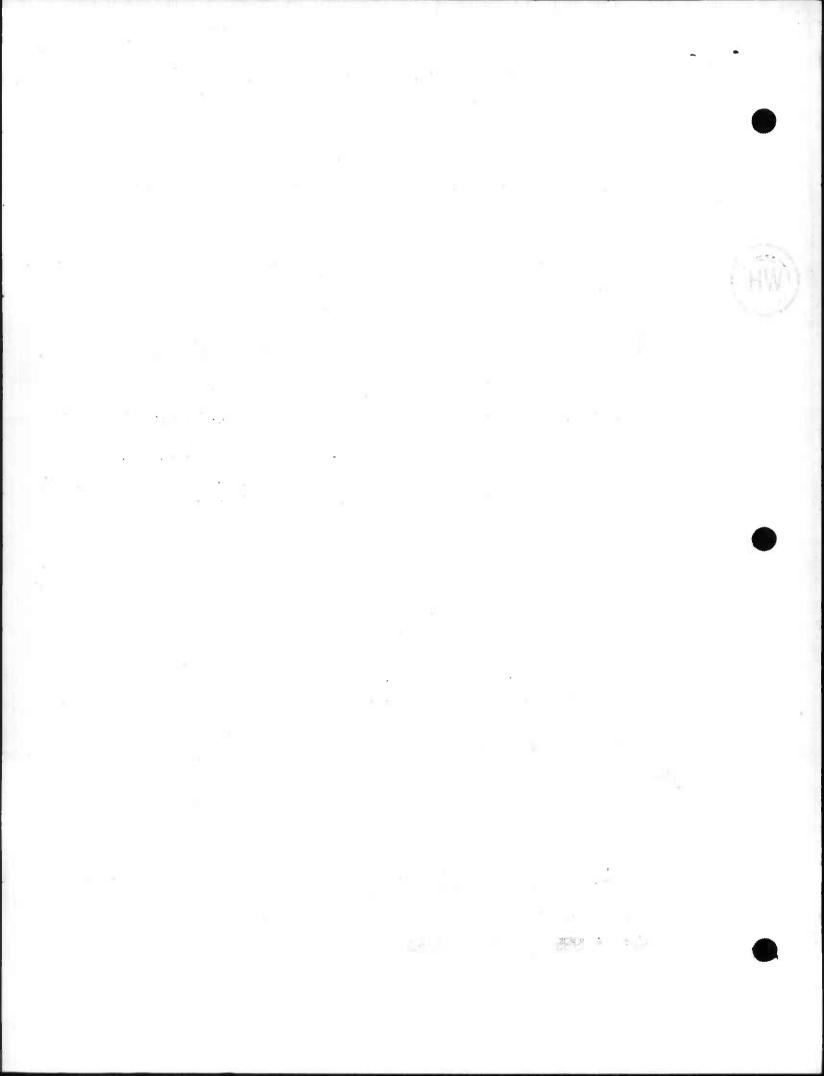
1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: Specify: BY 3
▼ Widowed 4 Divorced White for use as the 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 186. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) the hospital e detached fo 12 years Salesman Frederick Trading Company 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) 5 should be d Robert Taylor Testerman Daisy Florence Livesey BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert E. Testerman 13284 Penn Shop Road Mt. Airy, Maryland 21771 2 funeral director, page å 20s. METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State ours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION / Name of OATE must Mt. Moriah Cemetery 1/4 Sabillasville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LIGH examiner 22. NAME AND ADDRESS OF FACILITY ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 615 EAST MAIN STREET THURMONT, MD 21788 in by the ir removal. medical 23. BART I. Enter the diseases, or com death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one interval Batween **Onset and Death IMMEDIATE CAUSE (Finel** the cremation, adamounda diseese or condition resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE O bunal. CERTIFICATION and Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) prior to if any, leeding to immediate attending physician ntal Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 0 the atten PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Health and AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 410 Shows 1 YES 2 NO t. of PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER Wurs 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Nome 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 99 8 Could not be ETED 4 Nomicide 28 detagmined Hem COMPL 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner ea stated. (Check only one) HOSPITAL FUNERAL within 72 TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, 29b, SIGNATURE AND TITLE OF CENTIFE 29d. DATE SIGNEO (Month, Day, Year) LICENSE NUMBER BE 3 9 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 700 Montclaire Avenue Frederick, Maryland 21701 Robert S. Hughes MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whi Davelson Revelet

OHMN-18 Rev 1/89



BALTIMORE, MARYLAND 21215 DIVISION OF VITAL RECORDS, P.O. BOX 68760, FOR STATE

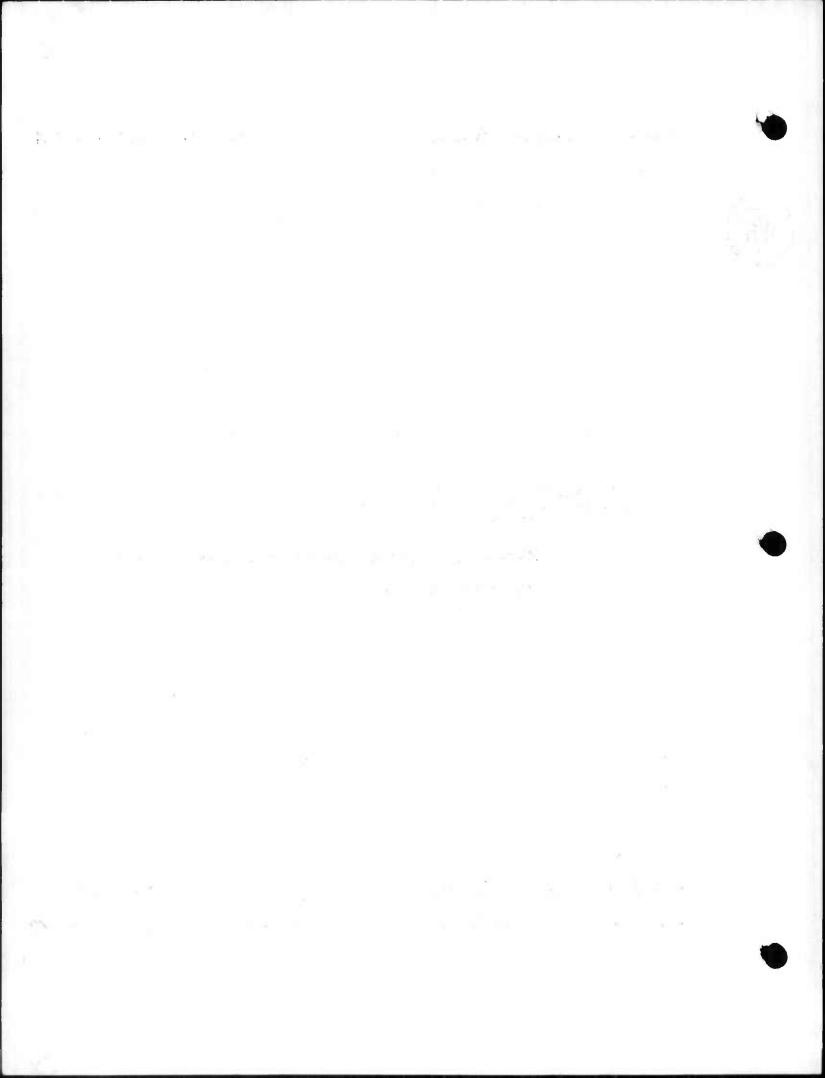
	REGISTRAR		CERT	IFICAT	E OF	DEATH	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH MONTH DAY YE			3. TIME OF DEATH	
	·	Kenneth Br	omas,	las, Sr.			January 3 1995			1:15.P. M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birtho		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		1		PLACE (State or Foreign	
	226 44 5057	N 2 □ F	65 YR	MONTHS	DAYS	HOURS MIN.	(Month, Day	(Ybar)	, I	Countr	y)	
	236-44-5857		00				July 7	192			antown, WVa	
~	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
0	Garrett County Me	morial Hospi	tal		0ak1	.and		- 1	Ga	rret	t	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY											
2			10c.	CITY, TOWN							10d. INSIDE CITY LIMITS?	
	Md. Gar	rett			1t. I	Lake Park	2				1 TYES 2 TO NO	
A	100, STREET AND NUMBER			101	. ZIP CODE			10g. CITI	ZEN OF W	WHAT COUNTRY?		
FUNERAL DIRECTOR	110				21550		- 1		USA	1		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13.	WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Se	ecify Yee	or No	14. RACE	- American Indian,	
	3 □ Wildowed 4 □ Divorced WW 11 1 □ YES 2 XNO Specify: Specify: White											
E	(Specify only highest grade		(Give kind	of work done of use retired.	during mo	st of working	7000.1411	0. 500		OSTAT		
2	Elementery/Secondery (0-12)	College (1-4 or 5+)	Truck					021	& Lu	mhar		
Z			HUCK	DIIVE	= L					uiwer		
15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementerry/Secondery (0-12) 8 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, III.)												
H	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
P Dorothy M. Thomas 110 A Street Mt. Lake Park, MD 21550												
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Terra Alta Cemetery 1-5-1995 Terra Alta, W											wn, State	
											TAT TAT	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	IIa AI			D ADDRESS OF FA		101	Iu n	Luay	W. Va.	
	1 A H 11	Wright				H. Wrig		era1	Hom	e, I	inc.	
	William &	- Wright				ghland A						
	23. PART I. Enter the diseases, or o	complications that causes	d the deeth. I	o not ente	r the mo	de of dying, suc	h as cardiac	or respir	atory arr	est,	Approximate	
										Onset and Dasth		
- 1	IMMEDIATE CAUSE (Final disease or condition	Manad	CT	D1 J								
ł	resulting in death)	DUE TO (OR AS A	ve GI								4 hours	
1												
CERTIFICATION	Sequantially list conditions,	DUE TO (OR AS A	ic Tum								unknown	
F	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (ON AS A	CONSEQUENC	E OFJ:							i .	
2	CAUSE (Disease or Injury	0.										
Ë	that initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENC	E OF):							1	
H	reading in death, Exci	4										
0	PART II. Other algorificant condition	s contributing to death b	ust not consist	na in the u	ndo elulo	n govern glynn in	Don't at-	WW. 0 444		1		
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying couse given in Part i. Acute Myocardial Infarction, acute and chronic renal 24a. WAS AN AUTOPSY PERFORMED?							240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă							1 [YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
H	Failure, Coronary	Artery Dise	ease, G	out,	Conge	estive		/			1 YES 2 NO	
	Heart Failure										/\	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DEATH (Ch	eck only one)					
S	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DC	OTHE		e 5 Residence	6 Other (Sn	noifu)				
≟ ∥	27. MANNER OF DEATH	28e. DATE OF INJURY		TIME OF	26c. INJ		26d. DESCRIB	,	LIURY OCC	URED		
	1 Netural 5 Pending	(Month, Day, Year)		INJURY	WO	RK?						
BY	2 Accident Investigation " 1 TES 2 NO											
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	— At nome, re-	rm, street, tac	ctory, offic	•	City or Tov		nd Number	or Rural R	loute Number,	
COMPLETE												
금 [29e. CERTIFIER Check only	CIAN: To the best of my know	ledge, death oc	curred at the	time, date	end place, end due	to the cause(e)	end meni	ner ee atat	ed.		
2		R: On the basis of examination									end menner ee stated.	
	296. SIGNATURE AND PITLE OF CERTIFIER											
H	1/1/	1 + 1	1			29c. LICENSE NUM	REER				(Month, Day, Year)	
2	D26650 1/3/95										5	
	30. NAME AND ADDRESS OF PERSON WH											
	<u>Margaret</u> A. Kaise	r MD PO Bo	x 486	0akl	and,	MD 215.	50					
- 1	31. DATE FILED (Month, Day, Year)									_		
ļļ.	JAN 6 1995	32. REGISTRAR'S SIGN	ATURE									



BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physi	the funeral director, page 5 should be detached for use as the buriand.	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and ster death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle,	LAST) ABETH UNGE	ER			2. DATE	E OF DEATH	YEAR 95	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-18-0276	1 🗆 M 2 💢 F		F UNDER † YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	of BIRTH (0,00) 20/1912	Count	HPLACE (State or Foreign (TV)
9a. FACILITY NAME (If not institution, 11 West Main S RESIDENCE OF DECEDEN	treet Apartme		Thurmo	n t	DEATH		county of the Freder	
Maryland F			rmont	ION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER 11 West Main S 11. MARITAL STATUS	treet Apartmer	nt #1	101	21788		10g.		S.A.
3 🔀 Widowed 4 🗌 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	Il yes, spi	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puerto	N? (Specify Yes or No Ricen, etc.)	Blac	E American Indian, k, White, etc. White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 8 years 17. FATHER'S NAME (First, Middle, Les	EDUCATION grade completed) College (1-4 or 5 +)	ille. Do NOT use i	k done during mo etired.)	N st of working		b. KIND OF BUSINESS		
8 years 17. FATHER'S NAME (First, Middle, Les	1)	Custod	lan	18. MOTHER'S N		Iotel Middle, Meiden Surnai	me)	
George Oscar E	rice			Belva			116)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DORESS (Street e			nber, City or Town, Stat	e, Zip Code)	
Beverly Baker		13245	Catocti	n Furna	ce Ro	ad Thurm	ont, M	Maryland 217
20a. METHOD OF DISPOSITION 1	Removal from State 20	b. PLACEAND DATE OF metery, cremetory or othe Blue Ridge	DISPOSITION /Na	me of	DA	TE 20c. LOCATIO	N — City or To	
21. SIGNATURE OF FURERAL SERVY	2 lee	de	22. NAME AN	E. DAI	LEY 8		ERAL H	IOMES, P.A.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF): A CONSEQUENCE OF):	c CA	R DIOUA.	८८५	LAR DIS	SEASE	Onset and Death
PART II. Other significant cond	litions contributing to death	but not resulting in	the underlying	cause given in	Part I.	24a. WAS AN AUTO PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 1 YES 2 NO 27. MANNER OF DEATH 1 No Metural 5 Panelina								1 TES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (CI				
27. MANNER OF DEATH	1 Inpetient 2 ER/Out 28e. DATE OF INJURY	28b. TIME C		5 Residence		or (Specify) SCRIBE HOW INJURY	OCCUBEO	
1 Natural 5 Pending 2 Accident Investiga 3 Suicide Particular Suicide	(Month, Day, Year)	INJUR Y — At home, lerm, atre	M 1 N	RK? ES 2 NO		CATION (Street and Nu		0
4 Homicide 8 Could no determin	building, etc. (Spe	ocify)	.,,			or Town, State)	TADOT OF HOTEL	notic Harrosi,
	HYSICIAN: To the best of my know MINER: On the basis of examination							a) end menner ee stated.
Robert RR	Roberte	MD		29c. LICENSE NU DO9		7 P	DATE SIGNED	(Mooth, Day, Year)
RRRROBE		15 W 77	57					01-45-99
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE						



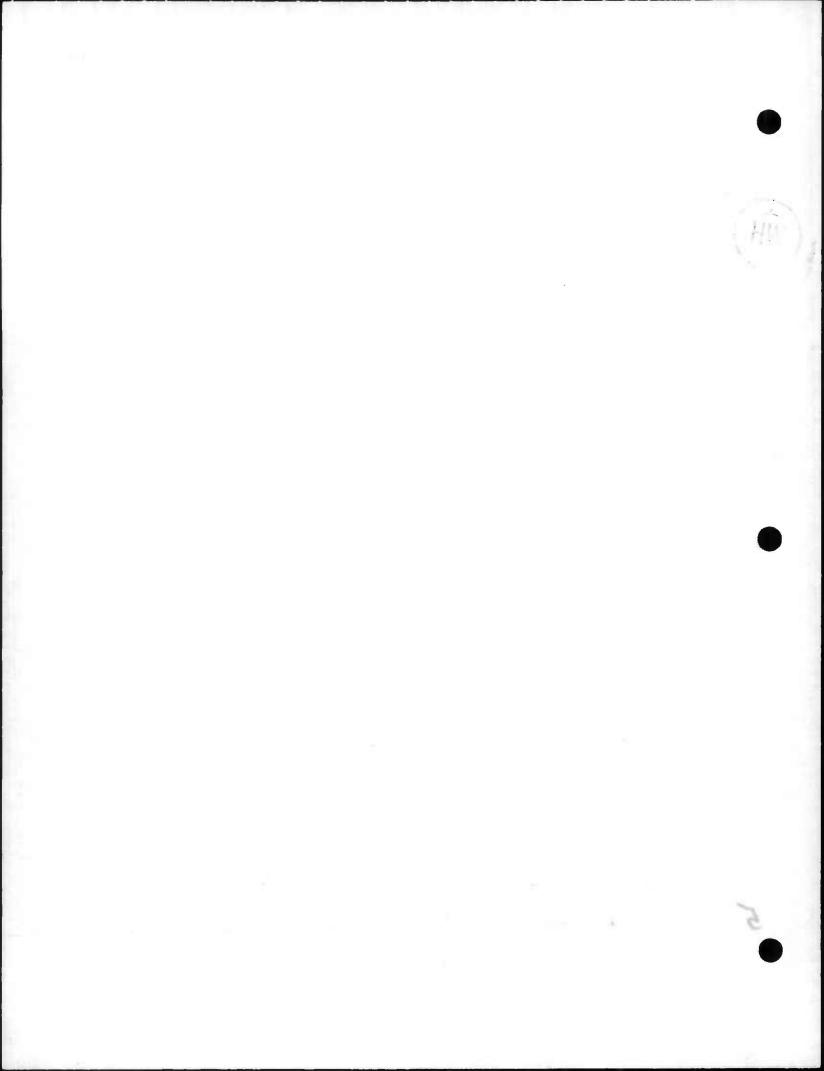
1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Elsie	von Buba	m					95 12:50 AM
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
- 17	577-62-1706	☐ M 2 💢 F	101 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	.1893 1	Country) Washington DC
3	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
DIRECTOR	Fox Chase Nursing I	Home		Silver	Spring		0 0	omery
E	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY
	Maryland Montgo	omery	Silv	er Spr	ing			LIMITS?
AL	10e. STREET AND NUMBER			3	of, ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
EH	10163 Sutherland Ro	oad			20901		USA	
BY FUNERAL	11. MARITAL STATUS 1 [X] Never Married 2	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	II yea,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	s or No — 14.	Black, White, etc. Specify: White
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S U	SUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDUS	TRY
E	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of wo	ork done during i	nost of working	TOOL KIND OF DO	0111233111303	THV
7	12	conege (1-4 or 5 +)	Secreta	rv		United	States	Government
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-/	18. MOTHER'S NA	AME (First, Middle, Maider		COVETAMENT
BE C	Walter von Bubam				Bridget	Kelly		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	DDRESS (Street		Route Number, City or Tov	vn, State, Zip Co	de)
٩	Mary C. Murphy							Maryland 20901
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 ☒ Cremation 3 □ Remova	20b	PLACE AND DATE OF	DISPOSITION	Name of			or Town, Stata
	4 Donation 5 Other (Specify)	Me Me	etery, crematory or oth Tropolita	er placel in Crem	atory	1/5/95Alex	kandria	, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME	AND ADDRESS OF FA	CILITY		
	Janes El	ale				llins Fune		
	23. PART i. Enter the diseases, or com	nplications that caused	the death. Do no	t enter the m	ode of dving sur	y DIVG.W.	SII. S	pr. MD 20901
	SHOCK, OF HEART TEHLIFE, LIST	Antenso	ach line.					interval Between
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF	-	rear	1/15	-CQ > (101 years
z								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)					
S	CAUSE (Disease or injury							
불	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)					
E I	d							
	PART II. Other significent conditions c	ontributing to death b	ut not resulting in	the underlyi	ng ceuse given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
DICAL	Chronic BI	rain Son	edrom,	· 50	can Anu	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш	to Conel	bral Hr	denia	110	1-515	T I TES	Y	OF DEATH?
2	DID TOBACCO USE CONTRIB	SUTE TO CAUSE O	F DEATH YES	I NO I	UNCEPTAI			1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH					
PHYSICIAN:		OSPITAL:	etlant 3 DOA	THER:	me 5 🗆 Rasidence	* - Otto- (D)		
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IP	JURY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED
- 4	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU		YES 2 NO	30 10.00		
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, larm, str	eet, lactory, off	ca	28I. LOCATION (Street	and Number or F	Rural Route Number,
TED	4 Homicide determined	building, etc. (Spec	my)			City or Town, State;		
٦	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowl	edne deeth occurred	et the lime der	to and place and due	to the country and		
COMPLET	(Check only one) 2 MEDICAL EXAMINER: 0							Nuse(a) and manner as etated
	296. SIGNATURE AND TRUE OF CERTIFIER	1/						
BE	(heel)	6	Q -m	D	29c. LICENSE NUI	P 7	29d. DATE \$10	GNED (Month, Day, Year)
임	30. HAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH HEM 27) (Tone II	ting)	11/3/		1/3	175
		nsia A	60	11	Chan	· MA	2	21010-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE	ueas	y Chas	4110	186	21/2
1	JAN 6 1995	1 11 A 11 A A	and the second	/				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in by the funeral director, page 5 should be detached for use as the burial-trained mind mind in the state Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,



FOR

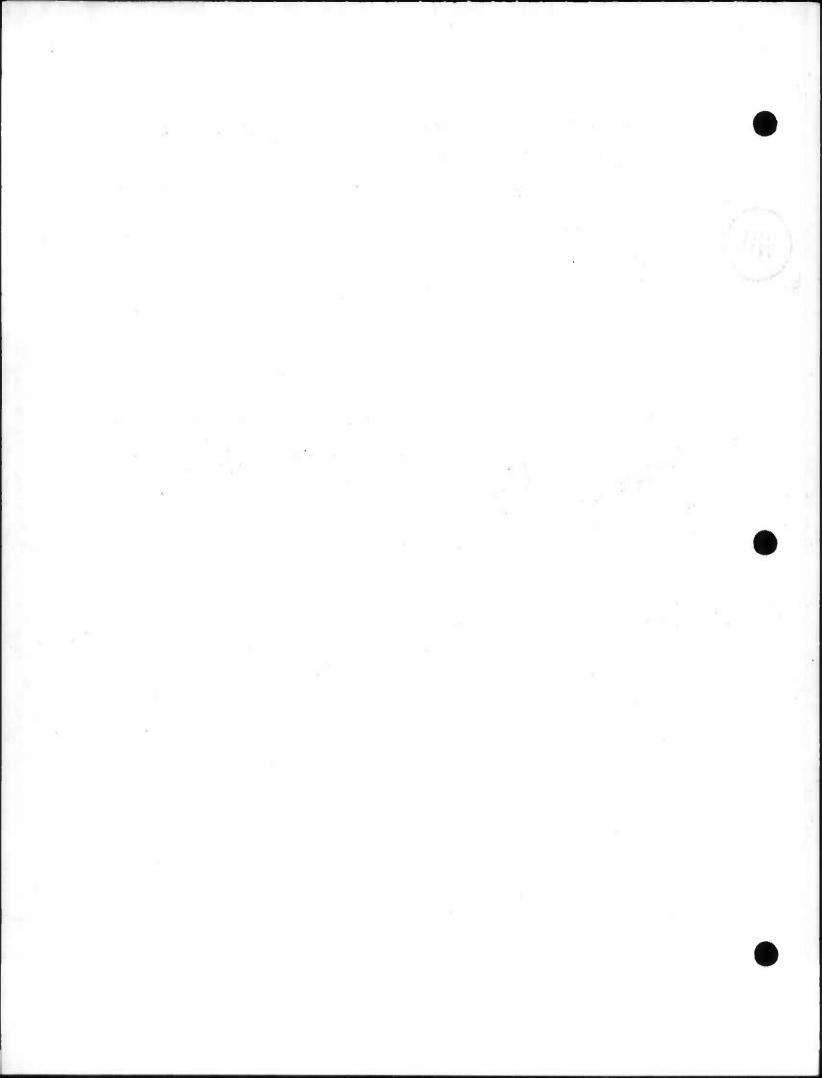
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		С	ERTIF	ICATE	OF	DEATH	MENIAL	REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, La ATILAN		YELL					2. DATE OF		100	YEAR	3. TIME OF DEATH 2:30 A. M	
	4. SOCIAL SECURITY NUMBER 214-60-6097	S. SEX 1 🔀 M 2 🗆 F	8. AGE (In yrs. In. 89		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF			a. BIRTH Count	IPLACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, given Holy Cross Hospies) RESIDENCE OF DECEDENT										oc. county of DEATN Montgomery		
DIRECTOR	ton. STATE tob. COU	gomery			ver S							10d. INSIDE CITY LIMITS? 1 YES 2 XXNO	
FUNERAL	100. STREET AND NUMBER 11393 Columbia	Pike				10f	20904			10g. CIT.		WHAT COUNTRY?	
B⊀	11. MARITAL STATUS t Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? t IF YES, GIVE W	YES 2X	NED NO	1	t yes, sp	ENDENT OF NISPAI pelfy Cuban, Maxica 2 NO Specifi		nn. atc.)	or No	14. RACI Black Spec	- American Indian, k, White, etc.	
COMPLETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12	DUCATION ade completed) College (1-4 or S+	·) (G	ECEDENT'S Give kind of a. Do NOT u	work done o se retired.)	during mo		16b. Ki	ND OF BUS			ion	
BE COM	17. FATNER'S NAME (First, Middle, Last) Candido Viye	110					18. MOTHER'S NA Felonen	ME (First, Mide		Sumame)			
TO B	190. INFORMANT'S NAME (Type/Print) Maria V. Abbott		19	L810	Arco	(Street a	nd Number or Rural Ve. Silv	Aoute Number, er Spi	chy or Town	, State, Zip MD	2090	2	
	20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 R 4 Donetion 6 Other (Specify)	2	20b. PLACE cemetery, com Mary	and date	Natio	onal	Cemeter	y 1/6	Lau	rel,	City or To		
	21. SIGNATURE OF FUNERAL SERVICE	LICENS	back		22. 1	NAME AN	arroll S	cury Tal St.NW, N	koma Washi	Fune ngto	ral n, D	Home, Inc. .C. 20012	
	23. PART I. Enter the disesse, of shock, or yeart failured in the shock of the shoc	e. List only phe cau	t caused the dese on each line EM (OR AS A CONSE	€.				h ss cerdied	c or respir	atory an	rest,	Approximate interval Batwean Onset and Desth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
DICAL	Renal Fa	ons contributing to Wilure,	Atri	resulting CC	In the un	br1	ceuse given in		PERFORI	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/Outpetient 1	2 004	OTHER	1:	ACE OF DEATH (Ch		256.				
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28b. TIM		28c. INJ WO	URY AT RK?	28d. DESCR	-	JURY OC	CURED				
	3 Suicide 6 Could not 0 4 Homicide determined	ome, farm,	street, facto	ory, offici		281. LOCATION City or 1	ON (Street ar Town, State)	k and Number or Rural Route Number, (e)					
COMPLET		YSICIAN: To the beat of INER: On the beats of an) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIF	Challe	and m				29c. LICENSE NUM	18ER 25/	8	29d, DAT	E SIGNED	(Month, Day, Year) -95	
으		WNO COMPLETED CAUS	SE OF DEATH (ITE	M 27 (Type	Print)	VIL						E, 20852	
	JAN 6 1995	32, REGISTRA	n's signature	Ц				, , , , , , , , , , , , , , , , , , , ,					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remoral. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERI	IFICAL	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	APANATY.	Vacu				2. DATE OF MONTH	DEATH DAY	1°P	R	E OF OEATH
4. SOCIAL SECURITY NUMBER	DENNY s. sex a.,	AGE (In yrs. lest birth		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	1 0 00		(State or Foreign
214-12-5934	1 X M 2 □ F	89 YR	NONTHS	DAYS	HOURS MIN.	DEC.	16,1	1905	MAR:	YLAND
9a. FACILITY NAME (If not institution, give					R LOCATION OF E	EATH		9c. COUNTY O	F DEATH	
WILLIAM HILL HI	EALTH CAR	E CENTE	R 1	EAST	ON			TAI	LBOT	
10e. STATE 10b. COUNT	Υ	10c.	CITY, TOWH	OR LOCAT	ION					NSIDE CITY
MARYLAND CA	AROLINE		PRES!	ron					101	YES 2 X NO
100. STREET AND NUMBER				101	ZIP CODE			10g. CITIZEN C	F WHAT CO	OUNTRY?
22026 GANNON I	DRIVE				21655			US	SA	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EV FORCES? 1		13	. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yee o	r No 14. B	ACE - Ame	erican Indian,
3 Widowed 4 Divorced	IF YES, GIVE WAR			1 TYES	2 X NO Spec	My:	11, 4(0.)		naniku:	HITE
15. OECEDENT'S EOU (Specify only highest grade		16e. DECEDER	NT'S USUAL	OCCUPATIO	ON et of working	16b, Kt	ND OF BUSH	ESS/INDUSTR	N	-
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do No	OT use retired.)	at or working					
8		FARM	ER				FARM	IING		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mick	dle, Maiden Si	rneme)		
LEVI VOSHELL					М	ATTIE	PERI	RY		
190. INFORMANT'S NAME (Type/Print)					nd Number or Rura					
DORIS K. VOSHI	ELL	22	026	GANN	ON DRI	VE, P	REST	ON, MI) 21(655
20e. METHOD OF DISPOSITION 1 W Burlel 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	ioval from State	20b. PLACE AND OF COMMETTER, CROWNER OR	or other place	SITION (Ne	me of TERY	1-7		STON,		te
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22	. NAME AP	D ADDRESS OF F	ACILITY				
1		1			AM FUN					1470
23. PART I. Enter the diseases, or	MERCER				S. HAR					
shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition	List only one cause	on each line.					or respire	nory arrown,	10	Approximate nterval Betwe Onset and Dar
reaulting in death)	a. DUE TO (OR	AS A CONSEQUENCE	throw or	ul	my	1				170
					90	,				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	CE OF):						1	
cause. Enter UNDERLYING CAUSE (Disease or injury	C.									
that initiated events	DUE TO (OR	AS A CONSEQUENC	E OF):							
resulting in death) LAST	d									
PART II. Other algnificant condition	ns contributing to der	ith but not resulti	ing in the u	nderlying	cause given it	Part I 24	la. WAS AN A	ımpey	24h WEDE	AUTOPSY FINDING
				in contyning	, cause given in		PERFORM	ED?	AMAILA	BLE PRIOR TO ETION OF CAUSE
						_ 1	YES 2	TNO	OF DEA	
		-		_		- 1			1 🗆 Y	ES 2 NO
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:	- 100	ОТНЕ	R:	ACE OF DEATH (C					
1 TYES 2 NO	1 Inpatient 2 ER			28c. INJ	e 5 ☐ Residence	T				
1 Westural 5 Pending	(Month, Day, Y		TIME OF INJURY	WO	RK?	26d. DESCR	IBE HOW INJ	URY OCCURED	,	
2 Accident Investigation	200 DI ACE OF IN	JURY — At home, fe		1 1						
3 Suicide 6 Could not be 4 Homicide datermined	building, etc.	(Specify)	rin, street, te	ctory, onle			iown, Stete)	d Number or Ru	rei Houte Nu	imber,
290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge death oc	curred of the	time date	and place and de	a to the same	a) and =		-	
	ER: On the basis of exami								se(s) end m	enner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIE										
JA JOHN STEEL AND THE OF CERTIFIE	7-0				29c. LICENSE NU			29d. DATE SIGN		
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE O	E DEATH ATEM OF	(Ima Circi	- 3	200	122		/-	-5-	71
STEPHENCP. C				EWIL	D AVEN	UE, E	ASTO	N, MD	216	01
() () () () () () () () () ()	32. REGISTRAR'S	SIGNATURE	D							
JAN - 4 1995	Motivate.		Suman	Davido	n-Randal	2				

_	NOUR
	24
60,	within
K 687	executed
6	2
.C.	certificate
S, D	death
	the
H	that
KEC	requires
١	2W
4	The
2 7	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
5	OR.
_	SPITAL

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last) HELEM			READ		2. DATE OF DEATH DO DAY Y		YEAR 3. TIME OF DEATH			
- Harried		4. SOCIAL SECURITY NUMBER 220-42-0401	1 □ M 2 🂢 F 8	rs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1911	BIRTHPLACE (State or Foreign Country) Washington, DO			
(LI	CTOR	99. FACILITY NAME (If not institution, give str Suburban Hospital RESIDENCE OF DECEDENT				or Location of Di nesda	EATH		ntgomery			
7	DIRECTOR		gomery		y, town on Loca ethesda	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
physician burial-trame per	FUNERAL	8025 Hampden Lane				20814		U.	EN OF WHAT COUNTRY?			
	ВУ	1 Never Merried 2 Married 3 Widowed 4 K Divorced	12. WAS DECEOENT EVER IN U. FORCES? 1 TYES : IF YES, GIVE WAR OR DATE	2 XXVIO	If yee, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:	s or No- 1	4. RACE — American Indian, Black, White, etc. Specify: White			
the hospital or attending detached for use as the once.	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16 completed) 16 College (1-4 or 5 +)	e. DECEDENT'S (Give kind of a life. Do NOT us	,	ON ost of working	16b, KIND OF BU					
× % #	COMPL	17. FATHER'S NAME (First, Middle, Last) William Farhood	Surneme)	<u> </u>								
should should potified	TO BE	190. INFORMANT'S NAME (Type/Print) Anne Zdobysz	· · · · · · · · · · · · · · · · · · ·				Route Number, City or Tow Drive Hern					
leath. Page 6 may be funeral director, page xaminer must be		20e. METHOO OF DISPOSITION 1 X Burlel 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from State comete	ACE AND DATE	of Disposition (N ther place) L Cemete	ame of	OATE 20c. LO		ty or Town, State			
0 = 0		21. SIGNATURE ON FUNERAL SERVICE LICE	Simmores)	Josep	no address of fa h Gawler	's Sons, I	nc. 5	130 Wisconsin			
within 24 pletely fill cremation, tent, the		Avenue, NW Washington, DC 20016 23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, interval Bet Onset and I disease or condition resulting in death) a										
death certificate be executed attending physician and comental Hygiene prior to burial, irv, or other traumatic every.	ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	0	PART II. Other significant conditions	contribution to death but				[
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and MINPORTANT: It Item 28 is marked, or Item 23 shows any Inji	: MEDICAL						PERFOR	RMED?	24b. WERE AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
N: The law icate has b State Dept.	PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO	26. HOSPITAL:	PLACE OF DEAT	S NO NO NOTHER:				1			
IG PHYSICIAL ter this certifi ath with the narked, or	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT DRK? YES 2 NO	8 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCU	REO			
R ATTENDIR RECTOR: Aft urs after de	ED.	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)				261. LOCATION (Street a City or Town, State)					
HOSPITAL O UNERAL DI HITI IL ING	COMPLET		IAN: To the best of my knowledg : On the beels of examination en									
TO THE F TO THE F be filed w	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO	fri M			DZ-6		29d. OATE 5	SIGNED (Month, Day, Year)			

who completed cause of Death (ITEM 27) (Type Print)

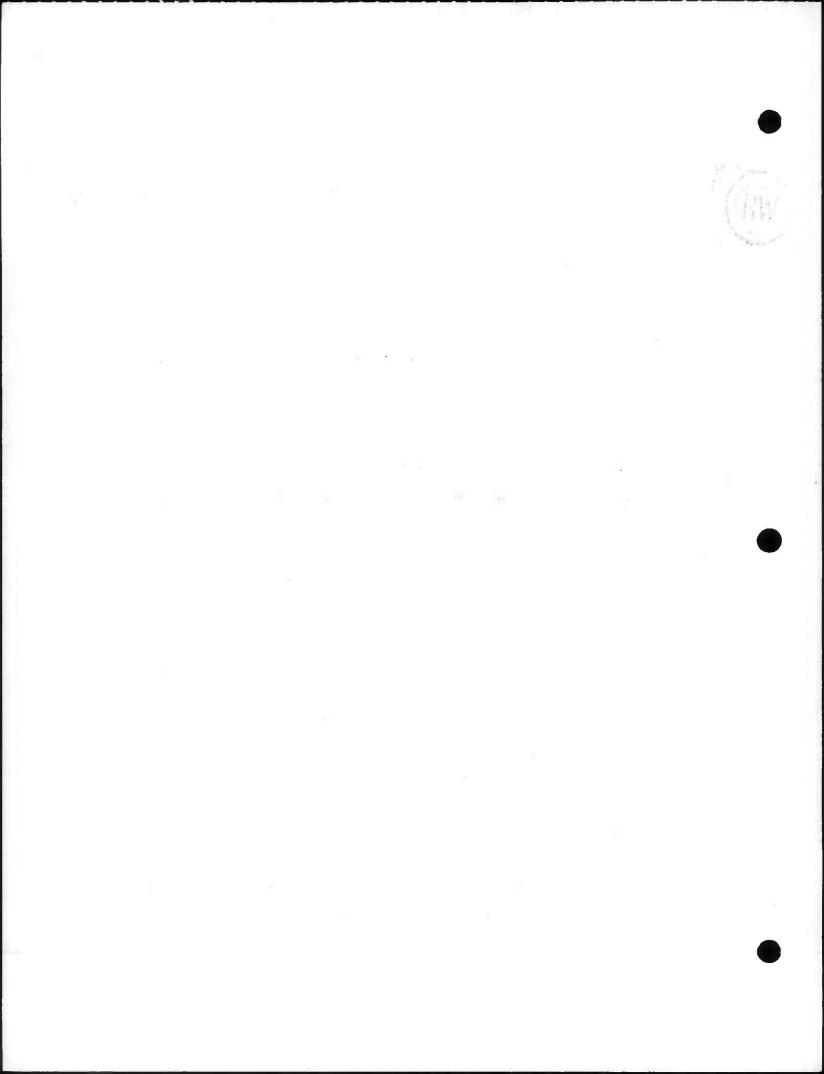
Are Suite Wolf Kensington MD, 20895 KATHRYW 5 KIR

30. NAME AND ADDRESS OF PERSON

JAN 3 1995

Conn

32. REGISTRAR'S SIGNATURE



TO BE COMPLETED BY FUNERAL DIRECTOR

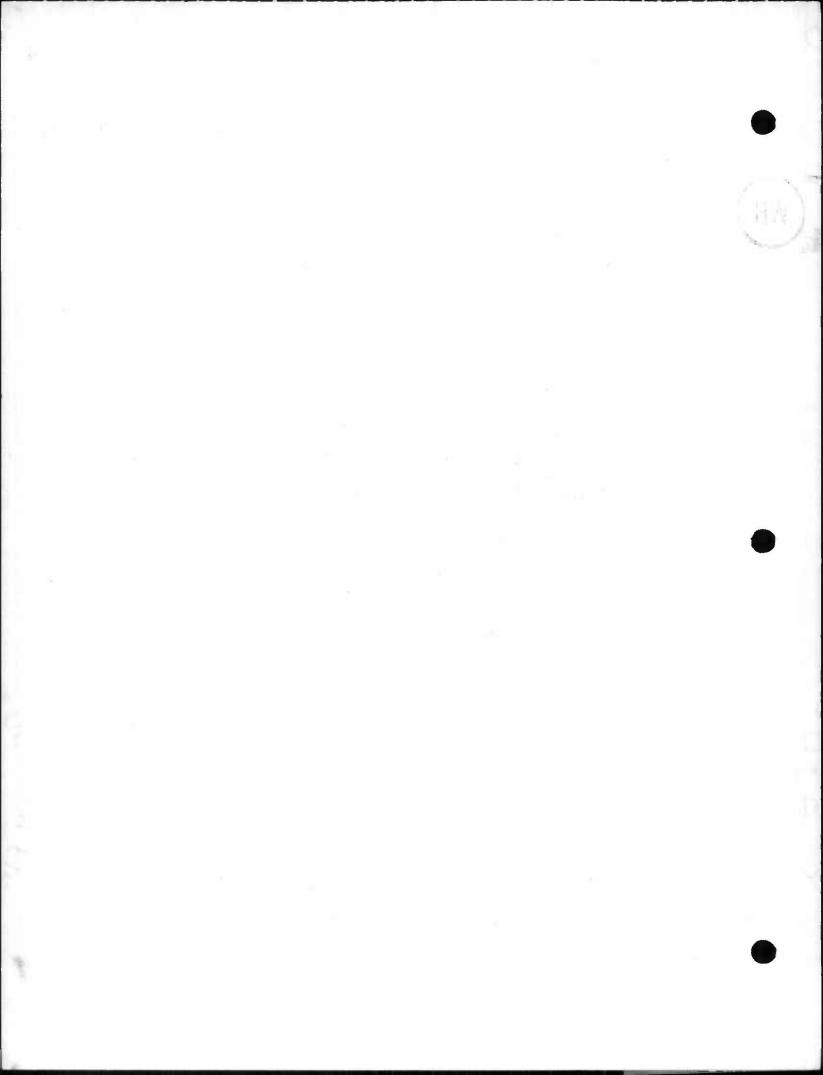
1 - STATE REGISTRAR		SIAIE UF I		/ DEPAR CERTIF					MENTA	NL HYGIE! REG. NO			
1. DECEDENT'S NAME (First	t, Middle, Last)			<u>JEIIIII</u>	IOAIL	. 0.	ULAI		2. DAT	E OF DEATH			3. TIME OF DEATH
Frank Wenge	r								Jan	-	995	YEAR	10:35 P. M
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.				s. BIRTI	IPLACE (State or Foreign
578-10-1389		1 🕅 M 2 🗆 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Sen	of Birth th, Day, Year) た。子。	1907	Geri	
9a. FACILITY NAME (If not in	nstitution, give st	treet and number)			9b. CITY,	TOWN OF	LOCATIO	N OF DE		/ 5		UNTY OF D	
Montgomery	General	l Hospita	1		01ne	v					Mon	tgom	erv
RESIDENCE OF DE	CEDENT										1:1011	- Bom	
10a. STATE	10b. COUNTY				Y, TOWN O	R LOCATION	ON						10d. INSIDE CITY LIMITS?
Maryland	Montgo	omery		Pot	omac								1 TYES 2 NO
							ZIP CODE				10g. CI	TIZEN OF I	WHAT COUNTRY?
9016 Copenha	aver Di					_	854					ted :	States
1 Never Married 2 X 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	V NO	10	yea, spe		, Maxica	n, Puerto	N? (Specify Ye Rican, etc.)	s or No—		E — American Indian, k, Whita, atc. //y: White
	EDENT'S EDUC		18a,	DECEDENT'S					16	b. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (1	College (1-4 or 5	+)	life. Do NOT u	se retired.)	unng mos	or working	7					
12			Se	1f Em	ploye	d				Bakery	7		
17. FATHER'S NAME (First, A	fiddle, Last)					$\neg \top$	16. MOTH	ER'S NAI	ME (First,	Middle, Maider	Sumame)		
Johann Nepo		nger					Katl	nari	na l	Jh1man	n		
19a. INFORMANT'S NAME (Type/Print)									nber, City or Tox			
Patricia Re			-					.,]	Poto	mac, M			
20a. METHOD OF DISPOSIT 1 X Burlai 2 Crematic	on 3 🗆 Ramo	oval from State	cemetery,	cremetory or o	ther placel				DA		OCATION -		
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		-	Gate	of H			eter			6 Sil	ver	Spri	ng, MD
21, SIGNALDRE OF PONERA	5 T	- X					Fune			e			
	(5			10	E.	Deer	Pai	rk D	r., Ga	ithe	rsbu	rg, MD 20877
23. PART I. Enter the discount of the control of th	ione, diate iNG	a. Rego pue lo bue to	se on each I	FOIL FOIL SEQUENCE OF	lure Inju	,							Approximate interval Between Onset and Death / nursibility
PART II. Other eignifica	nt condition	s contributing to	deeth but no	ot reculting	in the und	derlying	ceuse g	lven in	Pert i.	24a, WAS AF	AUTOPSY	24b	WERE AUTOPSY FINDINGS
Gastrointe	model	Bleeding							_	PERFO 1 TYES			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF DI	EATH YE	SEN	10 🗆	UNCI	ERTAIN	4 D				3
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 LAG		HOSPITAL:	26. PI	ACE OF DEA	OTHER	nly one)							
27. MANNER OF DEATH		26a. DATE OF	INJURY	26b. TIM		28c. INJU		Haence		or (Specify) SCRIBE HOW	INJURY OF	CURED	
	Pending Investigation	(Month, D	ny, Ybar)	INI	URY M	WOR	K7	NO					- 1
2 Deutste	Could not be	28a. PLACE O	F INJURY — At	homa, farm,	street, facto	ry, offica		\neg	281, LO	CATION (Street	and Numbe	or Aural F	Route Number,
4 Homicide	determined	ounding.	etc. (Opecity)	-					City	or Town, State)		
one) 2 MED	ICAL EXAMINER) and manner as stated.
29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	wh	5	E OF DEATH "	TEM ON /T-	Dalast		29c. LICE	NSE NUM	BER 35		29d, DA	14kg	(Month, Day, Year)
31. DATE FILED (Month, Day,	Year)	m 71	C SIGNATURE	Urell	al /	Aul	(1	2	511	Tw-Sy	my !	med ?	70407
LICTLY DO 1	395	where we are with the	OF Flaton	46									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a four ster death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



		eš
the same of the sa		anc one
		14 0
į		P
		Fee
		not
		9
		12
		n n
		1
		ě
		E
	78	9
	MON	cai
	5	Po
	9	E
	Bon	the
	mai	-
	5	ě
	to burial, cremation, or removal.	8
	B	atte
	2	E
	Nio.	E
	9	-
•	Die	45
	£	0
	mta	č
	Š	3
	and	Y
	#	E
	Hea	1
	6	Sho a
	1	63
	Ö	E
	State	<u>=</u>
	36.5	0
	100	P
	¥	Tee
i	ath	E
	after death with the State Dept. of Health and Mental Hygiene prior to bur	28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
	affe.	00

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1995

TO BE COMPLETED BY FUNERAL DIRECTOR

ECEDENT'S NAME (First, Middle, Last,	. 1										
	100	Natte		1 1+			- Application - Control of the Contr	DAY	OYEAR	3. TIME OF DE	HIA
BOCIAL SECURITY NUMBER		AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24	Mar	7. DATE OF BIRTH		775	IPLACE (State or	Samles .
16-05-5738	1 👿 M 2 🗆 F	76	YRS.	MONTHS DAYS		MIN.	(Month, Day, Year)	ח רח ר	Countr	(Y)	
FACILITY NAME (If not institution, give	10/10	10		9b. CITY, TOWN	OR LOCATION	OF DE	12/21/	1918	MAI	ryland	
allston Gene		1+07			llsto		-Ain		Hari		
SIDENCE OF DECEDENT	tar nosp.	ruar		Fa	TIPOG	711			narı	Lora	
STATE 10b. COUN			10c. CITY	Y, TOWN OR LOCA	TION			711		10d. INSIDE CI LIMITS?	TY
aryland	Harford					Pyl	esville			1 [YES 2]	n.
STREET AND NUMBER				10	1. ZIP CODE			10g. Cl		WHAT COUNTRY	7
	ss Mill 1				2]	13	32			5.A.	
MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 A	MED 10	if yes, sp	ecify Cuben,	Mexica	NIC ORIGIN? (Specify Your, Puerto Rican, etc.)	s or No-	14. RACE Black	E — American In k, White, etc.	dlan,
Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES		1 TYES	2 NO	Specify	λ:		Speci	Whit	
15. DECEDENT'S ED		16a. DE	CEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BI	JSINESS/IN	IDUSTRY	AATIT (е
(Specify only highest grad Elementary/Secondary (0-12)	completed)	(G	ive kind of v Do NOT us	vork done during me retired.)	ost of working						
8		Eat	ngis	ent Op	erato	r	C	onst	ruet	tion	
FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maide				
Julius Mars	Wattens	schaid	lt		Marg	ar	et Kenr	nedy	Je	ffrie	S
INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRESS (Street	end Number or	Rurel I	Route Number, City or To	wn, State, Z	ip Code)		
levia M. Mal	es	(5 W.	Chure	h St.		Stewar	tsto	wn.	Penna	
METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rec	noval from State			FDISPOSITION (N	ame of				- City or To		
Donation 8 - Other (Specify)	HOVER HOW STATE	St.	Mar	vs Cem	etery	T	1/7 Pv	lesv	ille	. Mar	vla
PART I. Enter the diseases, or ahock, or heart failure MEDIATE CAUSE (Final	complications that control only one cause	aused the de	eath. Do n	not enter the me	ode of dying	j, auc	has cardled or real	piretory a	and reat,	Approxi interval Onset a	Betwee
ease or condition pulting in death)	DUE TO (O	R AS A CONSE	DUENCE OF	9: (1)	hora	104	20 down	An	emph		
quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at Initiated events	c	R AS A CONSE	441	V A	Tage	, (o Abus	e			
RT II. Other algorificant condition	d	eath but not r	eaulting i	in the underlyin	g cause giv	ren in	Part I. 24s. WAS A	N AUTOPSY	246	. WERE AUTOPSY	FINDING
							1 TYES	HO		AMAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	LACE OF DEA		eck only one) 6 Other (Specify)				
MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIM	E OF 28c. IN	JURY AT		28d. DESCRIBE HOW	INJURY O	CCURED	-	
Natural 5 Pending investigation Accident Suicide S Could not be	(Month, Day,	NJURY — At ho			YES 2 1	NO	281. LOCATION (Street		er or Rural I	Route Number,	
Homicide datermined	building, etc		eath occurre	ed at the time, dat	end place, e	nd due	City or Town, Steh		ated.		
cool							time, date and place, o			e) end manner s	a stated

/	-		J	1	490
5-	BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be obtached for use as the burlat-trumof removal.	edical examiner must be notified at once.	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be instanced by the hospital or attending president	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained for use as the fundathorn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be mutilied at snee.	

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN	1E
	ERTIFICATE	OF DEAT	H		DEG NO	1

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) CLYDE WALDEN WEBB		W	EBB		SONTH OF DEATH	4199	5 12 3 DEATH M		
	4. SOCIAL SECURITY NUMBER 200-09-2106	1 Ä M 2 □ F 7		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) July 20,		BIRTHPLACE (State or Foreign Country) Virginia		
TOR	a. FACILITY NAME (If not institution, give a Levindale Hebrew and Hospital RESIDENCE OF DECEDENT	Geriatric C	enter		imore	EATH)	y of DEATH Cimore		
DIRECTOR	10a. STATE 10b. COUNT	cil		ry, town or local	TION			10d. INSIDE CITY LIMITS? 1 YES 2X NO		
	100. STREET AND NUMBER				21921			N OF WHAT COUNTRY?		
BY FUNERAL	92 Hilltop Road 11. MARITAL STATUS 1 Never Married 2 K Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 [X YES IF YES, GIVE WAR OR D World War	2 NO ATES	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	os or No— 14	I. RACE — American Indian, Black, White, atc. Specify:		
8	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	ON st of working	of working						
COMPLET	17. FATHER'S NAME (First, Middle, Last)		We	lder	18. MOTHER'S NA	Gener	ral Mot	cors		
BE	Reece B. Webb					Reedy				
2	Carrie Beatrice	Webb				Houte Number, City or Tox	wn, State, Zip Co 2192			
	20a_METHOD OF DISPOSITION 1 LABurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			of Disposition (Na other place) nor Memo		DATE 20c. LC	ocation — cir	y or Town, State		
I II-	21. SIGNATURE OF FUNERAL SERVICE LIC		119111 110	22. NAME AI Hick	S Home		ls, P.A			
CERTIFICATION	IMMEDIATE CAUSE (Finel	a. CARDI DUE TO (OR AS I DUE TO (OR AS I	ach line.	ARR SEI		h as cardiac or reap	olratory arree	t, Approximata Interval Batweer Onset and Death M (N) W (S)		
7	PART II. Other eignificant condition				g ceuee given in	Pert 1. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
: MEDIC	PANCREATI	(15) DEF	MISCTES	·		1 TES	2 S.NO	OF DEATH?		
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	ACE OF DEATH (Ch	s Other (Specify)				
ву Рну	27. MANNER OF DEATH 1 Construct 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	URY AT PRICE 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	RED		
a	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spe-	— At home, farm,	street, factory, offic	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		CIAN: To the best of my know R: On the basis of examination						ause(a) and manner as stated.		
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	1 mules	ney 1	~)	D45	757	29d. DATE \$	IGNED (Month, Day, Year) 4 (95		
	30. NAME AND ADDRESS OF PERSON WH MATT (HEW K 31. DATE FILED (Month, Day, Year)	- MENA	SNEY	243°	+ w.	BELVED	ENE	BALTO, M.		
	JAN 06 1995 (1)	32. REGISTRAR'S SIGN	ATURE '					21215		

DALLIMORE, MARTLAND ZIZIS-UUZU	24 hours after death. Page 6 may be retained by the hospital or attending physic	y filled in by the funeral director, page 5 should be detached for use as the hurts	tion, or removal,	the medical examiner must be notified at once.	
DIVISION OF VIEWE RECORDS, T.O. BOX 807 807	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

JAN 0 6 1995

22. REGISTRAR'S SIGNATURED July of Revolution Rawlall

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE OF MARY		RTMENT OF HEALTH AN	D MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) SONN S. WAS/	HINGT	ON, SR.		AY YEAR		
	4. SOCIAL SECURITY NUMBER 216 16 5546 XX M 2 F So. FACILITY NAME (If not institution, give street and number)	8 1 YRS.	F UNDER 1 YEAR F UNDER 24 HR MONTHS DAYS HOURS MIN	(Month, Day, Year) 02-11-	(Month, Day, Year) Country) 02-11-13 Mary]		
TOR	Southern Maryland Hospi	tal	9b. CITY, TOWN OR LOCATION OF Clinton	FDEATH	Prince	e George's	
DIRECTOR	Maryland Charles			alcolm		10d. INSIDE CITY LIMITS? XXX YES 2 \(\text{NO} \) NO	
FUNERAL	3670 Iowa Road		10f. ZIP CODE 20613		3.0	ed States	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 XX/Vidowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2XXVO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma 1 YES X NO So	xican, Puarlo Rican, etc.)	or No- 14. R	ACE - American Indian, lack, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupation work done during most of working se relired.) nance Engine	Boys	Villag	Y	
BE CON	17. FATHER'S NAME (First, Middle, Last) John Washington		18. MOTHER'S	NAME (First, Middle, Melden		CCHCLON	
10	19a, INFORMANT'S NAME (Type/Print) Joanna Nelson		ADDRESS (Street and Number or AL Iowa Road.	ral Route Number, City or Tow			
1001	20a, METHOD OF DISPOSITION	ON PLACE AND DATE	or Disposition/Name of the place) S Catholic (DATE 200 LO	CATION - City or	Your Cinto	
The state of the s	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Layd M. Est	ip)	Adams Fur	reral Home Road, Aqua	, PA	D. 20608	
	23. PART I. Enter the diseases, or complications that ceus shock, of heert feilure. List only one ceuse on IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AL	each line.	not enter the mode of dying, s	euch as cardiac or resp	iratory arreat,	Approximate Interval Batween Onset and Dasth	
CERTIFICATION	rr any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEQUENCE O					
MEDICAL C	PART II. Other significant conditions contributing to deeth	but not resulting	in the underlying cause given	In Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2	
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	CAUSE OF	DEATH YES 1	(Check only one)			
6 1	1 VES 2 NO 1 Anpetlant 2 ER/O 27. MANNER OF DEATH Netural 5 Pending	Y 28b. TIN	4 Nursing Home 5 Resident IE OF 28c. INJURY AT WORK?	cn 8 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJU building, stc. (S)	RY — At home, farm, pecify)		281. LOCATION (Street City or Town, State)	and Number or Rur	al Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of sxamins					se(a) and manner as stated.	
TO BE C	286. SIGNATURE AND TITLE OF CERTIFIER DL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF.	DEATH ATEN	29c: TYCENSE	9431	29d. DATE SIGN	168 (Month, Day, Year)	

-			
-	63		
E	Ē		
5	10		
5	řě		
Ē	92		
	S		
5	38		
B	22		
Ē	P		
Ť	- 92		
5	ਹ		- 9
-	-23		12
2	중		- 6
-	63		-
5	ھ		- 0
	P		-
5	3		ē
	- 22		4
3	3		=
-	40		- 2
>	63		ш
2	9		- 5
2	ă		-
÷			1
	9		- 8
	5		E
ŝ	Ξ		
í	P		ĕ
•	CO		5
	ē		Ē
i	2		ĕ
1	4		26
	9	70	-
1	40	8	6
i	3	Ě	63
١.	=	9	10
i	-	-	9
	0	0	E
'n	8	ď.	62
ď	Q=	.0	-
	츳	fe.	_
	2	E	=
	*	9	- 25
	E	0	5
,	ō	लं	
	0	E	45
	B	3	至
	G	0	ë
	C	=	-
	20	6	2
	- 55	÷	-
	×	Д,	-
	古	22	
	-	ē	5
	Ē	ē	0
	D	£	No.
	9	=	a
	분	23	3
	40	63	5
	Z	2	.=
	- design	707	Ξ
	B	Ξ.	-
	P	40	E
	9	至	60
	0	ea	95
	60	Ĭ	3
	_		- 9
		=	
	9	6	4
	peed	M. 0	3 8
	as beer	lept. of	23 sh
	has beer	Dept. of	n 23 sh
	te has beer	ite Dept. of	9m 23 sh
	cate has been	state Dept. of	Item 23 sh
	ficate has been	State Dept. of	7 Item 23 sh
	rtificate has beer	he State Dept. of	or Item 23 sh
	certificate has been	the State Dept. of	or Item 23 sh
	s certificate has beer	th the State Dept. of	d. or Item 23 sh
	his certificate has been	with the State Dept. of	ked, or item 23 sh
	this certificate has been	n with the State Dept. of	irked, or item 23 sh
	ter this certificate has been	ath with the State Dept. of	narked, or item 23 sh
	After this certificate has been	leath with the State Dept. of	marked, or item 23 sh
	After this certificate has been	death with the State Dept. of	s marked, or item 23 sh
	R; After this certificate has been	er death with the State Dept. of	is marked, or item 23 sh
	TOR; After this certificate has been	after death with the State Dept. of	28 is marked, or item 23 sh
	CTOR; After this certificate has been	s after death with the State Dept. of	28 is marked, or item 23 sh
	RECTOR; After this certificate has been	ars after death with the State Dept. of	m 28 is marked, or item 23 sh
	DIRECTOR: After this certificate has been	ours after death with the State Dept. of	em 28 is marked, or item 23 sh
all all all all all all all all all all	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	1 - FOR 1 - STATE REGISTRAR	STATE OF M				HEALTH AND	MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)					DEATH	2. DATE OF CEATN		3. TIME OF DEATN	
	Jeannette Ma	rie Wisi	ner				Lange V	7 199	YEAR PLANTED PA	
	4. SOCIAL SECURITY NUMBER 217-12-6427	5. SEX 1 M 2 XX	6. AGE (In yrs. 72	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		Y. DATE OF BIRTH (Month, Day, Year) Aug 27, 1	1	BIRTHPLACE (State or Foreign Country) Maryland	
POR	9e. FACILITY NAME (II not institution, give s Greater Balto.		l Cen	ter	A	OR LOCATION OF E		eath 9c. COUNTY OF Balti		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Bal	timore		10c. CITY	, TOWN OR LOC	ATION O C C C C			10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	106 STREET AND NUMBER 3738 Black Roc	k Road				01. ZIP CODE 2115	55	N. Carlotte	N OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				13. WAS DI	Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of w life, Do NOT us	usual occupations during representation A	nost of working	16b. KIND OF BU		Wards			
BE COM	17. FATNER'S NAME (First, Middle, Last) Walter Elseroa	d				18. MOTNER'S N	AME (First, Middle, Maider e clay B	Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) William N. Wis	ner		196. MAILING 3738	ADDRESS (Street	end Number or Rural ROCK RO	Route Number, City or Toy 1, Upperc	on, State, Zip Co	21155	
20e. METHOD OF DISPOSITION 1 XI Burlial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Commence of C										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S Main St, Hampstead, MD 21074									
	23. PART I. Enter the diseases, or cahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Arten	e on amch ii ~	na.	-12	1 -	ch as cardiac or reap		Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONS							
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	a contributing to d	eath but no	t reaulting is	n the underlyl	ng cause given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	PLACE OF DEATH (C/	neck only one)			
HYS	1 Fes 2 No	1 Inpetient 2 🗷			4 - Nursing Ho	me 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	ALLEW OCCU	250	
` 6	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could get be	(Month, Day	Ybar)	INJU	/RY W	ORK? YES 2 NO	28f. LOCATION (Street			
Suiteling at the suite of the s										
COMPLETED							to the cause(e) and me is lime, date end place, ar		ause(e) end menner es stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	020	nín	alk	in	DO93	MBER 38-3	29d. DATE 3	IGNED (Mogth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type,	Print) 08 Ns.	has An	USS - 111	17700	me mad 2124	
	JAN 09 1995	A TEST PAR	A GNATURE		,	/				



BKK

	1 - STATE REGISTRAR	STATE OF N		DEPAF					MENTAL	HYGIEN REG. NO	_		
- 8	1. DECEDENT'S NAME (First, Middle, Last)						DEA		2. DATE O			1	3. TIME OF CEATH
	CHERYL LY	NN	WIND	SOR					MONTH	D		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	R 1 VEAR	IF UNDER	24 MDS	Z DATE O	<u> 06</u>	1	995	PLACE (State or Foreign
	217-78-3449	1 🗆 M 2 🔀 F	3.1	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Countr	γ)
	8n. FACILITY NAME (If not institution, give	- **	31	ina.						mber	22,1		Maryland
œ					9b. CITY		R LOCATIO		EATH		1	JNTY OF O	
0	PHYSICIAN'S MEI	M HOSE	<u> </u>			LA	PLAT	I'A			C	HARI	ES
DIRECTOR	10a. STATE 10b. COUNT	γ		10c CIT	Y. TOWH	OR LOCAT	104						10d, INSIDE CITY
HIC	Margal Cha	nal a a			,							ì	LIMITS?
	Maryland Cha	rles			Nan	jemo				_			1 TYES 2 NO
RA		_				101	. ZIP CODE				10g. CIT	FIZEN OF W	WHAT COUNTRY?
FUNERAL	Rt. 1, Box 331 E							662				U.S.	
3	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEOEN FORCES? 1	YES 2	NO					NIC ORIGIN? In, Puerto Ri		or No-	14. RACE Bleck	American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIYE W	AR OR DATES				2 NO			,,		Speci	
		1											White
TE	15. DECEOENT'S EDI (Specify anly highest grad		16a, 1	DECEDENT'S (Give kind of i ife. Do NOT us	Work done	during mo	ON st of workin	g	16b. I	KIND OF BUS	SINESS/IN	DUSTRY	
3	Elementary/Secondary (0-12)	College (1-4 or 5+	'										
COMPLETED	12			airdr	esse	r				Beauty		q	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, Mi	ddle, Maiden	Sumame)		
B	Martin Edward F	adung					Pa	tric	ia An	ne Hi	.ckev	,	
6	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Numbe	c, City or Tow	n, State, Zi	p Code)	
	Norris E. Windso	or		S	ame	as 1	0						
	20s, METHOD OF DISPOSITION 1 Derivation 2 Commention 3 Ren	med from State		E AND OATE			me of		DATE	20c. LO	CATION -	City or To	wn, Stata
	4 Donation 6 Other (Specify)	TOTAL HOIL STATE	Fort	Linco	oln (Cemet	erv	1-	9+95	Brei	ntwo	N . M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES					O ADDRES			1010	101100	54/1.	aryrana
	·W/an	//	M0066	_		Will	iams	Fun	eral	Home,	P.A		- 1
	23. PART I. Enter the diseases, or shock or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	complications that List only one cau	caused the dese on each lie	desth. Do r							Ind ratory ar	teat,	Approximate Interval Between Onset and Death
NOL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
CERTIFICATION	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other algnificent condition	ns contributing to	death but not	resulting	In the ur	nderivino	cause o	iven in	Part I. 2	24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
z l	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	ATH YE	S 🔲 I	NO 🗆	UNC	ERTAI	N				
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEAT	TH (Check	only one)							
S	1X YES 2 □ NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient	3 DOA	OTHER		5 G Re	sidence	6 Other	(Specify)			
IY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		28b. TIM		28c. INJI WO	JRY AT			RIBE HOW II	NJURY OC	CURED	
TED B	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE Of building,	INJURY — At I	nome, farm, s	street, fact	lory, office			281. LOCAT City or	TON (Street e Town, State)	nd Numbe	r or Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS	ICIAN: To the beat of ER: On the basis of ex											and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	M. K	75	ni	>_		29c. LICE	C . M				E SIGNED	(Month, Day, Year) 07, 1995
	30. NAME AND ADDRESS OF PERSON WE	11K120	111	Pen		ree	t, I	Bal	timo	ce, M	lary	land	21201
	JAN 1 0 1995	32. REGISTRA	'S SIGNATURE	Cardall									

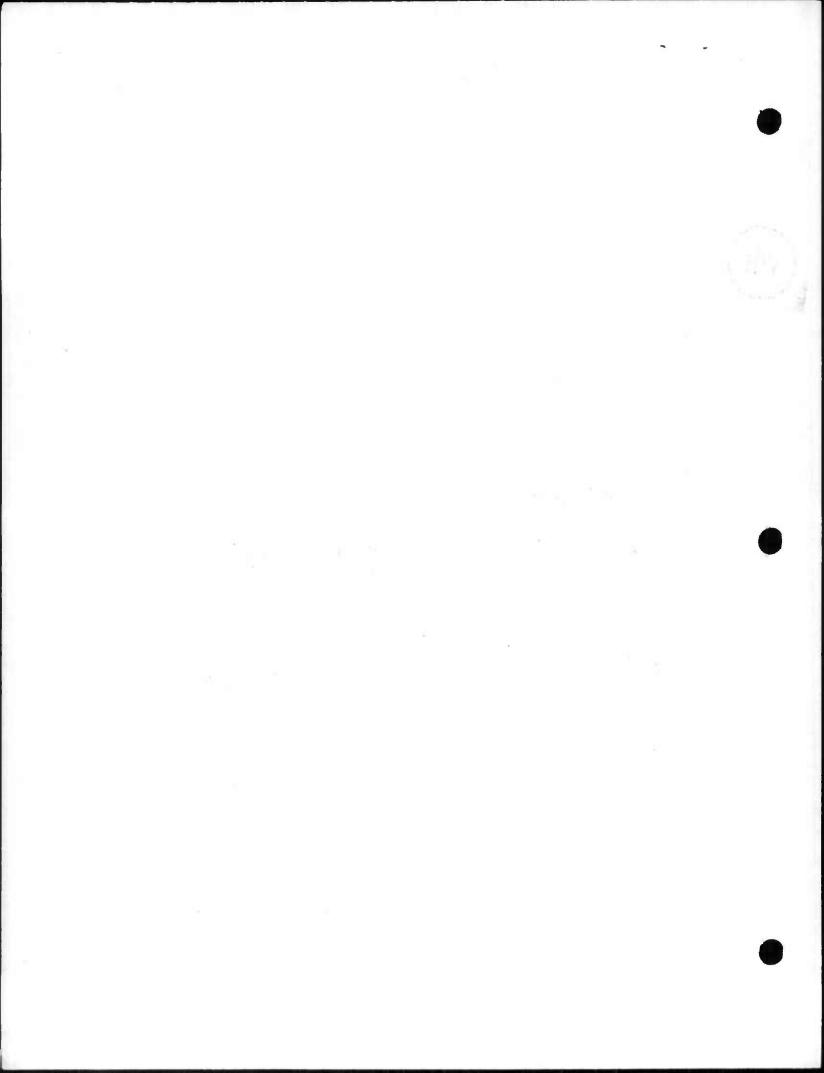
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

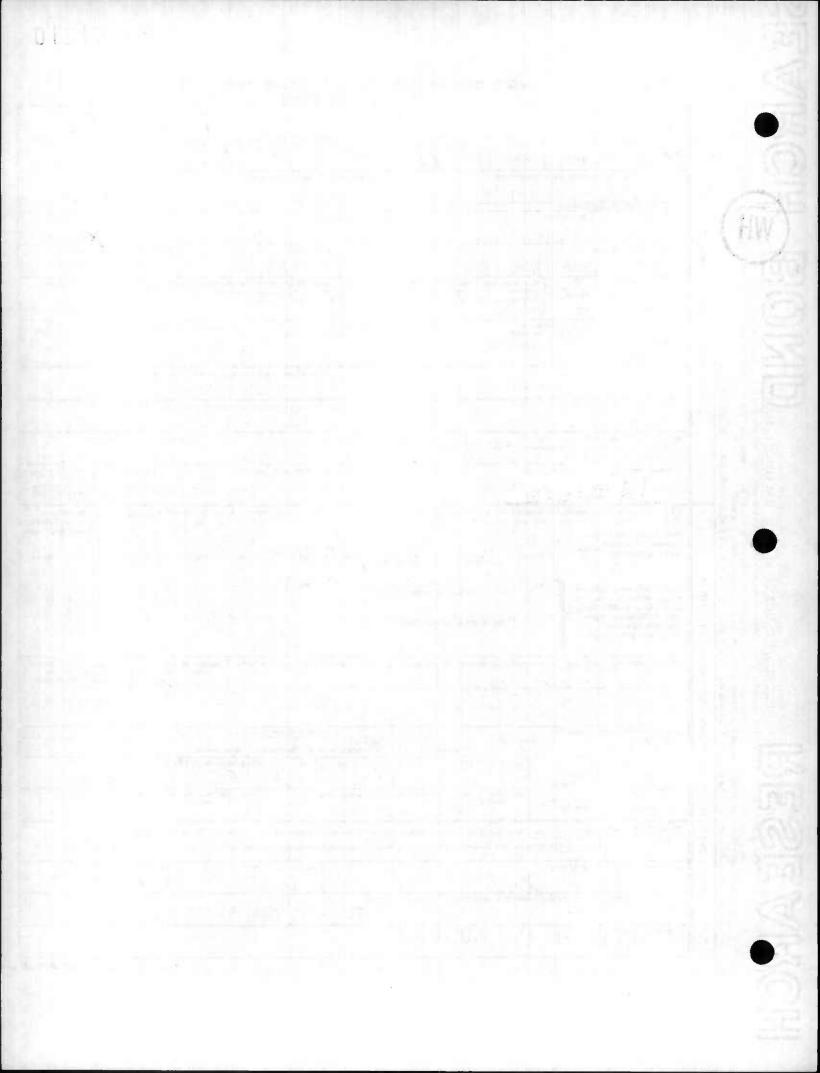
DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0

OHMH-16 Rev 1/89

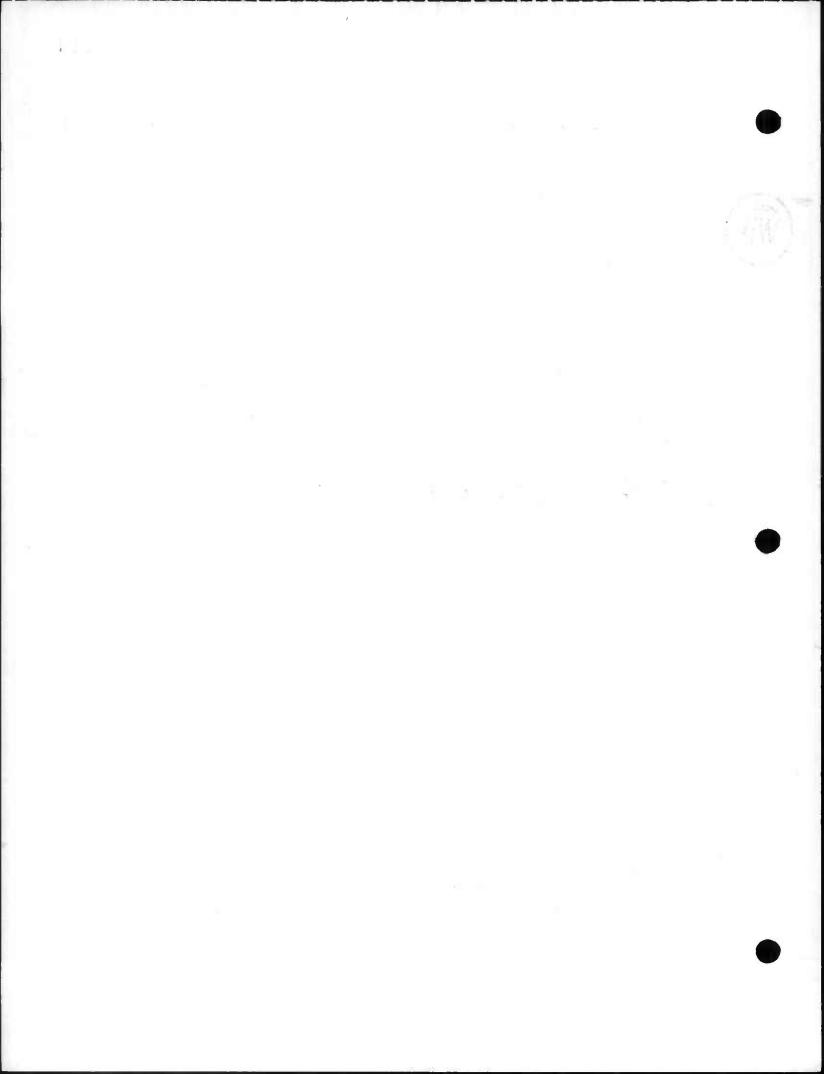


	1. DECEDENT'S NAME (First, Middle, Last) ALEXANDER F	Alexander	rancis W	atkins	VIELSE	2. DATE OF DEATH	MY 4	YEAR 3	1530		
	4. SOCIAL SECURITY NUMBER 051-09-7649		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Aug 15	1000	8. BIRTHPI Country)	LACE (State or Foreign		
	9e. FACILITY NAME (If not institution, give a	street and number)	6	9b. CITY, TOWN	OR LOCATION OF D			NTY OF DEA	N YORK		
DIRECTÓR	Anne Arundel Me	edical Center		Ann	apolis		An	ne Ar	rundel		
REC	10e. STATE 10b. COUNTY	Y	10c. CIT	Y, TOWN OR LOC	ATION			1	IOd. INSIDE CITY		
- 1		e Arundel		Anna					YES 2 NO		
A I	106. STREET AND NUMBER 705 Americana	Drive #23			21403				at country? States		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	II yes, s				14. RACE -	- American Indien, White, etc.		
ED	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	TION	16b, KIND OF BU	ISINESS/INC	DUSTRY	Willie		
COMPLET	(Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 8 +)	(Give kind of life. Do NOT u	work done during r se retired.) ter	nost of working	N	Newsp	aper			
	17. FATHER'S NAME (First, Middle, Last) Richard S. Watk	vine				ME (First, Middle, Meider nie Neilson					
BE (19e. INFORMANT'S NAME (Type/Print)	(1115	19b. MAILING	ADDRESS (Street		Route Number, City or Tox		Code)			
٩	Alexander P. Wa	atkins	1015	2 Peanu	t Mill Dr.	Gaithersb	urg, l	MD 2	0882		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Coremetion 3 Rem	oval from State Car	b. PLACE AND DATE	ther placal				City or Town			
	4 Donation 5 Other (Specify)	CENSEE	Ft. Linco	oln Cren	natory 1/7	$\frac{7}{95}$ E	Brenty	wood,	Maryland		
	· Mars ()	Oatta						Gloucester Annapolis,			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE-TO (OR AS	A CONSEQUENCE O	17/00 Fi:	alle						
MEDICAL CE	PART II. Other algolificant condition	a contributing to death	but not resulting	In the underlyl	ing cause given in	Part I, 24a. WAS AI PERFO	RMED?	6	VERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF GEATH (CA	neck only one)					
Sic	EXAMINER?	HOSFITAL:	petient 3 DOA	OTHER: 4 Nursing Ho	ome 5 🗆 Residence	6 Other (Specify)					
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Ybar)	28b. TIN	JURY Y	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OC	CURED	1)		
> 8	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,		YES 2 70	281. LOCATION (Street City or Town, State	and Number	or Rural Ro	Ute Number,		
TED BY	4 Homicide determined										
0	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the bast of my know							and manner ea state		



DIRECTOR	
FUNERAL	
BY	
COMPLETED	
TO BE	
10	

	FOR STATE REGISTRAR	STATE OF M					EALTH DEAT		MENTAL	HYGIEN	E		
S. C. C. C. C. C. C. C. C. C. C. C. C. C.	1. DECEDENT'S NAME (First, Middle, Last) LUCITIE	Thomas	Worth		on				MONTH	of DEATH DA		YEAR	3. TIME OF DEATH 9:15P M
	4. SOCIAL SECURITY NUMBER 212-30-8176	1 🗆 M 2 💢 F	6. AGE (In yrs. last	birthday) YRS,	MONTHS	DAYS	IF UNDER	MIN.	(Month	DF BIRTH , Day, Year) t 6 18	97	Countr	PLACE (State or Foreign y) Iryland
TOR	99. FACILITY NAME (If not institution, give s Annapolis Convale RESIDENCE OF DECEDENT		ter				apolis		ATH		9c. COUNTY OF DEATH Anne Arundel		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C		75.4						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Arundel			Ann		ZIP CODE						YES 2 NO
FUNERAL	55 Franklin Street 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES XX		13.	WAS DEC		2140 F HISPAN	IC ORIGIN	? (Specify Yes		14, RACE Black	States E — American Indian, t, White, atc.
D BY	Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES				USUAL O		2 X NO	Specify		KIND OF BUS	INECC/IN		White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gite	e kind of Do NOT u	work done to retired.)	during mo	st of working	9	100.		ome	J031K1	
BE CON	17. FATHER'S NAME (First, Middle, Last) William H. Thom	as								Hubba			
TO B	19a. INFORMANT'S NAME (Type/Print) Thomas C. Worth	nington, Jr								er, city or Town			nd 21146
	20a_METHOD OF DISPOSITION 1	oval from Stata	20b. PLACE A	ND DATE	of DISPOS ther placed NS	ition (Na eme	me of tery	2/1	0/95			City or To	wn, Stata , Maryland
	21. BIGHATURE OF EMPERAL SERVICE LIC	A S	Sun	-									uneral Home polis, MD
	ahock, pr heert failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that List only one caus	caused the dee	oth. Do									Approximats Interval Between Onest and Desth
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST												
	PART ii, Other significent condition	e contributing to d	leath but not re	eulting	in the un	derlying	cause g	lven in I	Part I.	24s. WAS AN . PERFOR	MED?	24b.	WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	DID TORACCO LIST CONT	DIDLITT TO CAL	ICE OF DEAT	21. \/		10 5			_	t YES 2	(XNO		OF DEATH?
PHYSICIAN:	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			TH (Check	only one)	UNCI	ERTAIN	4 🗆 [
IYSI	1 Tes 2 X X	1 Inpatient 2 28s. DATE OF II				ing Hom	5 🗆 Res	idence		-			
ву Р.	t Natural 5 Pending 2 Accident Investigation	(Month, Day			M		RK? ES 2 🗌	NO		CRIBE HOW IN			
ETED	3 Sulcide 8 Could not be determined	building, at	Ic. (Specify)						City o	TION (Street a r Town, State)			loute Number,
COMPLETED	(Check only												and manner as stated,
TO BE (30. NAME AND ADDRESS OF PERSON WHO	not e	u)			294: LICES	0519					(Month, Day, Year) 'y 9, 1995
	Richard I. Hochm	nan, M.D.	16 Mui	- Control of the Cont		nue .	Anna	polis	, MC	2140	1		
	JAN 11 1995	Jalia d'Aurel	'S SIGNATURE										
	-												DHMH-t8 Ray 1/89



24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

1 TYES 2 HO

Approximate interval Between **Onset and Death**

8:35 PM B. BIRTHPLACE (State or Foreign

> 10d, IHSIDE CITY LIMITS? 1 YES 2 NO

ш	N P	990		2
3	Ē	0.		net
BALTIMORE,	90	rec		E
Ē	E	p je		ije ije
7	at .	uner		E
BA	ar de	the f	e e	ě
_	aft.	6	DE L	Ica
	5	.5	2	ned
		L GC	E.	9
*	F	ely	nan	# ,
00	THE STATE OF	plet	Cred	le l
37	pa	8	e i	6
89	90	pu.	ā	atic
×	83	an	0	E
80	ite t	Sici	bud	tr
-	Diffica	6	ene	her
0	50	ding.	Š	0
0	tte	Itten	ig.	0 '
S	9	he a	Men	5
2	t th	D.	20	트
ō	4	De :	E	am
S	uires	Sign	Hea	W.S
8	9	een.	0	8
1	*	as b	ept.	23
Z	The	te h	ng C	E
=	3	fica	Sta	=
IL.	SICI	Cert	the the	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Y.	this	WIE	ked
Z	9	ter	ath	E
0	N	E. A.	r de	.00
S	E	E.	afte	28
2	A H	E	SUL	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this cartificate has been signed by the attending physician and completely fined in by the funeral director, pag	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
	PIT	ERA	10 7	=
	HOS	EN I	With	MA
	문	무	po	OR
	TO	LO	e fi	MP
	-	-	٥	-

COMPLETED

2

4 Homicide 29a. CERTIFIER

295. SIGNATURE

31. DATE-FILED (Month, Day, Year)

FOR

	REGISTRAR		CERTII	FICATE OF	DEATH	REG. NO	D.		
	1. DECEDENT'S HAME (First, Middle, Last, MARY LOU		ву			JAN. 2,	1995	3. TIME OF DEATH 8:35 PM	
7 1	4. SOCIAL SECURITY HUMBER 213-24-1284	5. SEX 5. AG	E (In yrs. lest birthday NRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN. 31,	0.	BIRTHPLACE (State or Forel Country) MARYLAND	
E C	9a. FACILITY HAME (If not institution, give MERIDIAN NURS	,	-CORSIC		OR LOCATION OF C		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c. C	TY, TOWN OR LOCA	ATIOH			10d, IHSIDE CITY LIMITS? 1 YES 2 N	
FUNERAL D	10e, STREET AND HUMBER 932 COON BOX				Of, ZIP CODE	617	10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUN	11, MARITAL STATUS 1 Hever Married 2 Married 3 Widowed 4XXDIvorced	12. WAS DECEDENT EYER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	ABMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or Ho— If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE Blact 1 — YES 2 2 HO Specify: Specify:					
COMPLETED	15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind a	'S USUAL OCCUPAT I work done during in use retired.)		16b. KIHD OF BI	USIHESS/IHDUS	STRY	
MPL	8	conege (I-4 of 5 +)	SEAM	STRESS				IDUSTRY	
111	17. FATHER'S HAME (First, Middle, Lest) WILMER LOUIS	SPARKS				AME (First, Middle, Meide H ELLA H		4.10.75	
O I INTONIAN	19a. INFORMANT'S HAME (Type/Print) KENNETH L. WH	ITBY				Route Number, City or To		MD 21617	
	20a METHOD OF DISPOSITIOH 1& Burlel 2 Cremetton 3 Re 4 Donation 5 Other (Specify)		20b. PLACE ANO OA	TE OF DISPOSITIO	N (Name		OCATION — CH	y or Town, State	
	21. SIGNATURE OF FUHERAL SERVICE I	JCEHSEE	, CFS	P NEWN	NAM FUN		E,P.A.		
	23. PART I. Enter the diseases, or ahock, or heert fellure immediate CAUSE (Finel disease or condition	complications that cause on							
	resulting in deeth)	DUE TO (OR A	S A CONSEQUENCE	OF):	· 1: D			540	
	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR A	A CONSEQUENCE	OF):	UB			Show	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Discesse or injury that initiated events resulting in death) LAST	d.	S A CONSEQUENCE	OF):					
	PART II. Other eignificent condition	one contributing to death	but not resultin	g in the underlyi	ng cause given i		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CA OF GEATH?	
AN: MEC	-					- 2		1 YES 2 HO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utnetlent 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	Check only one)			
	27. MANNER OF DEATH 1 Hatural 6 Pending	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. T	IME OF 28c, II	NJURY AT VORK? YES 2 NO	28d, OE\$CRIBE HOW	Y INJURY OCCU	REO	
) BY	2 Accident Investigation 3 Suicide 6 Could not b	284 DI ACE OF IN II	RY — At home, fern			281, LOCATION (Street	et and Number o	r Rural Route Number,	

28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

207 N. LIBERTY ST.,

1 🗹 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE HUMBER

CENTREVILLE.

6 Could not be determined

AHD TITLE OF CERTIFIER

2 MEDICAL EXAMINER: On the basis of a

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

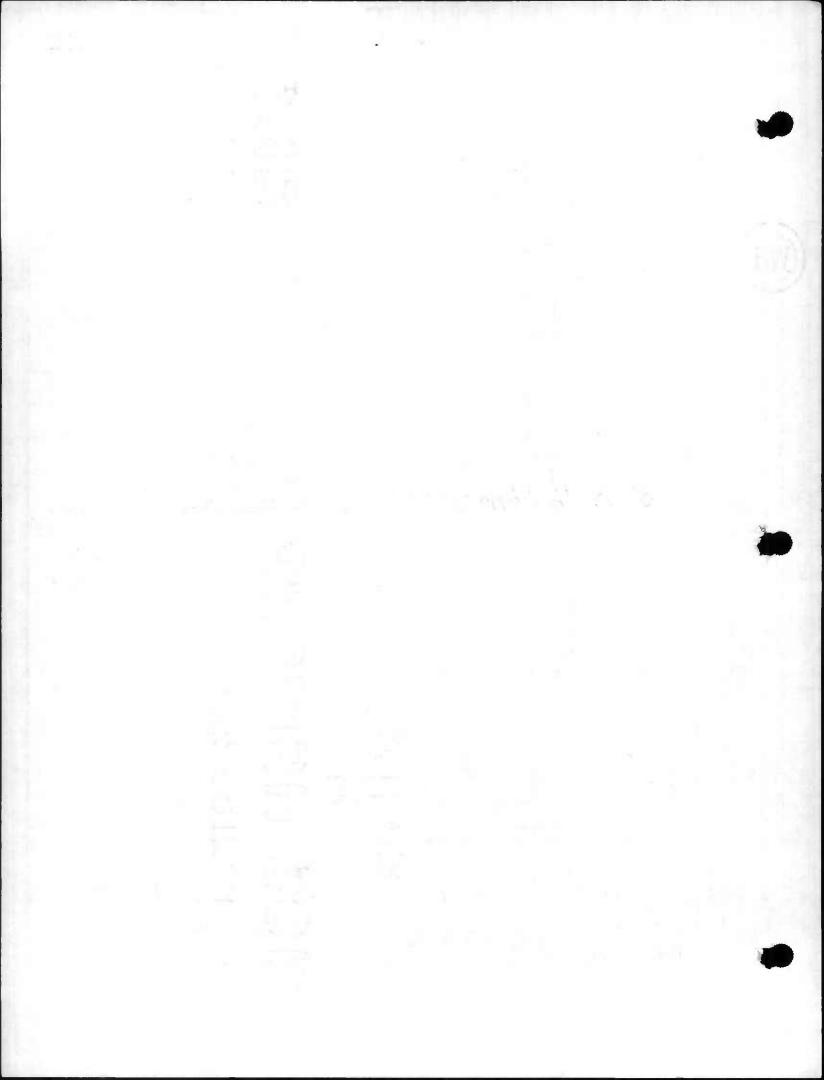
22. REGISTRAR'S SIGNATURES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29d. DATE SIGNED (Month, Dev. Year) 1-3 94

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89



-	7		7	
	BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physican	d in by the funeral director, page 5 should be detached for use as the burial-transit or removal.	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit mental hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

at once.

notified

ě

must

medical examiner

the

traumatic event,

other

6

shows any

23

Item

9

marked,

28

TUAN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TYLER

TO THE FUNERAL DE FILE FUNERAL DE FILE WITHIN 72 h

HOSPITAL

46.40

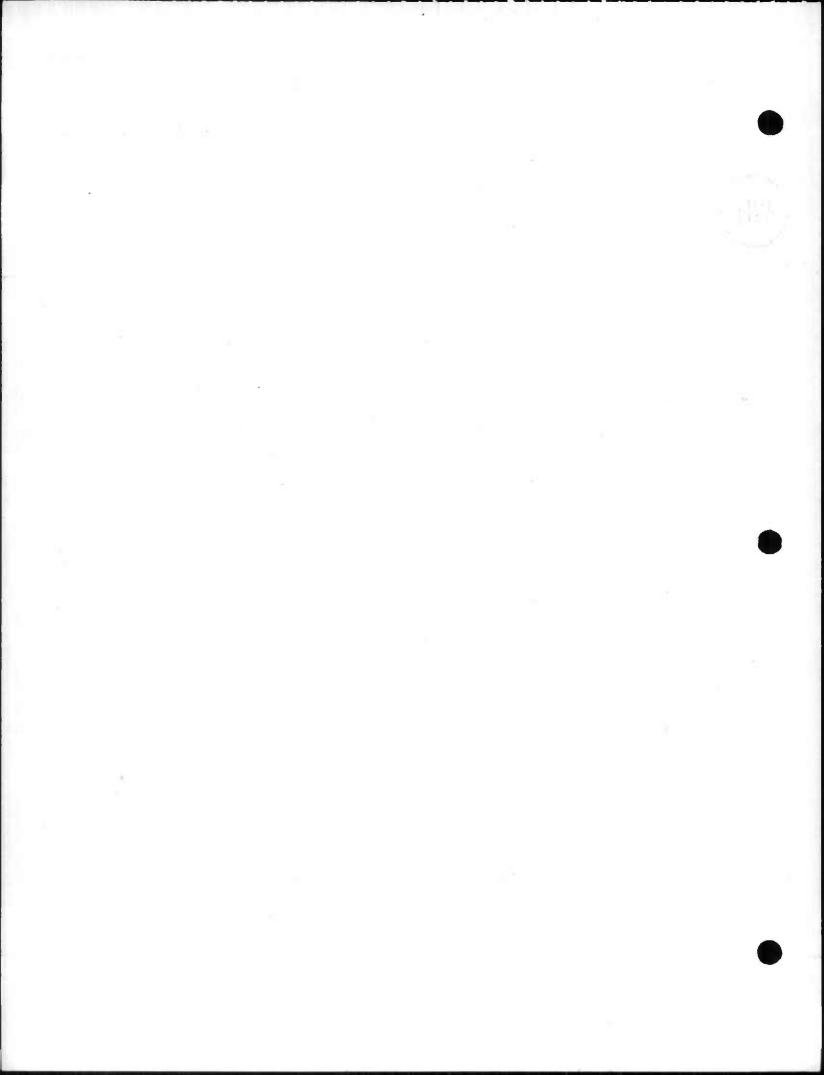
1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dennis James Williams 0130 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State Sept. 18, 1950 217-58-2845 1X M 2 | F HOURS Maryland 44 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital DIRECTOR Washington Hagerstown RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY LIMITS? Md. Washington Cavetown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22717 Cavetown Church Rd. P.O. Box 2 21720 U.S.A 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerio Rican, etc.)

1 □ YES 2 (X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY Specify 3 Widowed 4 Divorced Vietnam COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Machinist Truck Manufacturing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James Hoit Williams Ellen L. Stottlemuer BE (19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia A. William P.O. Box 2 Cavetown, Md. 21720 20s. METHOD OF DISPOSITION
1 ☐ Burlat 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State cemetery genetary or other place)
Crematory 1-3-95 Other (Specify) 4 Donation Smithsburg. Md. 21. SUMATURE OF TUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory errest, shock, Dr haert feilure. List Dnly Dne cause Dn each line. Interval Batwe **IMMEDIATE CAUSE (Finel Onset and Dasth** disesse or condition_ Wall 25 min resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 41140815 4100 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate monic Alcoholism, e. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Chronic PART II. Other significent conditions contributing to death but not feeulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY MEDICAL PERFORMED? 1 - YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 Dipetient 2 DER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c, INJURY AT WORK? 28b. TIME OF 28d DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) 3 Suicida 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 🗹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only 2 MEDICAL EXAMINER: On atigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Wonth, Day, Year) 03/95 2

33

M.D.

132. REGISTRAR'S SIGNATURE



permit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

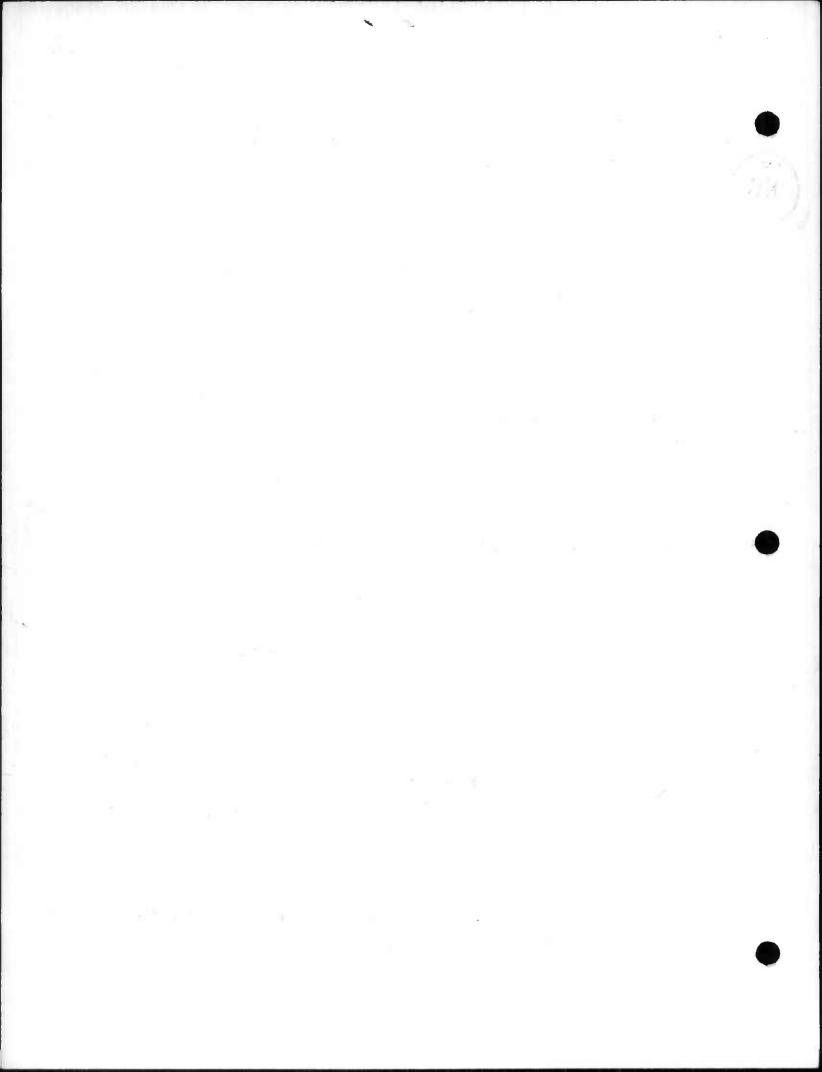
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

12	V	/

× • /	1 - STATE REGIST
_	1. DECEDENT
- a	Т
70783	4. SOCIAL SE
	214-7
	Sa. FACILITY N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. RAR REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATN
	TERRY LEE	WALTERS						JAN.	01.1		YEAR	07:15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last		IF UNDER 1 YE	$\overline{}$	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH		a. BIRTH	PLACE (State or Foreign
	214-78-4527	1 🔀 M 2 🗆 F	35	YRS.	MONTHS DA	YYS	HOURS MIN.	March	8,19	59	Mary	
	Sa. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, TO	WN O	R LOCATION OF DI				NTY OF D	EATH
DIRECTOR	614 WEBB ST.				Abe	erd	een			HA	RFO	RD
<u> </u>	10a. STATE 10b. COUNT	Y		10c, CITY,	TOWN OR L	OCAT	ION					10d, INSIDE CITY
5	Maryland Ha	rford		Abe	erdeen	1						LIMITS?
AL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CIT	IZEN OF W	WHAT COUNTRY?
FUNERAL	_614 Webb Street						21001			U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	WED	13. WAS	DEC	ENDENT OF HISPAN	NIC ORIGIN?	Specify Yes		14. RACE	— American Indian,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	OR DATES	0			city Cuban, Mexica 2 X NO Specif		m, etc.)		Specif	t, White, atc.
		Peaceti									Whi	te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gh		ork done durin			16b. Ki	ND OF BUS	INESS/IN	DUSTRY	
ا ټ	Elementary/Secondary (0-12)	College (1-4 or 5+)						.,,			,	100
١	12 17. FATHER'S NAME (First, Middle, Last)			Maint	cenanc	e i	40.4400440040444		anufa		ring	
	Francis Joseph W	alters					18. MOTHER'S NA			Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS /Sh		France Ind Number or Rural			O	- 0	
2	Mrs. Sheena May	Walters					eet, Abe					1001
	20a. METHOD OF DISPOSITION		20b.PLACEA					DATE			City or Ton	
	↑ Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Harfo	natory or oth	er place)	1	Gardens	1/5				ryland
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	1 110110	La II	22. NAM	E AN	D ADDRESS OF FA	CILITY			•	-
	Man O.	· M.					ng-Cargo					•
-	23. PART I. Enter the diseases, or		MMU.	eth Do no			een, Mar					
	ahock, of heart failure.	List only one cause	on aach iina.				, , , , , , , , , , , , , , , , , , , ,					Approximata interval Between Onset and Daath
	disease or condition resulting in death)	GUNSHOT	IAMIA	0 0	P CH	X	T CC	MITAC-	1			Onset and Daath
	resulting in death)	- GUNSHOT DUE TO 10A	AS A CONSEO	UENCE OF	1 -01	0	1 100	10 11.0)			
z		b										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEO	UENCE OF)	•							
2	CAUSE (Disease or Injury	C										
	that initiated events resulting in death) LAST	DOE TO (ON	AS A CONSEO	UENCE OF)	•							
		d										
- 0	PART II. Other algnificant condition	s contributing to de	eth but not re	sulting in	the under	lying	ceuse given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL								_ 1	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
									7			OF DEATN? 1 N YES 2 □ NO
z I	DID TOBACCO USE CONT	RIBUTE TO CAUS	E OF DEAT	H YES	□ NO		UNCERTAIN	V 🗆				X
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE		(Check only	one)						
S	1 VES 2 NO	1 Inpatient 2 ER	NOutpatient 3		OTHER:	Home	5X Residence	6 Other (S	pecify)			
E	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ		28b. TIME INJU	RY	. INJU	IRY AT	28d. DESCR	BE NOW IN	JURY OC	CURED	
À	2 Accident Investigation	11195		0309 V	a lead	_ Y	ES 2 NO	SUBJ	EGT	Sto	25	F
	3 Suicide 8 Could not be detarmined	28e. PLACE OF IN building, etc.	(Specify) .		reet, Tactory,	office		City or T	ON (Street allown, State)	nd Number		oule Number,
	AA OFFICIE			ME					VEBS	7,		C(M (ABOA)
COMPLETED	(Check only	CIAN: To the best of the										
3	2 XMEDICAL EXAMINE		and/or in	rvestigation	, in my opinio	on, de	ath occured at the	time, data and	d place, and	due to th	ne cause(a)	and manner as stated.
H H	200 SIGNATURE AND TITLE OF CENTURES	1/0/1	n T			T	29c. LICENSE NUN	IBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	1200000	sous /	1				OCME			•	JAN.	01,1995
	MANAGE AND ADDRESS OF NERBON, WH	COMPLETED CAUSE/O	0									
	INTERIOR TO COM	W JE M		1 Pe	enn S	tr	eet, B	altim	ore,	Ma	ryla	and 21201
	31. DATE PLED JAN 0 3 1991	32. BEGISTHAR'S										
	0, 1000	0	Lear Re	of the								



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

2 Accident

3 Sulcide

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND COPY, MASH, Last) 1. DECEMBER AND NUMBER 1. DECEMBER AND NUMBER 1. DECEMBER AND NUMBER 1. DECEMBER AND NUMBER 1. DECEMBER AND NUMBER 1. DECEMBER AND NUMBER 1. DECEMBER AND NUMBER 1. DECEMBER SECURITION 1. DECEMBER AND NUMBER 1. DECEMBER SECURITION 1. DECEMBER AND NUMBER 1. DECEMBER SECURITION 1. DECEMBER SECURITI												0	U	1210	
DICEDENT'S MARK (First, MASSE, Lard) WRIGHT SAME (First, MASSE, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT SAME (First, Masse, Lard) WRIGHT	1 _ STATE	STATE OF							MENTA						
BERNARD WRIGHT 4 BOOLS BECURITY NUMBER 5 SOZY A ROCE OF IN INVESTIGATION 5 SOZY A ROCE OF IN INVESTIGATION 10 SOUTH OF INTERPRETATION OF COUNTY HOSPITAL 10 SOUTH OF THE ADDRESS OF DECEMBER WASHINGTON COUNTY HOSPITAL WASHINGTON WASHIN				ENTIFIC	JAIL	- OF	DEA	111	2 DATE				1.	THE OF DELTH	
S. SECK P. A AGE (by you have benchary or successful for the successfu		UDT	OTTO						MON	TH	DAY	YEAR			
212-24-2582 TMALE 69 178. SOUTH EAST HOUSE BASE LOCAL 4, 1925 MARYLAND ARRIVABLE BASE LOCAL 4, 1925 MARYLAND ARRIVABLE BASE LOCAL 4, 1925 MARYLAND ARRIVABLE BASE LOCAL 4, 1925 MARYLAND ARRIVABLE BASE LOCAL 4, 1925 MARYLAND ARRIVABLE BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 4, 1925 MARYLAND BASE LOCAL 5, 1925 MARYLA				et hirthday)	IE LIMPED	1 VEAR	IE LINOES	24 1400			1995	I a nun			м
Na. COUNTY OF DEATH Na. COUNTY HOSPITAL Na. COUNTY OF DEATH NA. COUNTY OF DEATH	212-24-2592		Coccine describe						(Mon	th, Day, Year,		Cou	intry)		מי
WASHINGTON COUNTY HOSPITAL THEBIBERICE OF DECEDENT WASHINGTON Re. STORT AND NUMBER P. O. BOX 69 11. MARTAL STATUS 12. WAS DECEDENT EVEN IN U.S. ARMED 17. WAS DECEDENT EVEN IN U.S. ARMED 18. DECEDENT SERVICE AND ORGANIC ORGANIC (Speally We or No. DITTERS OF WAR COUNTRY) 19. WASHINGTON 19. ZIP CODE 21. 73. WAS DECEDENT GROWN WAS COUNTRY 19. WAS 2 WO . CITIZEN OF WAR COUNTRY 19. WAS 2 WAS			09		Ph CITY	TOWN C	B I OCATI	ON OF D		4, 1					
No. STATE NO. COUNTY NO. STATE OF DECEDENT NO.								ON OF DI	EATH						
NO. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 11. WAS DECEMBERT OF HISPANIC CHIRINT (Specify New or No. 11 yes, specify Cuber, Marksten, Paurte Risen, etc.) 11. WAS DECEMBERT OF HISPANIC CHIRINT (Specify New or No. 11 yes, specify Cuber, Marksten, Paurte Risen, etc.) 11. WAS DECEMBERT OF HISPANIC CHIRINT (Specify New or No. 11 yes, specify Cuber, Marksten, Paurte Risen, etc.) 11. STREET AND NUMBER (First, Middle, Marksten) 11. WAS DECEMBERT OF HISPANIC CHIRINT (Specify New or No. 11 yes, specify Cuber, Marksten, Paurte Risen, etc.) 11. Street And December of Paurte Risen, etc.) 11. Street And December of Paurte Risen, etc.) 12. NAME (First, Middle, Marksten, Paurte Risen, etc.) 13. NOTHER'S NAME (First, Middle, Marksten, Street) 140. NOTHER'S NAME (First, Middle, Marksten, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Marksten, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Marksten, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Street) 150. MAILING ADDRESS (Street and Number or Pauri Risen, Str		10SPITAL			HAG.	EKS1	OWN			<u>.</u>	WAS	SHING	TON		
10. STREET AND NUMBER P. O. BOX 69 11. MARTIAL STATUS New Warried 2 Martied 12. WAS DECEDENT EVER IN U.S. A. A. STREET 13. WAS DECEDENT OF WARRIES AND CORRECT OF MERSING CHICARY (Specify) We or No 14. MARCE - A. A. A. A. A. A. A. A. A. A. A. A. A.		ru Omou					ION						100		
P.O. BOX 69 11. MANTAL STATUS 11. MAS DECEDENT EVER IN U.S. ANABED 11. MAS DECEDENT OF HIPPANC ORIGINAT (Specify) We or No.— 11. MAS DECEDENT STATUS OF MAS DECEDENT STATUS 11. MAS DECEDENT STATUS OF MAS DECEDENT STATUS 11. MAS DECEDENT STATUS OF MAS DECEDENT STATUS 11. MAS DECEDENT STATUS OF MAS DECEDENT STATUS 11. MAS DECEDENT STATUS OF MAS DECEDENT STATUS 11. MAS DECEDENT STATUS OF MAS DECEDENT STATUS 11. MA	MD WASH	LNGTON		FAIR	PLA	Y							1 [YES 2 NO)
11. MANITAL STATUS 12. MAS DECEDENT EVER IN U.S. ARMED PROPEST 1 YE S 2 NO 17 YES 2 NO 18 YES AND CORROLATED PROPERTY OF THE PROPERTY OF						101					10g. (
Test Proceed Test Process Test T	P.O. BOX 69						2	21733	3			U.	S.A	•	
TYES, QUE WAR OR DATES 1	11. MARITAL STATUS										Yee or No-	- 14. RA	CE —	American Indian,	
Security only highest pode completed Security only highest pode completed Security only highest pode completed Security only highest pode completed Security only highest pode completed Security only highest pode completed Security only only of working Security only only of working Security only only of working Security only only of working Security only only only of working Security only only only only only only only onl		IF YES, GIVE W	AR OR DATES			YES	cify Cubs	n, Mexice	in, Puerto y:	Rican, etc.)					
Clock of the phote force completed Clock of the phote force completed			W W L	L				NO				WH	TTE		
TRUCK DRIVER PAVING CO. 17. FATHER'S NAME (First, Middle, Leat) LESLIE EUGENE WRIGHT 18. MOTHER'S NAME (First, Middle, Medien Sumanne) GERTRUDE MAE BEALL 19. NFORMANT'S NAME (First, Middle, Medien Sumanne) GERTRUDE MAE BEALL 19. NFORMANT'S NAME (First, Middle, Medien Sumanne) GERTRUDE MAE BEALL 19. NFORMANT'S NAME (First, Middle, Medien Sumanne) GERTRUDE MAE BEALL 19. NFORMANT'S NAME (First, Middle, Medien Sumanne) GERTRUDE MAE BEALL 10. NALING ADDRESS (Street and Number or Rural Poults Number Colly or Town, Stein, Zip Code) PAIL J. WILCOM 10. BOX 69 FAIR PLAY MD 21733 20. PLACE AND DATE of DISPOSITION/Numer of comments of other properties			(0	live kind of wo	rk done o	during mo	N st of working	ng	16	b. KIND OF	BUSINESS	INDUSTRY			
16. MOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumanne)		College (1-4 or 5	-)		,										
LESLIE EUGENE WRIGHT 196. RIFORMANT'S NAME (PypePrint) DALE J. WILCOM 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zp Code) P. O. BOX 69 FAIR PLAY MD 21733 206. METHOD OF DISPOSITION CREMATION State 1 Donation 3 CREMATION CREMATION STATE 1 Donation 5 Characteristic Communities of Number of Number of Rural Route Number of Rural Rural Route Number of Rural Rural Route Number of Rural Rural Rural Rural Rural Rural			TRU	CK DRI	VER.										
196. MAILUNG ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) DALE J, WILCOM 100. BOX 69 FAIR PLAY MD 21733 200. METHOD OF DISPOSITION CREMATION or Town, State 100 Burlet J Chremation 3 Treshboral from State 210 Chremation 3 Treshboral from State 220. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS LIBERTYTOWN, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, sinterval Between Onset and Dasth 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Dasth 24. Due to (or as a consequence of): 25. Equantially list conditions, fi any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 29. PLACE OF DEATH (Toxics only one) 29. PLACE OF DEATH (Toxics only one) 29. PLACE OF DEATH (Toxics only one) 29. PLACE OF DEATH (Toxics only one) 29. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Toxics only one) 29. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Toxics only one) 20. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Toxics only one) 20. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Toxics only one) 20. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Toxics only one) 20. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Toxics only one) 21. WAS CASE REFERRED TO MEDICAL 22. MANNER OF DEATH 23. DATE OF MANNER OF SEC. MANURY AT 286. DESCRIBE HOW INJURY OCCURED		700										-,			
DALE J, WILCOM P.O. BOX 69 FAIR PLAY MD 21733 20a. METHOD OF DISPOSITION CREMATION State 20b. PLACE AND DATE OF DISPOSITION (Name of a Date of Disposition) CARROLL CREMATION, INC. 1/6 HAMPSTEAD, MD 21. SIGNATUSE OF FUNERAL SERVICE LICENSE CARROLL CREMATION, INC. 1/6 LIBERTYTOWN, MD 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS LIBERTYTOWN, MD 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS LIBERTYTOWN, MD 23. PART I. Entar tha diseasea, or complications that causes the death. Do not enter tha mode of dying, such as cardiac or reapiratory arrest, interval Between onset and Dash ONE TO (OR AS & CONSEQUENCE OF): CARGOLINA DATE OF DISPOSITION (ND) DUE TO (OR AS A CONSEQUENCE OF): CARGOLINA DATE OF DEATH (Check only one) 24b. WAS AN AUTIOPSY PRINDINGS DID TOBACCO USE CONTIBUTE TO CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINED OF DEATH 1 POSPITAL: 1 POSPITAL: 1 POSPITAL: 1 POSPITAL: 26c. MAJENEY 1 1 POSPITAL: 27c. MANNED OF DEATH 28c. MAJENEY 1 28c. MAJENE		TI'	1												
20s. METHOD OF DISPOSITION CHARGOSTION CHARGOSTION CHARGOSTION TO TOWN, State Committed of committed commi	7/224 (20%) 20 (20%)					(Street e	nd Number				own, State,				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS LIBERTYTOWN, MD 23. PART I. Enter the diseases, or complications that cause of has death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CONSEQUENCE OF): DUE TO (OR AS A CONSEQU								FAI							
22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS LIBERTYTOWN, MD 23. PART I. Entar tha diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Dasth Approximate Interval Between Onset and Dasth Approximate Interval Between Onset and Dasth Approximate Interval Between Onset and Dasth B. DUE TO (PR AS A CONSEQUENCE OF): DUE TO (PR AS A CONSEQU		ALTON State							1 .						
LIBERTYTOWN, MD 23. PART I. Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Members, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition resulting in death)		Noce	CARRO	OLL CR					1 - /						
23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death)	21. SIGNATURE OF PUNENAL SERVICE LICE	MSEE O	1-60	/	22. (NAME AN					HART	ZLER	&	SONS	
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	(atharine	V. X	or Le	N			LIE	BERTY	TOW	V, MD					
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	23. PART I. Entar the diseases, or co	mplicationa tha	t caused the de	ath. Do no	t enter	tha mo	de of dy	ing, suc	h as car	diac or re	piratory	arrest,		Approximate	
disease or condition resulting in death) OUE TO (OR AS CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS	snock, or heart fallura. Li	lat only ona cau	se on aach line	h.									l		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	disease or condition	Car	Dignel	mon	ary	4	nes						ĺ	Oneot and Di	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	resulting in death) / a.	OUE TO	OR AS CONSE	OUENCE OF):	1										
Family Seeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			Dneu	mon	4								j		
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR		DUE TO	AS A CONSE	QUENCE OF):											-
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	cause. Enter UNDERLYING														
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cop Cop Completion of Cause Cop Completion of Cause Cop Completion of Cause Cop Completion of Cause Cop Completion of Cause Completion of Caus	that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF):											
AMAILABLE PRIOR TO COMBETION OF CAUSE OF DEATH YES 2 NO	resulting in death) LAST														
AMAILABLE PRIOR TO COMBETION OF CAUSE OF DEATH YES 2 NO	PART II. Other significant conditions	contributing to	death but not	resulting in	the up	decluies		nhan in	Dord I	Or- HEG		. I .	1		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO DF DEATH? 1 YES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY (Morth Day Vise) 1 YES 2 NO DF DEATH? 1 YES 2 NO DEATH YES 2 NO DF DEATH? 1 YES 2 NO DF DEATH? 1 YES 2 NO DF DEATH? 1 YES 2 NO DF DEATH? 1 YES 2 NO DEATH YES 2 NO DEAT	Palou	Cano	an B	lad	Q.	Ca	an Con	/	rait i.	PERF	ORMED?	24	AWA	LABLE PRIOR TO	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY DRY VISIT 286. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	Can	0	, /					_		1 TYES	2 - NO				æ
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DID TODA CCO LICT CC.	/,											1 [YES 2 NO	_
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Morth Pay New) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED		ROIF TO CY					UNC	ERTAI	ИП						
1 YES 2 NO 1 topstient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 180	EXAMINER?	HOSPITAL:		10		, ,									
(Month Day Year) IN HERY WORKS		_		□ DOA 4	☐ Nurs	ing Home		sidence							
1 Netural 5 Pending M 1 YES 2 NO	1 Natural 5 Pending	(Month, Di	ay, Year)		TY	WO	RK?		28d. DE	SCRIBE HO	V INJURY (OCCURED			

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

26e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify)

29c. LICENSE NUMBER
D 27898 29d. DATE SIGNED (Month, Day, Year)

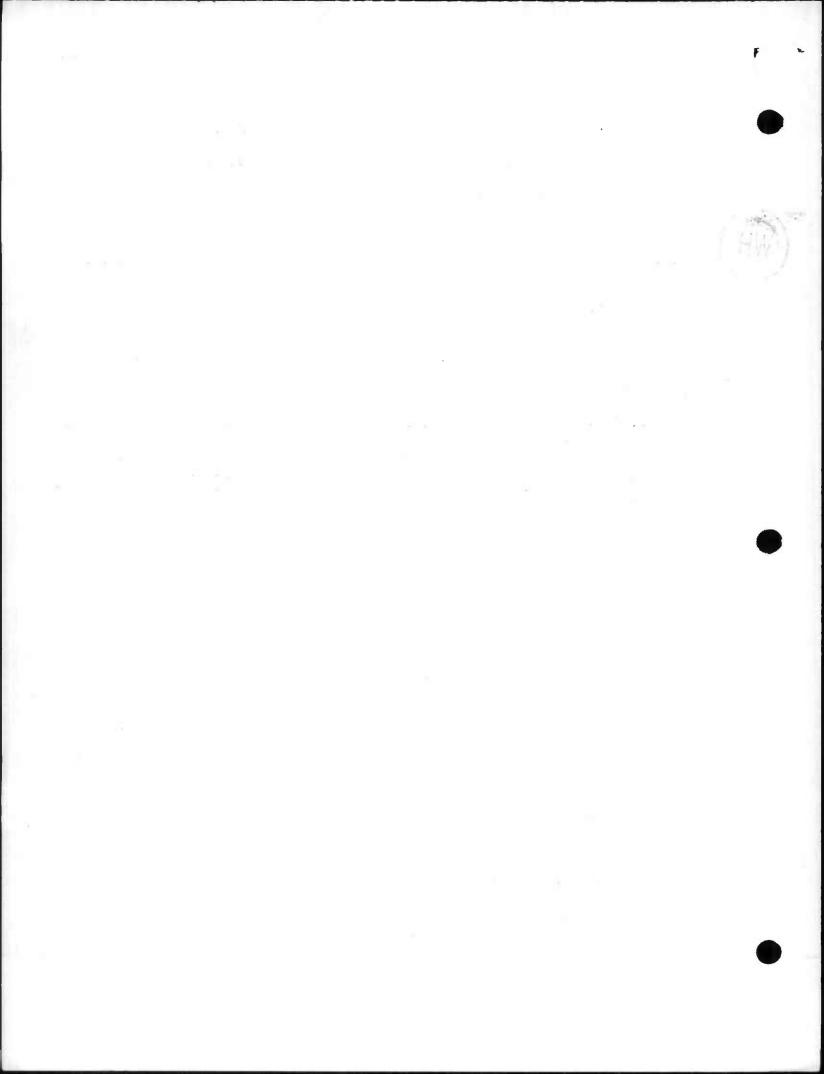
1/2/95

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
ANDRADE 350 MILL ST. HAGERSTOWN Maryland 21740

Investigation

Could not be

28I. LOCATION (Street and Number or Rural Route Number, City or Town, State)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Ε.	-			ı
_	ò			ı
3	-			ı
9	ě			ı
5	20		8	ı
b	8		=	ı
5	P		0	ı
5	2		न्न	ı
3	2		-	ı
8	3		9	ı
ğ	45		\$	ı
5	10		9	ı
9	0		-	ı
3	90		å	ı
g.	0		-	ı
	9		90	ı
>	8		Ē	ı
5	5		-	ŀ
8	0		9	ı
	5		를	ı
3	Ē		튭	ı
3	2		8	ı
5	2	10	_	L
	5	õ	69	Г
0	D	Ue.	8	ı
5	.5	-		ı
2	B	ō	E	l
+	100	É		ı
N	-	5	#	ı
Ē	意	Tha	-5	ı
=	e	e	5	ı
1	E	C	5	ı
B	8	Te .	60	ı
3	P	E	유	ı
3	5	۵	9	ı
B	=	2	트	ı
g.	-ca	8	2	L
12	Sic	N.	72	ı
ğ	3	63	100	L
	0	E	ž	ı
Б	8	ě	5	ı
2	폏	£	=	ì
2	te.	765		ı
ě	te	벋	2	ı
10	9	%	3	ı
5	=	P	三	ı
ei	5	3	×	ı
Š	Σ	-	=	ı
0	ĕ	華	10	l
Ē	Sign	9	§	ı
3	=	Ţ	9	ı
p	8	0	66	L
E	0	H	3	ı
=	S.	8	2	L
5	-	9	E	ı
	'a	B	9	L
5	ĕ	CO	-	ı
3	F	ĕ	0	l
2	0	9	700	ı
Ē	S	至	9	1
Ĺ	=	~	3	ı
5	9	te	E	ı
Ę	A	de	-	ı
ž	ri:	1	-	1
1	Ö	fte	00	1
2	5	100	2	E
2	岩	5	E	ſ
5	0	8	9	ſ
4	-	2	-	ı
1	8	1	-	П
7	W	두		ı
₫	5	E.	3	H
	440	*	5	ı
Ĕ	¥	20	ō	۱
	-	-	9	ı
IN THE HUSTIAL OR ALLENDING PRISICIANY. THE INM TRUDING DISTRICTURED OF EXCUSED WITHIN 24 HOURS ARE DESCRIPTED IN THE PROPERTY OF THE PROPERTY OF	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1, DECEDENT'S NAME	First, Middle, Last)		Wr	ight	-		# MONTI	OF DEATH	1, 19	95	3. TIME 05 05 05
4. SOCIAL SECURITY N 217-60-7		5. SEX 1 ☐ M 2 X F	6. AGE (In yrs	7 () YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) July	of Bigith n, Day, Year)	1924	Coun	HPLACE (State of Foreign 1979) Bryland
Bowie Hea	alth Cen			<i>.</i>	96. CITY, TOWN	OR LOCATION OF	OEATH			inty of	e Georges
nesidence of 100. STATE Maryland	10b. COUNT	e George	s		orestvil						10d. INSIDE CITY LIMITS? 1 YES 2 NO
3802 Cri		e.		2 1	10	20747				USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4			T EVER IN U.S VES 2	NO	If yes, sp	CENDENT OF HISP pecify Cuban, Mexi S 2 NO Spec	can, Puerto I		_	14. RAC Blac	CE — American Indian, ck, White, etc.
(Specification (Speci				(Give kind of life. Do NOT u	S USUAL OCCUPATE work done during me ise retired.)	ON ost of working	16b	Own		DUSTRY	79 P.
17. FATHER'S NAME (Fir Luther		Wilson		-		Odean	NAME (First, I		n Sumame) OSS		
Wilhelmina		4		1-1-1-1	G ADDRESS (Street					,	
20a, METHOD OF OISP 1 M Burlal 2 Cree 4 Donation 5 C 21. SIGNATURE OF FUN 23. PART I. Enter th	DSITION nation 3 Ren ther (Specify) ERAL SERVICE LI	censee	20b. PL of ceme Great	ace and parter by ter Bi	22. NAME A 1451	Chr.Cem No ADDRESS OF Dares B	each	95 Pr ewell Rd. P	ince Fune rince	Fred ral Fre	lerick, MD Home derick, MD
20a, METHOD OF OISP 1 M Burlal 2 Cree 4 Donation 5 C 21. SIGNATURE OF FUN 23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death)	DITION nation 3 Ren wher (Specify) ERAL SERVICE LI the diseases, or or heert failure. (Final n	CENSEE	20b. PL of ceme Great	ace and parter by ter Bi	te of disposition y or other place) ble Way 22. NAME A 1451 not enter the me	Chr.Cem No ADDRESS OF Dares B	. 1/5/ FACILITY S each	95 Pr ewell Rd. P	ince Fune rince	Fred ral Fre	lerick, MD Home ederick, MD Approximate interval Between
20a, METHOD OF OISP 1 M Burlel 2 Cree 4 Donation 5 C 21. SIGNATURE OF FUN 23. PART I. Enter the abook, immediate CAUSE disease or condition resulting in death)	Desirion netion 3 Ren nther (Specify) ERAL SERVICE Li ne diseases, or or heert failure. (Final n Inditiona, mediate RLYING Injury	CENSEE Complications the List only one ca	20b. PL of ceme Great	ACE AND DATE TO THE PROPERTY OF THE PROPERTY O	property of the place of the pl	Chr. Cem No ADDRESS OF Dares B	. 1/5/ FACILITY S each	95 Pr ewell Rd. P	ince Fune rince	Fred ral Fre	lerick, MD Home ederick, MD Approximate Interval Between
20a, METHOD OF OISPI 1 M Burlal 2 Cree 4 Donation 5 C 21. SIGNATURE OF FUN 23. PART I. Enter the shock, immediate CAUSE disease or condition resulting in death) Sequentially list confirm, leading to incause. Enter UNDE CAUSE (Disease or that initiated events.)	position and there (Specify)	CENSEE Complications the List only one can bue to	at caused the use on sach (OR AS A COI (OR AS A COI (OR AS A COI (OR AS A COI	ACE AND DATE TO THE PROPERTY OF THE PROPERTY O	property of the place of the pl	Chr. Cem No ADDRESS OF Dares B oda of dying, se	Aday	95 Prewell Rd. Pddlac or res	ince Fune rince piratory ar	Fred ral Fre	lerick, MD Home derick, MD
20a, METHOD OF OISP1 M Burlal 2 Cree 4 Donation 5 C C 21. SIGNATURE OF FUN 23. PART I. Enter the shock, immediate Cause disease or condition resulting in death) Sequentially list could any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	DISTION netion 3 Ren wher (Specify) ERAL SERVICE Li re diseases, or re heert failure. (Final n miditions, mediate RLYING Injury LAST Ifficant conditions ED TO MEDICAL	CENSEE Complications the List only one can but to	at caused the use on each O (OR AS A CO) O death but n	ACE AND DATE tery, crematory ter B1	pe of disposition of other place) ble Way 22. NAME A 1451 not enter the me	Chr. Cem No Address of Dares B ods of dying, se	In Part I.	E 20c. L 95 Pr ewell Rd. P dlac or res 24e. WAS // PERF(1 U YES	ince Fune rince piratory ar	Fred ral Fre	lerick, MD Home derick, MD Approximate interval Betwee Onset and Das MARIE AUTOPSY FINOING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
20a, METHOD OF OISPI 1 M Burlal 2 Cree 4 Donation 5 C 21. SIGNATURE OF FUN 23. PART I. Enter the shock, immediate CAUSE disease or condition resulting in death) Sequentially list could fam, leading to incause. Enter UNDE CAUSE (Disease or that initiated eventure autiting in death) PART II. Other algorithms of CAUSE (Disease or CAUSE) 25. WAS CASE BEPERR EXAMINER? 1 YES 2 N 27. MANNER OF CEATH 1 Natural 2 Accident	DISTION nation 3 Ren wher (Specify) ERAL SERVICE LI The diseases, or or heert failure. (Final natitions, mediate RLYING Injury LAST Ifficant condition ED TO MEDICAL	CENSEE Complications the List only one can but to	20b. PL of ceme Great at caused the use on sach (OR AS A COI (OR AS A	ACE AND DATE of the property o	process of the proces	Chr. Cem No Address of Dares B oda of dying, and	In Part I.	E 20c. L 95 Pr ewell Rd. P dlac or res 24e. WAS // PERF(1 U YES	ince Fune rince plratory an autopsy on Autopsy on Med and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Med of and Number of Andrew	Fred ral Fred ral Fred ral Fred ral Fred ral Fred ral Fred rate rate rate rate rate rate rate rate	lerick, MD Home derick, MD Approximate interval Betwee Onset and Das MARIE AUTOPSY FINOING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1000 Section of the second section

BALTIMORE, MARYLAND 21203-3146	Curs after death. Page 6 may be retained by the hospital or attending physician. Ed in by the funeral director, page 5 should be detached for use as the burial-transit per or removal.
	ir filth
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flar death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flued in by the funeral director, page 5 should be detached for use as the burial-transit per be flied within 72 hours after death with the State Detr. of Health and Mandal Hyglene prior to burial, certained. Or entroat.

1 -	FOR STATE REGISTRAR		STATE OF N		ERTIF	ICATE	OF DE	ATH		REG. NO.			
1.	DECEDENT'S NAME (Flist,								2. DATE MONT		199	EAR 5	3. TIME OF DEATH 4:00 A ^M
4.	SOCIAL SECURITY NUMBER	39	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDER 1		DER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHE	PLACE (State or Foreign
	215-03-211		1 🗆 M 2 😾 F	80	YRS.	MONTHS	DAYS HOUR	B MIN.	1 2 2 3 3 3	4. 19			vland
90	. FACILITY NAME (If not ins		eet and number)			9b. CITY, T	TOWN OR LOCA	ATION OF D			9c. COUNTY		
5	403 Bathurs	st Road	1			Cat	onsvi	11e			Bal	tim	ore
, ,	STATE				1 400 000	ry, TOWN OR					DG1		
													10d. INSIDE CITY LIMITS?
	Maryland NUMBER	Balti	Lmore			Catons	ville	nne .		_	10- 0171761		1 YES 2 NO
11.		. t. D											
11	403 Bathurs		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W		21228	NIC ORIGI	f? (Specify Yes			States - American Indian,
- 10	☐ Never Married 2 🔀 I	- 1	FORCES? 1	YES 2 AR OR DATES X		14.3	yes, specify C	ıban, Mexic	en, Puerto		01110	Black, Specifi	, White, etc.
11	☐ Widowed 4 ☐ Divor	bes	17 120, 0112 11	on on onte		1 ''	L ICO Z X	то зрвог	ry.			Specif	White
17.		DENT'S EDUCA		16a. D	ECEDENT'S	USUAL OCC	CUPATION	rkina	16b	KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-		College (1-4 or 5 a	·)	fe. Do NOT u	ise retired.)	ring most of wo						
L	8				Homen	naker				Own H	lome		
17.	7. FATHER'S NAME (First, Mic	ddle, Last)					16. M	OTHER'S N	AME (First,	Middle, Maiden	Surname)		
	Herman	Wei	lbe					Grac		Bass			
19	00. INFORMANT'S NAME (Ty	rpa/Print)		1	96. MAILIN	G ADDRESS ((Street end Num	ber or Rural	Route Num	ber, City or Town	n, State, Zip Co	ode)	
-	Arthur H. 2									ille.			
11	Do. METHOD OF DISPOSITION DISPOSITION 2 GROWN CONTROL OF CONTROL O	n 3 🗆 Remov	val from State	20b. PLAC	E OF DISPO place)	SITION (Name	e of cemetery, o	cremetory or		20c. LO	CATION — CITY	y or Tov	wn, State
_	Donation 8 D Other			Lor	raine		Cemet			Bal	timor	e, I	Maryland
21	1. SIGNATURE OF FUNERAL	. SERVICE LICE	NSEE 1				AME AND ADD			nama1	77 -	T	
1 2	3. PART I. Enter the dis	seens or co	emplications the	t abused the	leath Do	41	12 016	Col	umbia	Pike	Home :	ott	City21043
S If CC	AND AND AND AND AND AND AND AND AND AND	one, State NG c.	DUE TO DUE TO SEN	TRICAL (OR AS A CONS (OR AS A CONS (OR AS A CONS	AN EQUENCE OF REPLY CONTRACTOR OF THE PARTY	And And And And And And And And And And	12 Old	dylng, su	umbia ch aa cer	Pike diec or reapi	Ellicoretory arrea	ott it,	Approximate Interval Between
S If C C th	ahock, or he MMEDIATE CAUSE (Find issues or condition esulting in death) Sequentially list condition in the	one, Slata NG c. d.	DUE TO	OR AS A CONS	EQUENCE (A R OFF: OFF: A R OFF: OFF: A R OFF:	12 Old he mode of PRY THE SEE	dyling, sur	ambia ch aa cer As u Coro le r	Pike diec or reapi	Asys Dis	tale	Approximate Interval Between Onset and Death
SH CC	ahock, or he MMEDIATE CAUSE (Find Idease or condition esuiting in death) Sequentially list condition from the cause. Enter UNDERLY!! CAUSE (Disease or Injurate initiated events esuiting in death) LAST	one, Sinta NG c. d. nt conditions	DUE TO Contributing to	OR AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONS	EOUENCE C	A POP: OP: A POP: OP: A POP: OP: In the und	12 01che mode of PRY //	dying, sur	ambia ch as cer AS U ORO (e n	Pike diec or respir	AS S Dis	tale	Approximate Interval Between Onset and Death Death Onset and D
S If C C th	Abock, or he MMEDIATE CAUSE (Find Idease or condition esuiting in death) Sequentially list condition are in the cause. Enter UNDERLY! CAUSE (Disease or injurity that initiated events esuiting in death) LAST	one, Sinta NG c. d. nt conditions	DUE TO Contributing to	OR AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONS	EOUENCE C	A POP: OP: A POP: OP: A POP: OP: In the und	12 016 he mode of PRY THE CESSE COLUMN LETTING LETTI	dyling, sur	AS U ORO Le Part I.	Pike diec or reapi	AS S Dis	tale	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
S If C C th	ahock, or he MMEDIATE CAUSE (Find Idease or condition esuiting in death) Sequentially list condition from the cause. Enter UNDERLY!! CAUSE (Disease or Injurate initiated events esuiting in death) LAST	one, Sinta NG c. d. nt conditions	DUE TO Contributing to	OR AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONS	EOUENCE C	A POP: OP: A POP: OP: A POP: OP: In the und	12 016 he mode of PRY THE CESSE COLUMN LETTING LETTI	dying, sur	AS U ORO Le Part I.	Pike diec or respir	AS S Dis	tale	Approximate Interval Between Onset and Death Death Onset and D
S Iff CC C Ith In	MMEDIATE CAUSE (Find idease or condition esuiting in death) Sequentially list condition in any, leading to immediate. Enter UNDERLY!! AUSE (Disease or Injuriated events esuiting in death) LAST PART II. Other algnificer MALIGMAN CHIBAL CHIBA	one, Sieta NG c. d. mt conditions of A. Prill A. T. J. S. D. W.	DUE TO Contributing to	OR AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONS	EOUENCE C	A POP: OP: A POP: OP: A POP: OP: In the und	12 016 he mode of PRY THE CESSE COLUMN LETTING LETTI	dying, sur	ambiacon AS U CORO (CORO) Pert I. Able. Wion	Pike Dicorrespic	AS S Dis	tale	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
S Iff CC C Ith In	MMEDIATE CAUSE (Find Mediate Cause (Find Mediate Cause (Find Mediate Cause or condition esuiting in death) Sequentially list condition from the cause of the cause of the cause of the cause of the cause of the cause (Find Mediate Cause (Find Mediate Cause Cause (Find Mediate Cause (Fin	one, Siete NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO Contributing to	TRICM (OR AS A CONS FRE T (OR AS A CONS GRAS A CONS GRAS A CONS CONS	AR EOUENCE OF EOUENCE OF THE COUNTY OF THE C	In the und	LESSE Cottle In Jery In Jer	dying, surdying, surdying, surdying, surdying, surdying, surdying in the control of the control	AS UCORO	Pike diec or respir	AS S Dis	tale	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
SH H C C C tt n	ahock, or he MMEDIATE CAUSE (Find idease or condition esuiting in death) Sequentially list condition in the condition of any, leading to immediatuse. Enter UNDERLYIF CAUSE (Disease or Injuriant initiated events esuiting in death) LAST PART II. Other significant was a sequentially of the condition of the condit	one, Siete NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO Contributing to RAYTH A HOSPITAL: 1 Inpetient 2 280, DATE OF	OR AS A CONS GOR AS	EOUENCE C	In the und	leriying cause 26. PLACE 0	dying, surdying,	Pert I. Able USION 6 Other	Pike diec or respir	AS S AUTOPSY IMED?	Tole	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
SH H CC CT TH P	Anock, or he MMEDIATE CAUSE (Find Idease or condition esuiting in death) Sequentially list condition and in the condition of	one, Shata NG ry d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO CONTributing to CONTRIBUTION DUE TO CONTRIBUTION CONTRIBUTIO	OR AS A CONS GOR AS	EOUENCE C	In the und	lerlying cause 26. PLACE 0	dying, surdy and a	Pert I. Able USION 6 Other	Pike diec or respir	AS S AUTOPSY IMED?	Tole	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
SH H C C C tt n	Anock, or he MMEDIATE CAUSE (Find Ideeded or condition esuiting in death) Sequentially list condition of any, leading to immediate. Enter UNDERLY! AUSE (Disease or Injuriated events esuiting in death) LAST PART II. Other algnificate or the condition of the c	one, Siete NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO CONTributing to CONTRIBUTION CONTRIBUTION DUE TO CONTRIBUTION CONTRIBUTION DUE TO CONTRIBUTION CONTRIB	OR AS A CONS GOR AS	AREOUENCE CE ED EOUENCE CE ED EOUENCE CE ON STATE OF THE PROPERTY OF THE PROPE	In the und OTHER: 4 Nursin ME OF JURY ME	lerlying cause 26. PLACE 0 19 Home 5 E 26. PLACE 0 1 YES	dying, surdy and a	AS U ORO (C) 1 Part I. Ab/(e) V5/ON 20d. DE	Pike diec or respir	AS S AUTOPSY MED? NURY OCCUR	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
SS III CC CC the record of the	MMEDIATE CAUSE (Finite of the condition	one, Sheta NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO CONTributing to CONTributing to CONTRIBUTION DUE TO DUE TO DUE TO DUE TO DUE TO CONTRIBUTION DUE TO	OR AS A CONS COR AS	EOUENCE CONTROL OF THE STATE OF	In the und OTHER: 4 ONURS OTHER: 4 ONURS Street, fector	lerlying cause 26. PLACE O ing Home 5 to Work? 1 YES ry, office	dying, surdying,	Pert I. Able USION 28d. DE 28d. LOCCHY 1 to the ca	Pike Classification of the pike Classification of the pike Pike Classification of the pike Classification of	AUTOPSY IMED? AUTOPSY IMED? ONO NJURY OCCUR and Number or	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
S S If I C C C C T T T T T T T T T T T T T T T	MMEDIATE CAUSE (Finite of the condition	one, Sieta NG C. d. d. mt conditions Of Act (A) D MEDICAL Pending investigation Could not be determined	DUE TO DUE TO DUE TO DUE TO CONTributing to CONTributing to CONTRIBUTION DUE TO DUE TO DUE TO DUE TO DUE TO CONTRIBUTION DUE TO	OR AS A CONS COR AS	EOUENCE CONTROL OF THE STATE OF	In the und OTHER: 4 ONURS OTHER: 4 ONURS Street, fector	lerlying cause 28. PLACE 0 19. Type 28. PLACE 0 19. Type 28. INJURY AT WORK? Type 19. Typ	dying, surdying,	Part I. Able Wilder Date 281. LOC. City The to the care time, date	Pike Classification of the pike Classification of the pike Pike Classification of the pike Classification of	ASS AUTOPSY MED? NO NJURY OCCUR and Number or	24b.	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Of Death Onset On
S S III C C C T T T T T T T T T T T T T T T	Anock, or he MMEDIATE CAUSE (Find Issees or condition esuiting in death) Sequentially list condition from the cause. Enter UNDERLY! AUSE (Dissess or Injury that initiated events esuiting in death) LAST PART II. Other algnificant and the cause of the	one, Sieta NG c. d. d. mt conditions on the conditions of the cond	DUE TO DU	on each life Train of the construction of the	EOUENCE C FEOUENCE C FEOUENCE C FEOUENCE C FEOUENCE C FOR THE CONTROL OF THE	ATCC OTHER: 4 Nursin ME OF JURY ME OF JURY ME OF JURY Street, fector at the time ton, in my opi	lerlying cause 28. PLACE 0 19. Type 28. PLACE 0 19. Type 28. INJURY AT WORK? Type 19. Typ	dying, surdying, surdying, surdying, surdying, surdying, surdying the control of	Part I. Able Wilder Date 281. LOC. City The to the care time, date	Pike Classification of the pike Classification of the pike Pike Classification of the pike Classification of	ASS AUTOPSY MED? NO NJURY OCCUR and Number or	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death To Completion of Cause Of Death? 1 Yes 2 INO
S S III C C C T T T T T T T T T T T T T T T	Anock, or he MMEDIATE CAUSE (Find Issesse or condition esuiting in death) Sequentially list condition esuiting in death) Sequentially list condition and its condition in death in the condition of the condition in death in the condition of the	one, Sieta NG c. d. d. mt conditions on the conditions of the cond	DUE TO DU	on each life Train of the construction of the	EOUENCE C TRUPA EOUENCE C EOUENCE C Tesulting JE OR 3 DOA 28b. Till home, farm, rinvestigati FM 27) 766	ATCC OTHER: 4 Nursin ME OF JURY ME OF JURY ME OF JURY ATCC OTHER: 4 Nursin Me of JURY Me of	lerlying cause 28. PLACE 0 19. Type 28. PLACE 0 19. Type 28. INJURY AT WORK? Type 19. Typ	dying, sur dying, sur MI MI COSC DSC DSC DEGREE Given in ANTI OTEA Residence COSC Residence Residence COSC Residence Residen	Part I. Able Wilder Date 281. LOC. City The to the care time, date	Pike Classification of the pike Classification of the pike Pike Classification of the pike Classification of	ASS AUTOPSY MED? NO NJURY OCCUR and Number or	24b.	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior to Completion of Cause of Death? 1 Yes 2 Tino



YEAR

USA

Specify:

3. TIME OF GEATH

a. BIRT HPLACE (State or Foreign

North Carolina

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Bl.ack

21230

Approximate

Interval Between

Onset and Death

1XXYES 2 NO

8:30

Pages 1, 2, 3 should

permit.

burial-transit

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE

2

once.

notified at

pe

must

medical examiner

the cremation,

traumatic event,

other

6

shows any injury,

23

Item State

is marked, with

28

llem

=

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

6

COMPLE

BE

2

to

the 0

3	2	
P	멀	
aju	9	
ret	40	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	IMPECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	
T a	0	
9	Cto	
age	dire	
-	iral	
eath	No.	
0	he 1	100
afte	N T	MON
5	5	9
ğ	P	9
4.7)	ion.
든	lefy	mat
臺	ple	266
8	m0:	rei
5	p	H
90	ar	000
pe	ciar	00
alle	JS.	pd
tific	pd C	ene
Cer	ding	2
Æ	ten	古
de	all all	ent
the	5	N
hat	5	an
S	3ne	神
nin.	.S.	운
9	een	of
MP.	as b	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
The	te h	ite (
Z.	fica	S
3	erti	鲁
3	SC	\$
F	Ē	×
NG	fter	eath
9	3. A	50 30
H	2	afte
×	HEC	S
8	8	9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH A ANDERS ON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year Oct 31, IF UNDER I YEAR DAYS HOURS 1 M 2 V F 92 YRS. 212-05-7955 1902 9a. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hispital Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2329 Annapolis Road 21230 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Merried 1 YES 2 NO Specify: 3 X Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
152-we kind of work done during most of working 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondery (0-12) College (1-4 or 5+) 6th Grade Factory Worker London Fog 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) John Griffin Mary 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2329 Annapolis Road Versie Fitzgerald Baltimore, Maryland 20e. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Jane 1X Burlal 2 Cremetion 3 Re Donation 5 Other (Specify) Arbuuts Memorial Park Baltimore County, 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY OUT TET FUNCTION HOMES, Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heert fellure. List only one ceuee on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE DF): resulting in death) OUE TO (OR AS) CONSEQUENCE OF: Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury that initiated evente Disease resulting in death) LAST remens PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 | YES 2 | NO 26. PLACE OF DEATH (Check only one) OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify)

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 DE DEATH? I YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural Natural 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5244161436 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARY JUNET MINGUITOHO HABOR HOSPITAL 32. REGISTRAR'S SIGNATURE 9 1995 OHMH-16 Rev 1/89

ď DIVISION OF VITAL

MARYLAND 21215-0020

or attending physici **burial**

the hospital

6

Page 6 may be retained

hours after death.

executed within

requires that the death certificate be

The law

OR ATTENDING PHYSICIAN:

removal

10

and completely fi to burial, cremation

9

attending physician ntal Hyglene prior to

the atten Mental h

signed by the

peen

certificate h

this a

After

FUNERAL within 72 t HOSPITAL

31. OATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Julia Studear Randall

filled in by th

BALTIMORE.

use as the

JQ.

funeral director, page 5 should be detached

Item1.Film719,1/27/95,lt STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SYLVAUGHN STEVENSON-ALSTON YEAR Sylvaughn Alston 01 14 95 8:25pm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
[Mogth, Day, Year]
JUI 1, 1954 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS 40 MARYLAND 216-62-9490 1 M 2 XXF 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE n/a YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 921 E. 30 TH STREET 21218 UNITED SA STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XXIO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)
1 ☐ YES X ☑ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high E Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 12 SECURITY Secretary TH BALTIMORE COUNTY once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) STEVENSON SR. JOHN KATHERINE JONE S 듆 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 **IVORY** AUSTIN Alston 30 TH STREET, BALTIMORE, MD 921 21218 90 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 2 Cren nation 3 - Removal from State BALTIMORE ČEMETERY BALTIMORE, MD 1 - 194 Donation 5 Other (Specify) examiner OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCHF H.-1101 E. NORTH AVENUE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. Liet only one ceuee on each line. intervai Batween IMMEDIATE CAUSE (Finel and Death the disease or condition resulting in death) Probable pulmonary embolism event. nous DUE TO (OR AS A CONSEQUENCE OF) Obesity traumatic CERTIFICATION unknown Sequentieily list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Asthma unknown CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL апу COMPLETION OF CAUSE 1 YES 2 NO OF CEATH? shows a 1 TES 2 NO Dept. c DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 🗵 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 ☐ inputient 2 🔀 ER/Outputient 3 ☐ DOA 1 XYES 2 NO Nursing Home 5 - Reeldence 6 - Other (Specify) o the 27. MANNER OF DEATH 28e. OATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? Is marked, 1 Natural м 1 YES 2 NO BY investigation Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be DIRECTOR: hours after of tem 28 is 4 Homicide 29e. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. THE SUPPLIERE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE TAIRIONER mL D43883 1 - 14/959 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) The Union Memorial Hospital Timothy Gardner, M.D. 201 E. University Pkwy. Baltimore, Maryland

100 miles

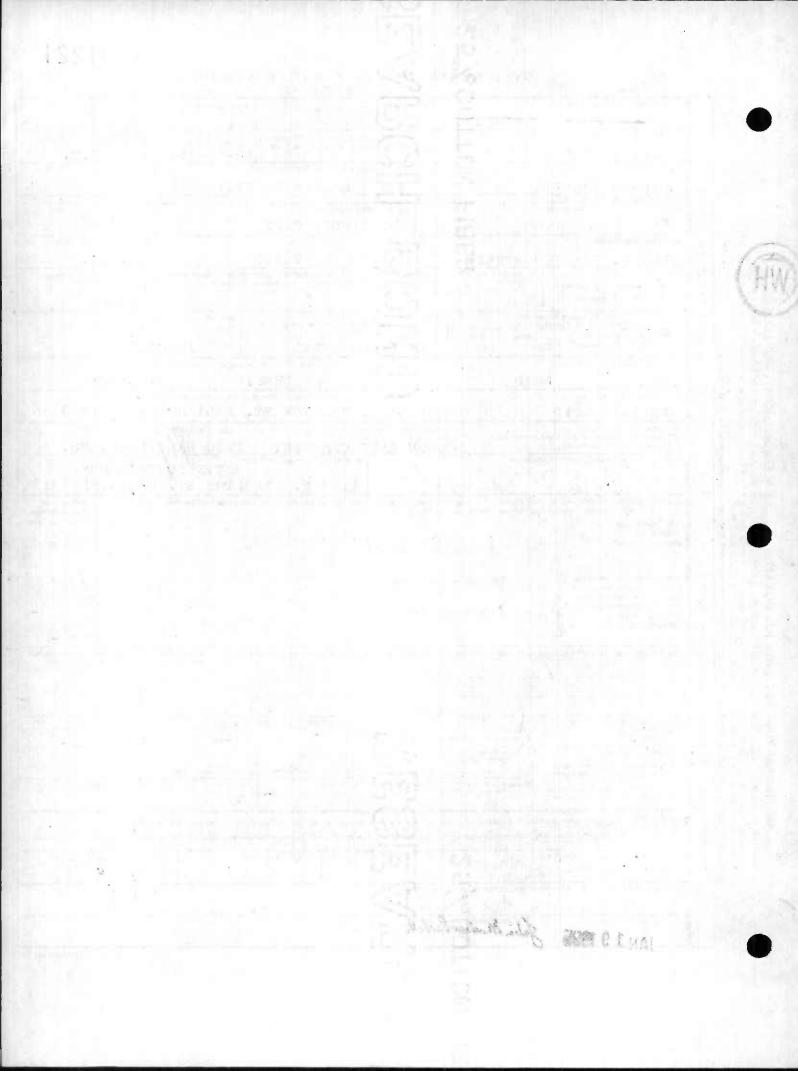
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	BALTIMORE, MARYLAND 21215-0020	
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death, Page 6 may be retained by the hospital or attending physician	ours after death, Page 6 may be retained by the hospital or attending physician.	
E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	
ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n. or removal.	
PTRUT. If them 90 is marked on them 92 about being on other desired to marked assembled and an acalificat at any	modical assemblant month has acadiffical at another	

	1. DECEDENT'S NAME (First, Middle, Last) Albert L. Bonne	r			2. DATE OF DEATH MONTH DAY	95 P	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 5. SE 244-12-3703 9a. FACILITY NAME (If not institution, give street an	(M 2 🗆 F 76	YRS. MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Movith, Day, Year) 02/81/19/2	8. BIRTH Country NOR*	TH CA
DIRECTOR	BON Secrits Hospi	tal .	Balti	more.		\sim	A
	10a. STATE 10b. COUNTY	1/A	10c. CITY, TOWN OR LOCA	ore			10d. INSIDE CI LIMITS? 1 YES 2
FUNERAL	812 Wildwood To	WAS DECEDENT EVER IN U.S. ARME		2/22	9 IC ORIGIN? (Specify Year	10g. CITIZEN OF W	'
BY		ORCES? 1 X YES 2 NO FYES, GIVE WAR OR DATES	It yes, a	pecify Cuban, Maxicar S 2 NO Specify:	, Puerto Rican, etc.)	or No.— 14. RACE Black Speck	— American ir i, White, atc. by: Black
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll	ege (1-4 or 5 +) (Give ille. Do	DENT'S USUAL OCCUPAT. kind of work done during mo NOT use retired.)	ost of working	16b. KINO OF BUSH	NESS/INDUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		ACHINI:		AE (First, Middle, Maiden Si	COASI	CER
TO BE	19a. INFORMANT'S NAME (Type/Print)	BONNE 19b. I	MAILING ADDRESS (Street	and Number or Rural R	Oute Number, City or Town.	State, Zip Code)	ARI
or team limited and and	20. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal for 4 Donation Tigher (Specify) 21. BIGNATURE OF FUNCTIAL SERVICE OVENSE	V. Br	JOSE 1913	CHR CEMENT AND ADDRESS OF FAC CPH H. BRC W. BALTI	WN JR. FUN MORE ST.,	ATION — CRY OF TO SATES UT ERAL HOM BALTIMOR	LLE, 1
	23. PART i. Enter the diseases, or compishock, or heart failure. List o IMMEDIATE CAUSE (Final disease or condition resulting in death)	Identions that caused the death	Failure	ode of dying, auch	aa cardlac or reapira	story arrest,	Approxi interval Onset a
EHTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE)	ncer x	prostis	te		
MEDICAL C	PART II. Other algorificant conditions con	CARdionyof	pthy	ng cause given in I	Part I. 24e. WAS AN A PERFORM	MED?	WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	ITRIBUTE TO CAUSE		YES NO			
IYSICI,	1 TES 2- NO. 1 PM	SPITAL: Inpetiant 2 ER/Outpetient 3	DOA 4 Nursing Ho	me 5 Masidenca	6 Other (Specify)		
ВУ РНУ	1 Natural S Pending 2 Accident Investigation	(Month, Day, Year)	INJURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW IN.		
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, factory, offi	ca	281. LOCATION (Street an City or Town, State)	d Number or Rural R	loute Number,
ETED						731552	
0		To the best of my knowledge, death the basis of examination and/or inv) and manner as

BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	A DEGLEGATION OF THE PARTY AND AND AND AND AND AND AND AND AND AND	(a, Last) R	A	rceola Us	sie Bo	oyd	2. DATE	E OF DEATH	v ve4	3. TIME OF DEATH
	AFTEO/a		3900	6135	72		1	12	+ 95	8:25
	4. SOCIAL SECURITY NUMBER	5. SEX	-	BACAL .	MOER 1 YEAR THE DAYS	F UNDER 24 HRS.		OF BIRTN th, Day, Year)	8. Bil Co	RTNPLACE (State or Fore
	219-16-74732 9a. FACILITY NAME (If not institution			79 YRS.	OUTY TOWN O	OR LOCATION OF D		12-15		S.C.
LOB	CHURCH HOSI	PITAL	USI)	90.		TIMORE		Y	9c. COUNTY O	F DEATN
DIRECTOR	10a. STATE 10b. (COUNTY		1.000	WN OR LOCAT					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			BAL		E CITY	-		10a CITIZEN O	1 X YES 2 N
ERAL	1705 E. PRES	STON ST	REET			2121:	3			S.A.
FUN	11. MARITAL STATUS	12. WAS DI	ECEDENT EVER IN U			ENDENT OF NISPA	NIC ORIGI		or No- 14. R	ACE - American Indian
BY F	1 Never Married 2 Merrie 3 Widowed 4 Divorced		S? 1 YES GIVE WAR OR DATE			ecify Cuben, Mexic 2 X NO Speci		Rican, etc.)	S	llack, White, etc.
ED E		T'S EDUCATION	1	6a. DECEDENT'S USUA	AL OCCUPATIO	NA .	160	- KIND OF BUILD	BI	JACK
ETE	(Specify only higher Elementary/Secondary (0-12)	at grade completed) College (1		(Give kind of work of life. Do NOT use retir	fone during mo:	st of working	101	b. KIND OF BUS	MRESS/INDUSTR	· ·
AP.		- Contrago (1		BETHLEH	EM ST	EEL		IN	DUSTRY	7
COMPI	17. FATHER'S NAME (First, Middle, L	Last)				18. MOTHER'S N	AME (First,	Middle, Meiden S	Sumame)	
BE (JOHN	BOYD				DES				LAZER
5	19a. INFORMANT'S NAME (Type/Pris			196. MAILING ADD						
	20a. METHOD OF DISPOSITION	ID	201-01	LACE AND DATE OF DIS			-		CATION - City of	
	1 Buriel 2 Cremation 3 4 Donation 5 Other (Specific		tata cemete	ery, crematory or other pi	lacel		DAT			RE, MD.
	23. PART / Enter the disease shock, or heart to IMMEDIATE CAUSE (Finel disease or condition	Miure. List only o	ne cause on eac	h line.	1129	de of dying, au	BE ROLI	NE ST	. BALT	Approximat Interval Bat
ATION	IMMEDIATE CAUSE (Finel	a	ne cause on eac	ONSEDUENCE OF):	1129	N . CAl	BE ROLI	NE ST	. BALT	PO, MD 2121 Approximat
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate	a	DUE TO (OR AS A C	ONSEQUENCE OF):	1129	N . CAl	BE ROLI	NE ST	. BALT	Approximatinterval Bations and I
MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bd.	DUE TO (OR AS A C	ONSEQUENCE OF):	1129 nter the mod	N. CAI	BE ROLI ch as car	NE ST	BALT ratory arreat,	PO, MD 2121 Approximat Interval Bet
MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. HOSPIT	DUE TO (OR AS A COULT TO (OR A	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	1129 nter the model of the mode	N. CAI	BEROLI ch as car	NE ST reliac or respir	BALT ratory arreat,	Approximatinterval Bationset and Ons
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and in the sequence of the	b	DUE TO (OR AS A COULT TO (OR A	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	1129 nter the modern t	N . CAI de of dying, aud O S g ceuse given in ACE OF DEATN (C) 5 G Realdence URY AT RK?	BEROLI ch as car Part I.	24a. WAS AN / PERFORI 1 YES 2	BALT ratory arreat,	Approximatinterval Bationset and Interval Bat
ED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are sufficient conditions.	b. c. d. HOSPIT 1 / Inpetting getton not be	DUE TO (OR AS A COULT TO (OR A	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): not reaulting in the of the control of the co	e underlying 28. PL HER: Nursing Name 28c. INJ	N . CAI de of dying, aud Carrier of the control of	BEROLI ch as car Part I. heck only of 28d, DE	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	Approximatinterval Bationset and Interval Bationset and Interval Bationset and Interval Bationset and Interval Bationset and Interval Bationset and Interval Bationset and Interval Bationset Interval Bati
D BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent content of the content of the cause of the	bdd	DUE TO (OR AS A COULT TO (OR A	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): At home, farm, street, sign, death occurred et	e underlying 28. PL HER: Nursing Nam 28c. INJ 1 1 2 9	N . CAI de of dying, aud DS g ceuse given in ACE OF DEATN (C) e 5 Realdence URRY AT RK? (ES 2 NO	BEROLI ch as car Part I. heck only of 28d. DE 28t. LOCh to the cs	24a. WAS AN / PERFORM 1 YES 2 CATION (Street at or Town, State)	AUTOPSY MEO? AND OCCURED AND OF RUI	Approximatinterval Bationset and Interval Bationset and Interval Bationset and Interval Bationset and Interval Bationset and Interval Bationset and Interval Bationset and Interval Bationset Interval Bati

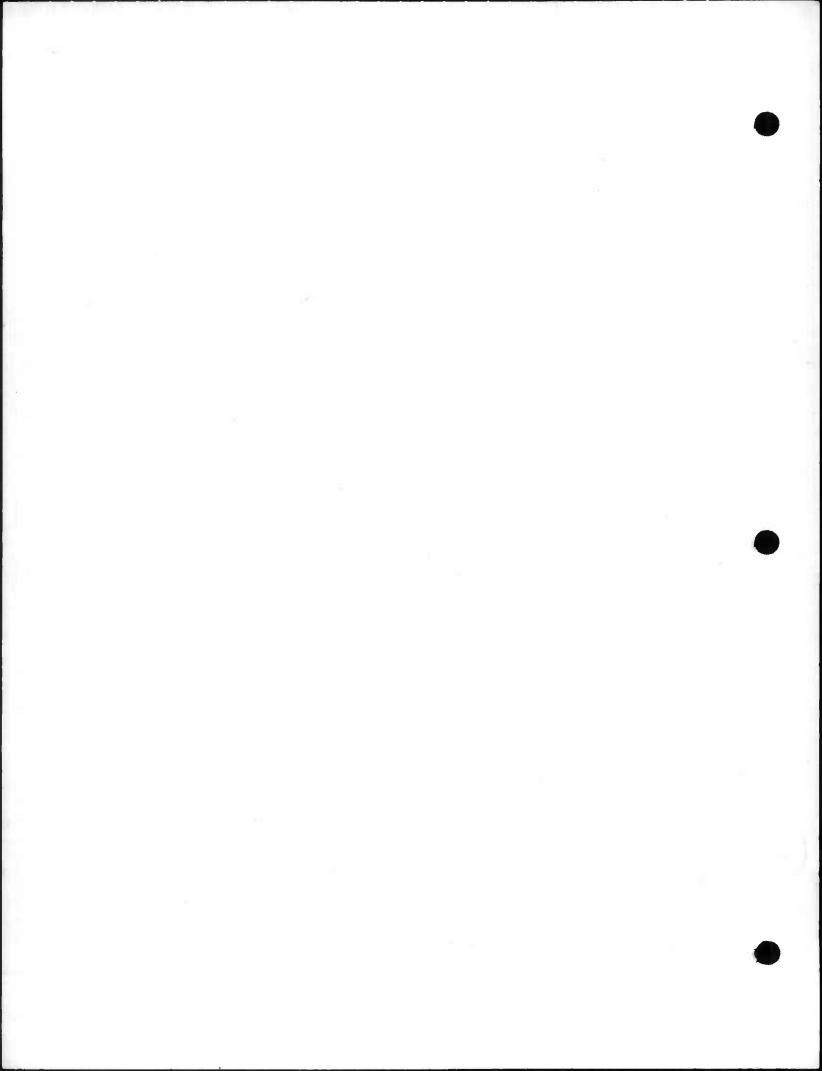


0	
20	
21215-00	
\sim	
0	
- 8	1
LO.	
No.	
215	1
CA	
-	
CV	
	-
\cap	
AND	
LAN	
7	
-Q	
i	1
>	4
Or.	
-	
•	
-	4
MARYL	
_	
4 - 5	
ш	
000	
-	
~	-
~	
	1
-	
	٠.
1	- 1
BALTIMOR	A A A
•	4
m	
	- 3
	- 7
	1
-	J
4	7
C3	
10	1
6876	4
100	3
∞	1
(0	for hand one
~	- 1

DIVISION OF VITAL RECORDS, P.O. BOX

MENDING PRINCIPLY IN THE LAW REQUIRES THAT HE EARLY OF THE LOS THE CONTROL OF THE CONTROL OF THE LOSSING OF THE	HECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	THE DEAL HILL LIE STATE DEPL. OF CHAIL AND METHOD TO DUTINE PRIOR TO DUTINE, CHEFFICHAL.	im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
STELL SAILS	After this or	negni wini	marked,
HIEND	HECTOR .	ALC: WHEN	m 28 Is
1	No.	100	#
A HELDE	1	I MEDIN CORN I	MPOHTANT
ď	EC 3	ĸ	-

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) WAYM F, BAC	rnes				2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. (asl birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR	THRLACE (State or Foreign
ОВ	Se. FACILITY NAME (If not institution, give a	SALOM (VZ		96. CITY, TOWN O	R LOCATION OF DE	EATH	BC. COUNTY OF	DEATH
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c CITY	TOWN OR LOCATI	ON			10d. INSIDE CITY
L DIRECTOR	10e. STREET AND NUMBER			150	alto			YES 2 NO
FUNERAL	3600 W. F	ranklin st	apt-c		2122	9	U·S	WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed & Divorced	12. WAS DECEDENT EVER IN U: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	NO		city Cuban, Maxica	NIC ORIGIN? (Specify Years, Puerto Rican, atc.) y:	Bi	ACE — American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wo	ISUAL OCCUPATIO ork done during mos retired.)	l of working	16b. KIND OF BU	SINESS/INDUSTRY	
MO	17-SATHER'S NAME (First, Middle, Last)			1 10101		ME (First, Middle, Malden	Surname)	
BE C	Justice	Toles			Emi	inly i	Jones	
10 B	19 (INFORMANT'S NAME (Type/Print) _	T. Bell	3208	ADDRESS (Street of	Nymber or Rural	Noute Number, City or Ton	rn, State, Zip Code),	
	20e_METHOD OF DISPOSITION 1 0 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. PL	Cramatory or gin	F DISPOSITION (Nar	Parl	DATE 200. 10	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSITE D. D. CO	t	22. NAME AN	D ADDRESS OF FA	aum west	Ale	, 10
	23. PART). Enter the diseases, or shock, or heart failure.	complications inst caused th	e dasth. Do no	ot enter the mod	le of dying, suc		iratory arrest,	Approximate
	IMMEDIATE CAUSE (Final							Interval Between Onset and Death
	disease or condition resulting in death)			L Falli	Fr.			20 MINUTES
_		DUE TO (OR AS A CO	Annem	Byrnss	(marker)	. d		5. Itorns
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A CO						, 1100105
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c Comman	Annem	Just	5E_			
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):	:				
E		d						
EDICAL	PART II. Other significant condition	is contributing to death but	not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 TES 2 AO
PHYSICIAN: M	DID TOBACCO USE CONT				UNCERTAIL	<u> </u>		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEATH	OTHER:				
14S	1 PYES 2 PNO 27. MANNEB OF DEATH	1 Inpatient 2 ER/Outpatie	nt 3 DOA 2			6 Other (Specify)	N. C. Par. O. C. C. C. C. C. C. C. C. C. C. C. C. C.	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WOR		28d. DEŞCRIBE HOW I	NJURY OCCURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atr			26f. LOCATION (Street	and Number or Rure	il Route Number,
TED	4 Homicide determined	bunding, atc. (Specify)				City or Town, State)	700	
P	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledg	e, death occurred	at the time, data	and place, end due	to the cause(s) and mar	nner as atated.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of examination en	d/or investigation,	, in my opinion, de	ath occured at the	time, data and place, an	d due to the cause	e(a) and menner as stated.
BE	THE ATURE AND TITLE OF CERTIFIER	R			29c. LICENSE NUM			ED (Month, Day, Year)
2	1 bull	O COURT STEP CAUSE OF			D46 015		MAL 4	13,1995
	30. NAME AND ADDRESS OF PERSON WH DOUGHTS WALLACE, DE	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, F	of Mo.	22 5 true	ene st, b	ALTIMOME,	MD-
	31. DATE FILED (Month, Day, Year)	Studior Revolt	RE					
	IAN 1 9 1995 ALLA	thingsey, sayours						

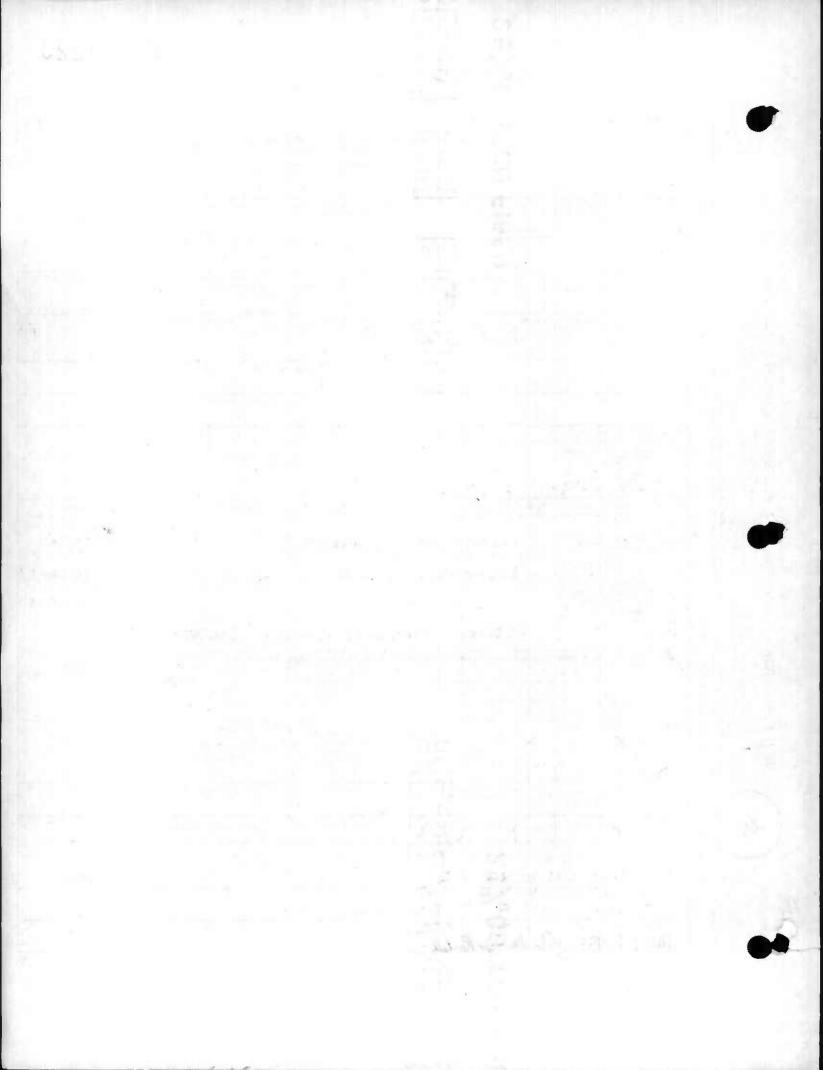


BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	NET THE ALTER THE CENTIFICATE HAS BEEN SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	warriew HG PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	THE PITER this certificate has been signed by the attending physician and completely fi
DIV	N. W.	B

The INVECTANT: The law requires that the death certificate be executed with curs after death. Page 6 may be retained by the host that this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached at the base Dept. of Health and Mental Hygiene, prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF H		MENTAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle, Last) KEVI N D.	BROWN				2. DATE OF OEATH DA		3. TIME OF DEATH 6: 55 P M
	4. SOCIAL SECURITY NUMBER 214 72 8104 90. FACILITY NAME (# not institution, give st	1 ☑ M 2 □ F 35	YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 03 27	8. BIRTI Count	ryland
E CH	Church Hospita	A CONTRACTOR OF THE PARTY OF TH			imore (-	
DIRECTOR	10e. STATE 10b. COUNTY Maryland		10c. CITY,	TOWN OR LOCAT	on altimon	ce City		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
	100. STREET AND NUMBER 1920 Fleet Str	and the second	Mal .		ZIP CODE 2123		10g. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN L FORCES? XXXYES IF YES, GIVE WAR OR DATE	2 NO		NDENT OF HISPAN	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No- 14, RAC	E — American Indian, k, White, etc.
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	8a. DECEDENT'S U: (Give kind of wo life. Do NOT use	SUAL OCCUPATION for done during most retired.)	N t of working	16b. KIND OF BUS	INESS/INDUSTRY	BIACK
COMPLETED	1.2 17. FATHER'S NAME (First, Middle, Last)	2	M	echani	18. MOTHER'S NA	ME (First, Middle, Maiden	39 53 53	nops
BE	Charles Becket 190. INFORMANT'S NAME (Type/Print)	t Brown	19b. MAILING A	DDRESS (Street a		en Logan		
2	Linda Hall					kesville,		
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Rame 4 Donation 6 Other (Specify)	20b. P cemet	LACE AND DATE OF ery, crematory or othe ALLISON	disposition (Ne Explace) Forest		20/95 Owing	S Mills. M	
	21. SIGNATURE OF FUNERAL SERVICE/LICE 31. & HOU			22. NAME AN Unit	y Funer			
	23. PART I. Enter the diseases, or canock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIO PUL DUE TO (OR AS A C	th line. MONARY	ARRE		as cardiac or reapl	ratory arrest,	Approximate Interval Between Onset and Death
NO	Sequentially list conditions,	PULMONA OUE TO (OR AS A C	R4 E0	EMA				10 DAYS
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	PNEUMO DUE TO (OR AS A C	NIA					lo DAYS.
CERT	resulting in death) LAST	ACQUIRE	IMMUN	io defic	LENCY	SYNDRO	ME	
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	a contributing to death but	not resulting in	the undarlying	cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)		
Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	DF 28c. INJ	JRY AT	26d. DESCRIBE HOW II	NJURY OCCURED	
TED BY	2 Accident 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY – building, atc. (Specify	- At home, farm, str	eet, factory, office		261. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED	anna anna anna anna anna anna anna ann	CIAN: To the best of my knowled R: On the basis of examination a						a) and manner as stated.
BE		ycisen MD			29c. LICENSE NUM	IBER	29d. DATE SIGNE	4 (95
2	30. NAME AND ADDRESS OF PERSON WHO		BALTIMO		MD			
	JAN 1 9 1995 July	32. REGISTRAR'S SIGNAT	URE					
	JAN JUST SW	in Devolear Reales	4					





ITEMS: 23 part 1,27,28a,b,c,d,e,f per MEO G-720 2/7/95 reb

	1. DECEDENT'S NAME (First, Middle, La	nst)		ICATE O	DEATH	2. DAT	REG. NO).	3	TIME OF DEATH
	CLARENCE	LEON		BATT	S	JA	TH D		YEAR	L:51
	4. SOCIAL SECURITY NUMBER 1/ a	5. SEX 6. AGE	(In yrs. lest birthdey) 49 YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Mo	e of Birth rith, Day, Year)	1945	Country)	ce (State or Fore
~	9e. FACILITY NAME (If not institution, gir	ve street and number)		96. CITY, TOWI	OR LOCATION OF	-	1. 10/		Y OF DEAT	
CTOR	425 N DUNCAN	STREET		BALT	IMORE C	ITY		N/A		
DIRE	10a, STATE 10b, COU	N/A		Y, TOWN OR LOC SALTIMOR					100	d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	II/ A			101. ZIP CODE			10g. CITIZE		XYES 2 1
NERAL	523 N. PATTERSO				2120	5		U.	S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 100	If yes,	ECENDENT OF HISF apecify Cuban, Mexi ES 2 NO Spe	can, Puarte		s or No 1	Black, Wi Specify:	American India hita, etc. Black
LETED	15. DECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u		TION most of working	10	So. KIND OF BU	EHOUSE		
COMPL	17. FATHER'S NAME (First, Middle, Last)	N/A	LADOI	VLIV	18. MOTHER'S	NAME (First	, Middle, Maiden			
BEC	Clarence M. Bat	tes			Ethel	Perr	У			
5	19a. INFORMANT'S NAME (Type/Print) Charles Bennett				n Road/Ba					
	20a, METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 R 4 Denation, 5 Other (Specify)		b. PLACE AND DATE	other place)		1		CATION — CI		State
	21. SIGNATURE OF FUNERAL SERVICE		shell Mer		AND ADDRESS OF The Funera	1-1		ndalk, -	MD	
	- Ulyun	MY GARE	Z		E. Nort				ro. M	ח מו
١ ,	shock, or heart failur	re. List only one ceuse on	each line.		node of dying, su					Approxima
ERTIFICATION	shock, or heart failure immediates or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. SUBDURAL DUE TO (OR AS OUE TO (OR AS	eech line.	not enter the n						Approxima
CAL CERTI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. SUBDURAL DUE TO (OR AS OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	HEMATOMA A CONSEQUENCE O A CONSEQUENCE O	not enter the n	node of dying, sa	uch aa ca		AUTOPSY	24b. WEI	Approxims Interval Be Onset and Onset and RE AUTOPSY FR ILABLE PRIOR 1 MPLETION OF C. DEATH?
MEDICAL CERTI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the condition of the condition of the cause.	a. SUBDURAL DUE TO (OR AS OUE TO (OR AS C. DUE TO (OR AS d. Ulona contributing to death	HEMATOMA A CONSEQUENCE O A CONSEQUENCE O but not resulting	In the underlyle	node of dying, so	n Part I.	24a. WAS AN PERFOR	AUTOPSY	24b. WEI	Approxima Interval Be Onset and Onset and RE AUTOPSY FIR ILABLE PRIOR 1 MPLETION OF CA
SICIAN: MEDICAL CERTI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. SUBDURAL B. DUE TO (OR AS OUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. Ulona contributing to death NTRIBUTE TO CAUSE (HOSPITAL:	HEMATOMA A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting OF DEATH YI 26. PLACE OF DEA	In the underlyl	ing cause given to	n Part I.	24a. WAS AN PERFOR	AUTOPSY	24b. WEI	Approxima Interval Be Onset and Onset and RE AUTOPSY FIR ILABLE PRIOR 1 MPLETION OF CA
CAL CERTI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the condition of the condition of the condition of the cause in the cause of the	a. SUBDURAL DUE TO (OR AS b. OUE TO (OR AS C. DUE TO (OR AS d. DUE TO CAUSE (HOSPITAL: 1 Inpatient 2 ER/Out 28e. OATE OF INJURY (Month, Day, War)	HEMATOMA A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting OF DEATH YI 26. PLACE OF DEA tpetient 3 □ DOA 29b. TIM FOUR	In the underlyl ES NO TH (Check only on OTHER: 4 Nursing He	node of dying, so	n Part I.	24a. WAS AN PERFOR	I AUTOPSY RMED?	24b. WEI AWA COI OF	Approxims Interval Be Onset and Onset and RE AUTOPSY FR ILABLE PRIOR 1 MPLETION OF C. DEATH?
BY PHYSICIAN: MEDICAL CERTI	SHOCK, Or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	SUBDURAL B. SUBDURAL DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS DUE TO (OR AS	HEMATOMA A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting DF DEATH YI 26. PLACE OF DEA tpatient 3 □ DOA 25 1:10 IY — At home, farm,	In the underlying the first of	uncertA b) uncertA contact uncertA contact uncertA contact uncertA contact uncertA contact uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA u	n Part I.	24a. WAS AN PERFOR 1 TO YES 2	I AUTOPSY RMED?	24b. WELL AMA CON ON THE CONTRACT OF THE CONTR	Approximation interval Be Onset and
ETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other algnificant conditions and the cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other algnificant conditions and the cause a	B. SUBDURAL DUE TO (OR AS DUE TO (OR AS	HEMATOMA A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting DF DEATH YI 26. PLACE OF DEA tpatient 3 □ DOA 25 1:10 IY — At home, farm,	FS NO THER: A Nursing He ES OF Months and The Check only on OTHER: A Nursing He ES OF MARKET STATES THE COPY, off	uncertA b) uncertA contact uncertA contact uncertA contact uncertA contact uncertA contact uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA uncertA u	n Part I.	24a. WAS AN PERFOR	AUTOPSY RMED?	24b. WEI AMA COF 1 REO REO	Approximation interval Be Onset and
ETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions and the cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions are under the cause and the cause of the cause and the cause of the cau	B. SUBDURAL DUE TO (OR AS DUE TO (OR AS	HEMATOMA A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting OF DEATH YI 26. PLACE OF DEA tipatient 3 □ DOA 28b. Tim f O UM f O UM f O UM d O f Va Can wiedge, death occurr	F): In the underly! ES NO TH (Check only on OTHER: 4 Nursing Ho HE OF 1 P M 1 Street, factory, off t house	UNCERTA DIME 5 Residence AUGUST AT ORK? VES 2 X NO	n Part I. IN 28d. oi 28f. Lo Cit. BALT	24e. WAS AN PERFORM 1 DE YES 2 DOT (Specify) ESCRIBE HOW I UNKNOWN CATION (Street ay or Town, State) I MORE C.	I AUTOPSY MED? I MUTOPSY MED? I MUTOPSY MED? I MUTOPSY MED? I MUTOPSY MED? I MUTOPSY MED?	24b. WEI AMA COI OF	Approxima Interval Be Onset and RE AUTOPSY FIN ILLABLE PRIOR T MPLETION OF CU DEATH? YES 2 N
ED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions and the cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions are under the cause and the cause of the cause and the cause of the cau	SUBDURAL DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS DUE TO (OR A	HEMATOMA A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting OF DEATH YI 26. PLACE OF DEA tipatient 3 □ DOA 28b. Tim f O UM f O UM f O UM d O f Va Can wiedge, death occurr	F): In the underly! ES NO TH (Check only on OTHER: 4 Nursing Ho HE OF 1 P M 1 Street, factory, off t house	UNCERTA DIME 5 Residence AUGUST AT ORK? VES 2 X NO	n Part I. IN 28d. oi 28d. oi 28f. LO Ch BAL	24e. WAS AN PERFORM 1 DE YES 2 DOT (Specify) ESCRIBE HOW I UNKNOWN CATION (Street ay or Town, State) I MORE C.	I AUTOPSY RMED? I NO INJURY OCCU and Number or 1425 N.D. I T Y , M.D. Inner as stated due to the control of the control o	24b. WELL AMA COLOR TO THE COLOR AMA COLOR TO THE COLOR AMA COLOR	Approxima Interval Be Onset and RE AUTOPSY FIN ILLABLE PRIOR T MPLETION OF CU DEATH? YES 2 N

320	physicia	A Company
215-00	attending p	The second
ND 21	hospital or	toohad for
MARYLA	etained by the	should be de
BALTIMORE, MARYLAND 21215-0020	де 6 тау be г	leaster name E
BALIII	fter death. Pa	the fundami of
	Z+ hours a	filled in he
7X 68/60	be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	visor and completely filled to by the Greatest discusses many E should be described to
X	be ex	o ocio

Pages 1, 2, 3

permit.

ئے

RECORDS, P.O.

notified at once. pe must examiner medicai 0 the cremation, event, 1 burial, traumatic hen signed by the attending physician a other t 10 Injury, shows any ä marked, ğ ,22 DIRECTOR ě

28

=

BE

2

AND TITLE OF CERTIFIER

Seema

JAN 1 9 1995

MM

MANUE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Khan, MD

Nours them

FUNERAL WITH 72 1

TO THE HOSPIN TO THE FUNERA De filed webin 7

8

HOSPITAL.

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH January 12,1995 Arthur Burton 5:05 PM 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. AGE (In vrs. lest birthdev) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. JUL. 10, 1 🔀 M 2 🗌 F 53 DAYS HOURS VBS 1941 213-36-2586 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bayview Medical Center Baltimore N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h COUNTS 10d. INSIDE CITY MD N/A Baltimore TY YES 2 NO FUNERAL 10- STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5101 Cedgate Road 21206 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: 1 Never Married 2 Married
3 Wildowed 4 Divorced Specify ВY Black 60 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done during life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) 10th N/A Mechanic Western Auto 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Moses Burton Mamie L. Drake 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Virgie M. Samuel 4819 Truesdale Ave./Baltimore, MD 21206 20s. METHOD OF DISPOSITION
1 ▼ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Completery Crematory or other place)
Loudon Park Cemetery Donation | 5 | Other (Specify) | 1-18 Baltimore Co., MD 21. SIGHATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY March Funeral Home East 1101 E. North Avenue/Baltimore, MD 21202 23. PART i. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasrt failurs. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition cardiovascular failure few months reaulting in death) QUE TO (OR AS A CONSEQUENCE OF): ischemic qut few weeks CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or Injury sepsis 2' to necrotic extremities few days DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying csuae given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? t TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide 3 COMPLETED 8 Could not be 4 Homicide determined t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the fime, date and place, and due to the cause(e) and manner as stated.

Johns

29c. LICENSE NUMBER

95009

Hopkins Bayview

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

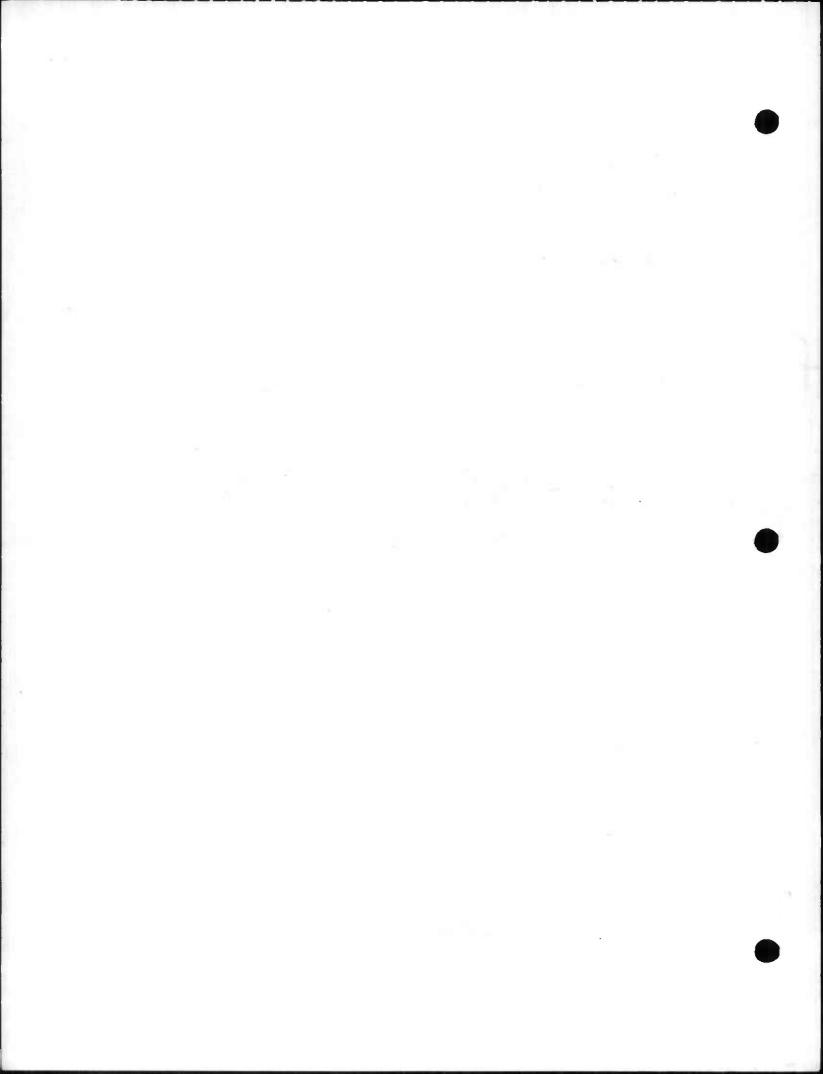
29d. DATE SIGNED (Month, Day, Year)

12

besti

95

Ctr,

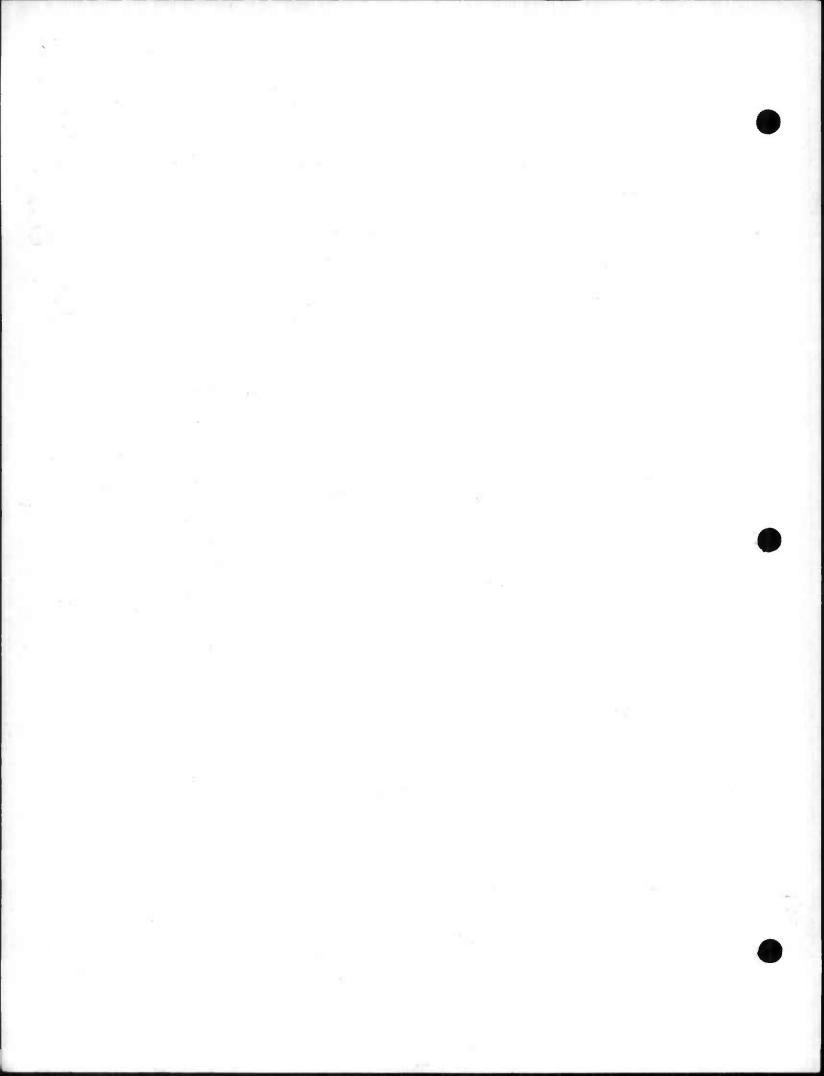


them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO

	1. DECEDENT'S NAME (First	Friedly and								2. DATE OF I	DEATH	Y	YEAR	3. TIME OF OEATN			
	Cleve Burger									Janı	uary	12,	1995	0816 а м			
	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (In yrs. last		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	HRTN v. Ybar)		8. BIRTN Countr	IPLACE (State or Foreign			
	224-14-6122 1 X M 2 G F 99. FACILITY NAME (If not institution, give street and number)				1 YRS.					May 3	1, 1			Carolina			
œ			et and number)					OR LOCATI		EATN			NTY OF D	EATH			
DIRECTOR	St. Agnes H	OSDITAL				Baltimore N/A											
Ä	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY				
	MD	N/A	¥		В	altir	nore							1 X YES 2 NO			
₹	100. STREET AND NUMBER							ZIP COD	_					VHAT COUNTRY?			
FUNERAL	2032 Wilken							2122					.S.A	•			
5	11. MARITAL STATUS 1 Never Married 2 屎		2. WAS DECEDENT FORCES? 1	YES 2 N	MED O	13. 1	MAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Sp	pecify Yes , atc.)	or No —	14. RACE Black	E — American Indian, k, White, atc.			
B	3 Widowed 4 Dive	orced	IF YES, GIVE W	AR OR DATES'		'	☐ YES	2X NO	Specify	<i>r</i>			Speci	Black			
COMPLETED	15. OEC	EDENT'S EDUCAT	TION majeted	16a. DEG	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIN	D OF BUS	INESS/IN	DUSTRY	Didoit			
	Elementary/Secondary (I		College (1-4 or 5+)	- Alde	Do NOT us	work done o se retired.)	unng mo	St OF WORK	ng								
MP	n/a			Con	stru	ction	wo				onst	_	on				
8	17. FATNER'S NAME (First, M									ME (First, Middle		Sumame)					
BE	Ed Burge									Callo	_						
2	Lillian Bu									Route Number, C	,						
	20a. METHOD OF DISPOSIT		-	20b. PLACE A	-				ue/B	altimo							
	1 X Buriel 2 ☐ Cremetic 4 ☐ Donation, 5 ☐ Other	on 3 🗆 Remove	ol from State	cemetery, crer	natory or o	ther place)				OATE			City or To				
	21. SIGNATURE OF FUNERA		ISEE	Mood]	awn	22. 1	NAME AT	ID ADDRE	SS OF FA	1-18 CILITY		dTaw.	n, M	5			
	>	AMN	Das	X						Home				03.000			
	23. PART I. Enter the d	1////	AMIC		ah Da									MD 21202			
	ehock, or h	eert fellure. Lis	t only one ceut	e on each line.	iith. Do i	iot enter	the mo	da or dy	ing, suc	n as cardiac	or reapii	atory ar	reat,	Approximate Interval Batween			
į	IMMEDIATE CAUSE (Fir disease or condition		Diff	30 Adul	Dag		.	- D:		C 1				Onset and Death			
	resulting in death) a. Diffuse Adult Respiratory Disease Syndrome 12 days										12 days						
z	A CHESCALO		Sepsis	Sepsis 15 days						15 days							
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme	diate		OR AS A CONSEO	UENCE O	F):								15 days			
2	cause. Enter UNDERLY CAUSE (Disease or inju		0115 70			_											
E	that initiated events resulting in death) LAS	т	002 10 (OR AS A CONSEO	UENCE O	rj:								1			
E		d.															
AL	PART II. Other algoritics	ent conditions	contributing to	deeth but not re	sulting	in the un	derlyln	g cause (given in	Part I. 24s	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
8										158	YES 2			COMPLETION OF CAUSE OF DEATH?			
ME	212 222122													1 🔀 YES 2 □ NO			
ž	DID TOBACCO		ONTRIBUTE	TO CAUS	E OF	DEAT	H Y	ES _	NC	X							
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER?		IOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)							
IYS	1 TYES 2 NO	T.	Inpatient 2			4 🗆 Nurr	Ing Hom		sidenca	6 Other (Sp.							
	1 🔀 Natural 5 🗌	Pending	28a. DATE OF I		28b. TIM	IE OF IURY		RK?	7 410	28d. DESCRIE	BE HOW IN	JURY OC	CUREO				
84	2 Cutable	Investigation	26e, PLACE OF	INJURY — Af hor	ne, term.	street, facto		YES 2	J NO	281. LOCATIO	N (Street e	nd Alumba	or Burni E	Pourto Mumbar			
ETED		Could not be determined	building, a	rtc. (Specify)			.,,			City or To	wn, State)	no reambe	or nurer r	todie Warnow,			
3	29a. CERTIFIER	TIFYINO PHYSICIA	N: To the best of a	my knowledge des	th occurr	nd at the ti	no dete	and alone	and due	to the amonda				-			
COMPL	A1) and manner as stated.			
	29b. SIGNATURE AND TITLE		-				-		ENSE NUN								
8	R.t.	7. m	1.1	. 1/1	D					NOEN				(Month, Day, Year)			
2	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETEO CAUS	E OF OEATH (ITEM	27) (Type	, Print)		טע	8949			-	1/13	/ 73			
	Bert F. Mo	rton, M	.D., St.	Agnes	Hosp	ital	90	0 S.	Cat	on Ave	. R	alto	. M	d. 21229			
	31. DATE FILED (Month, Day,	Year) f	32. REGISTRAM	'S SIGNATURE			, , , ,		Jac	11ve	<u>ر و ب</u>	4110	• , 11	w. L1LL7			
	JAN 1 9 1995	jula	thuoleant	http://													
														DHMH-16 Rev 1/89			



ending physician. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

as the burial-transit

DIRECTOR

FUNERAL

ВУ

COMPLETED

BE

2

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

6

31. DATE FILED (Month, Day, Year)

OX 68760,

m	- 1
8	- 1
	- 3
-	-8
~	13
0	
-	- 8
-	20
0.	-4
	- 3
	- 1
-	- 4
43	
-	- 1
_	- 4
-	
~	-
Section 1	- 1
~	- 4
	. 7
CORDS	
	1
•	- 4
111	- 1
-	: 4
-	- 1
R	-
	- 1
	1
	1
	4
AL	1
AL	1
AL	4
AL	4
AL	the state of
AL	and the last
AL	NAME AND ADDRESS OF
VITAL	Pinney The Land
VITAL	Parties of the line
VITAL	Services. The line
VITAL	Deposit and The Land
AL	Appendions, The Land
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
OF VITAL	Manden Printers.
VITAL	Manden Printers.

this certificate h

all	SS	
ō	10	
prta	Pa	
200	ach	ون دع
a e	det	5
6	2	듉
8	P	3
Hall	Sho	=
	5	2
o kr	980	ä
the model of the control of the cont	has been signed by the attenting physician and completely field in by the funeral director, page 5 should be detached for use Days, or Health and Mental Hyglene prior to burial, cremation, or removal.	1 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Ģ.	6	-
Ē	6	늍
ř	ž.,	Я
ij	器景	=
e e	要問	음
ŧ	p b	ã
	e 8	2
í	습설	5
Ž.	봄음	E .
8	E W	8
ğ	日間	쓮
ă	E 8	E
5	2.5	Ē
ğ	長田	10
1	日春	븅
i i	J.	8
8	된원	E.
g	44	董
ž	2.2	2
ė	8.5	*
į.	正是	B
ě	980	#
ş	has been signed by the attenting physician and completely filed in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	S
	40.00	-

95 01227 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ADELE BAKER JAN.15, 12:02 P 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign OCT.10, DAYS 1 M 2 TYF 216-09-2619 93 MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERIDIAN BRIGHTWOOD NURSING HOME BALTIMORE BROOKLANDVILLE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE TXXYES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3501 ST. PAUL ST; APT. 348 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DOO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced 1 YES 2 NO Specify: Specify: WHITE 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondery (0-12) SECRETARY FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) MEYER BLUMBERG IDA ESTHER BOONE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) GONA ELLIS 109 SWANHILL CT; BALTO, MD 21208 20s. METHOD OF DISPOSITION
1 OPBurial 2 □ Oremation 3 □ Rem
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 26c. LOCATION - City or Town, State ANSHE NEISEN 1-16-95 BALTIMORE, MD 21. SIGHATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death Alsheimers disease or condition

resuming in death)	DUE TO ON AS A CONSE	QUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE d.					
PART II. Other significant condition DID TOBACCO USE CONT					244. WAS AN AUTOPSY PERFORMED? 1 YES 2 100	24b. WERE AUTOPSY PRIORIOS ANALABLE PRIORI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		CE OF DEATH (Check	only one)		er (Snarily)	
27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO		SCRIBE HOW INJURY OCCU	PRED
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, streel, lact	tory, office	281. LOC City	CATION (Street and Number of Town, State)	r Rural Route Number,
	ICIAN: To the best of my knowledge, di					
THE MANATURE AND TITLE OF CENTIFIE	R		29c. LICENSE NU	= 1	29d. DATE	SIGNED (Month, Day, Year)

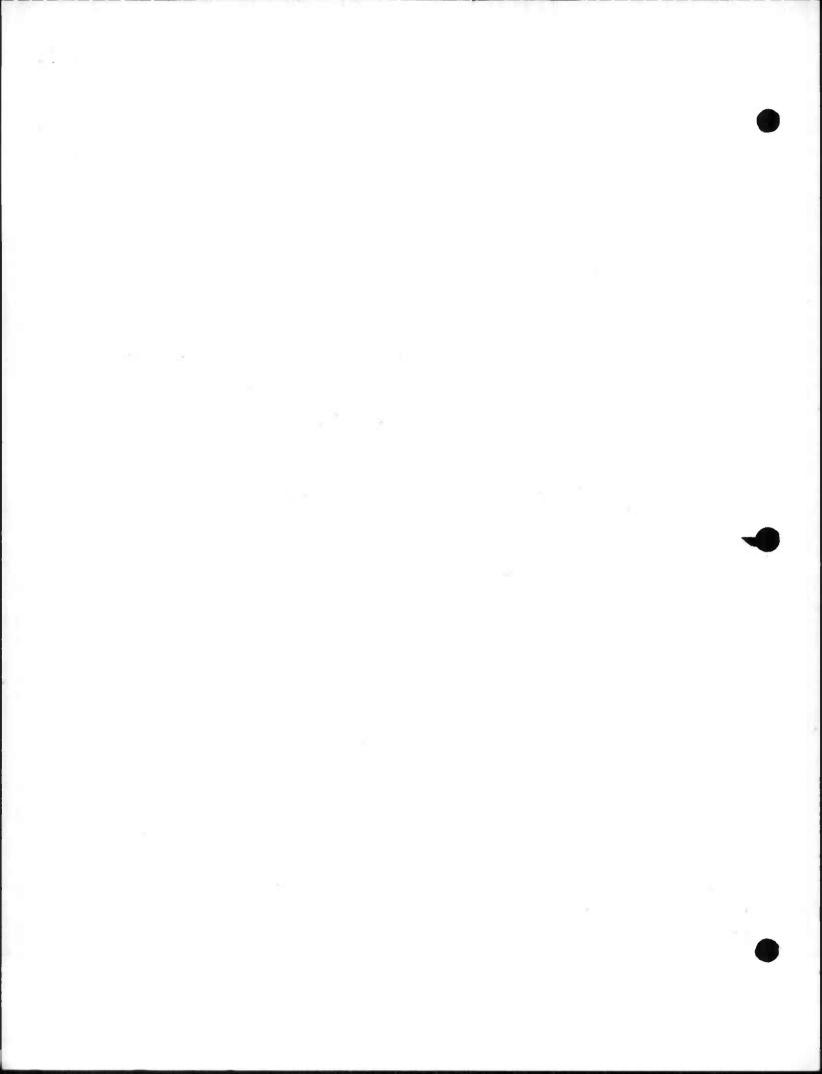
21093

The name and address of Person who completed cause of Death (ITEM 27) (Type, Print)

Represented the second of the

12. MEGISTRAR'S SIGNATURE Davidson Randall

DHMH-16 Rev 1/89



		Si
20	ted withings hours after death. Page 6 may be retained by the hospital or attending physician.	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
2	0	0
1	di	6
-	들	38
2	7	USe
N	9	10
N	hospitz	ached
٩	the	del
7	3	8
MAH	stained	should
2	8	5
uÎ.	A A	390
T	ma	7.
\circ	φ	ĕ
Σ	306	dire
BALTIMORE, MARYLAND 21215-0020	death. F	funeral
n	Ja.	8
	60	9
	OUL	드
	E.	illed
	,	Y
5	E .	lete
0	× D	g.
-	9	8

Pages 1, 2, 3 should

permit.

once.

Ħ

DIVISION OF WITA RECORDS, P.O. BOX 68 TO THE HOSPITAL
TO THE FUNERAL
De filed within 72
IMPORTANT: If

Khalid

9 1995

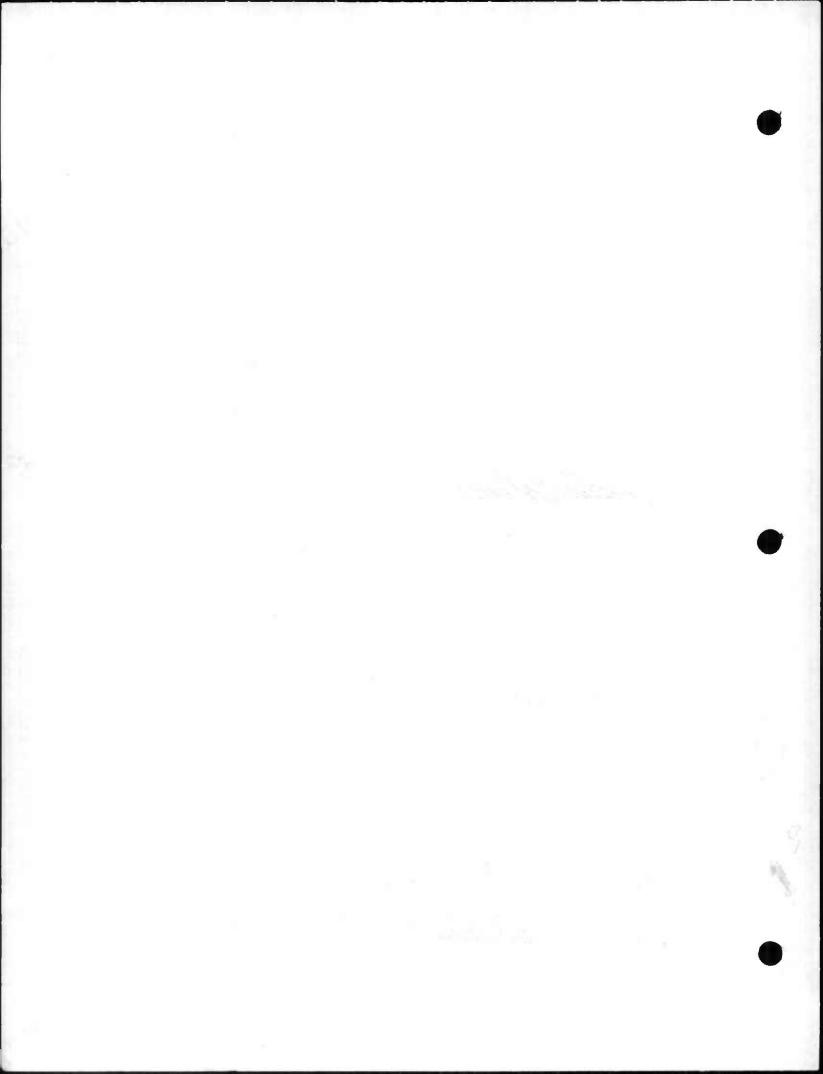
ALTalih

peu	1. DIRECTOR: After this company is a signed by the attending physician and completely filled in by the funeral director, page 5 should be been deeper to be a signed or second to be the beautiful to be the b	c nous also comments are the present and mental hypers prior to belies, betieven; or enlined.
retai	5 sh	10t
90	30e	be
maj	or, p	nst
ge 6	irect	E
5	Pa d	ine
eath	fune	Kam
D ref	2	20
IS a	4	dic
hou	B 5	E
5	y fill	the state
di	Hetel	mt,
Pe	HO:	2
ecut	pun	atic
8	an a	E .
ate t	ysici	1
rtific	0 0	the
P Ce	igi i	0 5
deat	atte	2
the	the the	클
that	60	À
Sau	Signe	200
D	£ 1	4
1	11	N
4		
1	A	1 2
S.	5	4
Ā.	Ē,	M
DIN	After	E 5
TEN	TOR:	88
RAI	REC	2
10	10	1 16

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 95 hilomena Sroccolo 23:30 p. m 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or For Month, Day, Year) 11/1/1907 1 🗌 M 2 🗒 F 213-07-7549 YRS Onio 9a. FACILITY NAME (If not institution, give etreet and numbe 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Hospital Baltimore 10b. COUNTY 18c. CITY TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore tXXYES 2 ☐ NO 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 209 S. Ann Street 21231 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2X NO Specify: BY Widowed 4 Divorced Specify White 15. DECEDENT'S EDUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 6 Housewife 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE Pietro Bonadio Vencezia Scalise 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Dulo 209 S. Ann St., Balto., Md. 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State HOST HOLY Redeemer 1/18 Baltimore, Md. 4 Donation 5 Other (Specify) 21. SKINATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 21231 Lilly & Zeiler Inc. 1901 Eastern Ave 23. PART I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) myocordial infertium mass ive CERTIFICATION Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF that initisted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL ungestive Cardiany opathy 1 YES 2 NO Hyber OF DEATH? Ensun 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFICE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D38882 2 OF PERSON WHO COMPLETED STORE OF DEATN (ITEM 27) (Type, Print)

Ohurch Hume Hospita

Bultimore MD



BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending ohysicial DIVISION OF VITAL RECORDS, P.O. BOX 68760

ביייי בייי ביייי ביייי ביייי ביייי ביייי ביייי ביייי בייי בייי בייי ביייי ביייי ביי	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an	IMPORTANT: if item 28 is marked, or item 23 shows any

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE	STATE OF N	IARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	WENTA	L HYGIEN	E		
1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) MORRTS	-	CARTE		ICATE	OF	DEAT	H	2. DATE MONT	REG. NO	199	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-07-1262 9a. FACILITY NAME (If not Institution, give st	5. SEX 1 X M 2 D F	6. AGE (In yrs. lest			DAYS	IF UNDER 2	MIN.	7. DATE (Mont	OF BIRTH In, Day, Year)	22	8. BIRTH Countr VIR(PLACE (State or Foreign y) GINIA
DIRECTOR	3509 GARRISON B				MORE				9c. COU	NTY OF D	EATH		
	MARYLAND 100. STREET AND NUMBER	10c. CIT	Y, TOWN OF BA	LTI	MORE		Y				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	3509 GARRISON B	MED	13 W		212	15	IC OBICI	M2 (Paralla Ma		USA.			
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Spec							Speci BLAC					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th GRADE	CATION completed) College (1-4 or 5 +	(Gh	ve kind of a Do NOT us	USUAL OCI work done du se retired.)	Br	n st of working ickla			BRICK			JRING CO.
BE CO	17. FATHER'S NAME (First, Middle, Last) CHARLIE	FRANK					JOA	NNA		Middle, Maiden	S		VILLE
10	Pas. INFORMANT'S NAME (Type-Print) LYNETTE CUNNINGHAM 3509 GARRISON BLVD., BALTIMORE, MARYLAND 21215												
	b Burlal 2 Cremation 3 Ramo 4 Donation TOther (Specify) 21. SIGNATURE OF FUNERAL SERVICE ALC		cemetery, crea		LE CE	MET	ERY D ADDRESS	S OF FAC		95 CR	OWNS	VILLI	E, MD. E, P.A. E, MD.21223
	23. PART I. Enter the disesses, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	csused the day se on each lina. Creat OR AS A CONSEO	fic	ot enter t	he mod	de of dyln						Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEQ	UENCE O	ን :								
MEDICAL	PART II. Other significent conditions				n tha und	erlying	ceuse gl	ven in i	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS. AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE	OF DEAT	OTHER:		UNCE	RTAIN					
62	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIMI		Bc. INJU	JRY AT			F (Specify) SCRIBE HOW II	NJURY OCC	URED	
	1 Netural 5 Pending	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
B⊀	1 Natural 5 Pending	28a. PLACE OF	INJURY — At hornite. (Specify)	ne, farm, s					2ar. LOC City	ATION (Street a or Town, State)	and Number	or Rurel A	oute Number,
	1 Netural 5 Pending Investigation 3 Suicide a Could not be determined	28a. PLACE OF building, a	ny knowledge, das	th occurre	ntreet, factor	y, office	and place, e	and dua	City	or Town, State)	ner aa state	id.	

to mention and the state of the

9c. COUNTY OF DEATH

N/A

10g. CITIZEN OF WHAT COUNTRY?

Specify

S A

Md.

Baltimore,

INFARCTION

FAILURE

21229

3. TIME OF DEATH 1000 A

10d. INSIDE CITY 1 YES 2 NO

White

Approximats

Interval Between

Onset and Death

14. RACE — American Indien, Black, White, atc.

8. BIRTHPLACE (State or Foreign Country)

FUNERAL DIRECTOR

BY

BE COMPLETED

5

IMMEDIATE CAUSE (Final

Sequentially list conditions,

If sny, laading to immediata

cause. Entar UNDERLYING CAUSE (Disesse or Injury

disesse or condition

resulting in death)

that initiated events resulting in dasth) LAST

notified at once.

medical examiner must be

the

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE 0

	-	5	00	-
0	ith	ete	110	E
DIVISION OF VITAL RECORDS, P.O. BOX 68760	*	E	Ö	2
37	rtec	00	ia,	2
9	000	2	à	ĕ
J	8	a	2	Ĕ
2	pe	ig.	0	3
8	0	Si	P	=
ш.	PCa	P.	92	ě
o.	Pa	5	96	=
~	õ	B	£	5
-	att	tte	Te	2
S	o	40	le le	5
	the state of	=	20	E
α	Ħ	5	an an	>
0	11	Dec	€	9
C	ire	Sign	ea ea	\$
ш	중	5	÷	5
Œ	2	ě	7	0/9
_	6	SE	용	23
⋖	De	43	9	Ε
	-	Sat	Stat	를
>	A	tiff	0	5
Щ	Sic	9	£	
0	Ϋ́	S	ŧ	9
-	<u>a</u>	=	2	E
	NG	te.	eat	Ε
$\underline{\mathbf{Q}}$	9	4	P	69
S	132	DR	the fire	00
5	A	2	50	2
	8	8	Š	5
	7		Z	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, ti
	S	W	듩	토
	모	3	W	×
	쁘	백	2	띩
	-	Ė	THE STREET	필
	2	2	2	≊

FOR STATE REGISTRAR		STATE OF M	MARYLAI	ND / DEPA	RTMEN1 FICATE	OF H	HEALTH AND I	MENTAL HYGIEN		
1. DECEDENT'S NAME (First								2. DATE OF DEATH		_
DORIS	V	CUNNIN	G-HA	M				Account to the same of the sam	5 199	2
4. SOCIAL SECURITY NUM	BEA	5. SEX	6. AGE (In	yrs. last birthday			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	
215-07-03	50	1 🗌 M 2 😾 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	12-14-1		Co
9a. FACILITY NAME (If not it	nstitution, give si	reet and number)			9b, CITY	TOWN (OR LOCATION OF DE	EATH	9c. COUNTY	0
St. Agne	S Hos	pital			Ва	alti	imore C	ity		N
tos. STATE	tob. COUNTY			10c. C	ITY, TOWN C	OR LOCAT	TION			_
Md.	Balt	imore			Cat	ons	sville			
10e. STREET AND NUMBER					000		I. ZIP CODE		10g. CITIZEN	0
801 Wint	ers L	nApt.	441-	Balto	Md		21228		W.	S
1t. MARITAL STATUS 1 Never Married 2 3 Divo	Married orced	t2. WAS DECEDEN FORCES? t tF YES, GIVE V	YES	2 NO	1	f yes, sp		IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)	a or No → 14.	AB
(Specify on	EDENT'S EDUC y highest grade		1	6a. DECEDENT (Give kind of life, Do NOT	work done of		ON ost of working	t6b. KIND OF BU	SINESS/INDUST	R
Elementary/Secondary (3-12)	College (1-4 or 5	·)							
N/A		N/A		Secr	etar	.V			wver	_
17. FATHER'S NAME (First, N	fiddle, Last)						ta. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
Willi	am Cu	nningna	ım				Ann	a M. Voe	lker	
19a. INFORMANT'S NAME (Type/Print)		1274	19b. MAILIN	G ADDRESS	(Street s		Route Number, City or Tox		dej
Laverne R	Cun	ningham	1	801	Wint	ers	InA	pt.329-B	alto.	
20a. METHOD OF DISPOSIT t ☐ Burlel 2 K Cremetic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Ramo	ovel from State	cemete	LACE AND DAT	other place)	ITION (No		DATE 20c. LC	OCATION — City	
21. SIGNATURE OF FUNERA					22.	NAME AP	NO ADDRESS OF FA			44
G. Tr	uman	Schwab						Ma. 212		

2 YEARS PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a, WAS AN AUTOPSY

329-Balto. Md. 21228

Balto Md

20c. LOCATION — City or Town, State

National Pike

DID TOBACCO USE CONT	1 YES 2 NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		ACE OF DEATH (Check	only one)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY OCCUP	RED
3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,		
29a. CERTIFIER 1 FRIEVING PHYS	NCIAN: To the heat of my knowledge.	death accurred at the	News also and also and a		

23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

HEAIRT

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PERTENSION

2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner es stated.

BIGNATURE AND ETTLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
But Deelel.	My sicran. Wed Resident	- 1590	1-15-95
NAME AND ADORESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (See Select)		

ST AGNES HOSPITAL GOO ONTON AUE BALTIMORES, MD 21229 LEE, MD

ahock, or hasrt failura. List only one cause on each line.

a. ACUTE

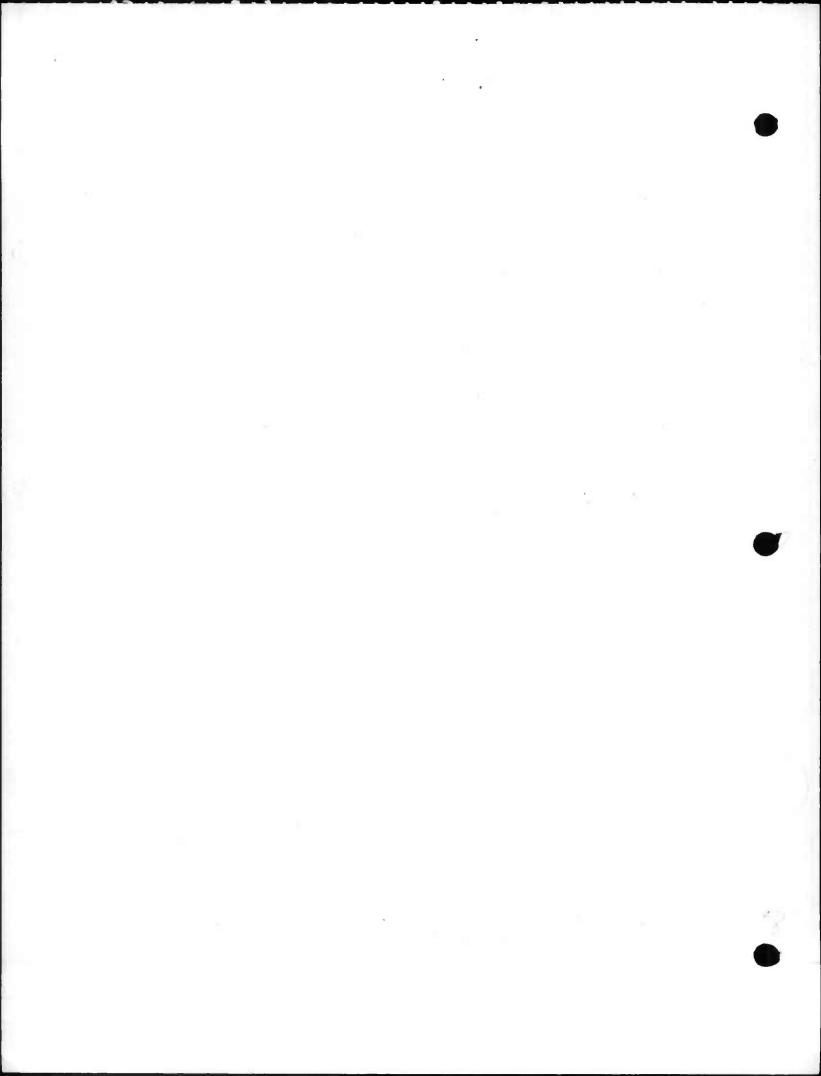
CONGESTIVE

. Filtra Aug . y ...

BALTIMORE, MARYLAND 21215-0020	At The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	cern cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	odical examiner must be notified at once.	
DIVISION PER VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTRICTURE PRESENTE: The law requires that the death certificate be executed within 24 hour	TO THE FUNERAL DIRECTOR ASSISTED CONTROL THAT CONTROL ASSISTED AND ASSISTED AND ASSISTED AND ASSISTED AND ASSISTED ASSISTED AND ASSISTED A	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		CAMP			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH	
. 1	HENSLET 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR		JANUARY 1			
	247-42-5174	Y		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Outh Carolina	
	9e. FACILITY NAME (If not institution, give a			96. CITY, TOWN C	R LOCATION OF OE		9c. COUNTY		
DIRECTOR	Good Samaritan	Hospital		Ba1	timore	City			
REC	10e. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER				more Ci	ty	Total amount	1 YES 2 NO	
FUNERAL	5561 Midwood A	venue		101	2121	2	10g. CITIZEN OF WHAT COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				C ORIGIN? (Specify Ye	es or No. 14. RACE — American Indian,		
ВУ	1 Never Merried 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O			2 X NO Specify:			Black, White, etc. Specify:	
	15. OECEDENT'S EDU		16e. DECEDENT'S U	SUAL OCCUPATION)N	16b, KIND OF BU	SINESS/INDUST	Black	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mo- retired.)	st of working			*** «	
MP	9 17. FATHER'S NAME (First, Middle, Last)		C1	erical			reroo	m	
	Henslee Campbe	11 Sr			GOSSIE	Ford	Sumame)		
BE (190. INFORMANT'S NAME (Type/Print)	11, 51.	19b. MAILING A	ODRESS (Street e.		oute Number, City or Tox	vn, State, Zip Coc	ia)	
5	Patricia Vines	\$				Baltimo			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	ovel from State cep	PLACE AND DATE OF	DISPOSITION (Ne	me of	0/95 Ba	CATION — City	or Town, State	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL BETWICE LIC		rbutus				11111110	re MD	
	> 21 Fd/w	10m()		Uni	ty Funr	al Home	n - 1 + -	MD 21201	
	23. PART I. Enter the diseasea, or o	complications that cause	d the deeth. Do no					, MD 21201	
	ahock, or heert failure.	List only one cause on e	ech line.		ao or aying, audir	aa cararee or reap	notory erroat,	Interval Between Onaet and Death	
	disease or condition resulting in deeth)	e.	CARO	CAC H	PREST			MINUTES	
1	DUE TO (OR AS A CONSEQUENCE OF):								
NO.	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION		c END- STAGE	- CANONI	c PULL	LONARY	OBSTRUCTI	IVE DISC	EXSE STYEARS	
F	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
GE		d							
Ä	PART II. Other aignificant condition		out not resulting in	the underlying	ceuse given in F	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC	HYPENIE					1 YES :	≥ NO	OF DEATH?	
2	DIABET DID TOBACCO USE CONTI		E DEATH VEC	NO D	UNCERTAIN			1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF OEATH		UNCERIAIN				
YSIC	1 VES 2 NO	HOSPITAL: t V inpatient 2 - ER/Outp		OTHER:	5 Residence 6	Other (Specify)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	26e. OATE OF INJURY (Month, Day, Year)	26b. TIME	YY WO	RK?	26d. DESCRIBE HOW	NJURY OCCURE	D	
2 Accident Investigation Investigation							tural Route Number.		
ETED	4 Homicide 6 Could not be determined	building, etc. (Spec	cify)			City or Town, State,	1		
2		ICIAN: To the best of my know	ledge, death occurred	at the time, date	end place, end due t	to the cause(s) end me	nner es atated.		
COMPL	Orie) 2 MEDICAL EXAMINE	ER: On the besis of exemination	n end/or investigation,	in my opinion, de	eath occured at the ti	ime, date and place, e	nd due to the ce	use(s) end menner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUME		29d. DATE SIC	GNEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH OTEM 2D /Smr 0	oriest)	0-6	727	-		
	MOHAMMAN PF	A/FI) - RAPTIN			CH BAUF	N RIUN	RALT	IMORE, M)	
	31. DATE FILED (Month, Day, Year)	12. REGISTRADE SID	TRE			1 0000	1 0,101		
- 1	IANI 1 9 1995 YW	M m						I	



BOX 68760,	-
0	
75	
0	
1	
∞	
(0)	
_	
\times	
\circ	
m	
-	
P.O.	
\circ	
٠.	
0	
-	
S	
-	
~	
=	
RECORDS,	
-	
\cup	
ш	
~	
ш.	
-	
⋖	
1	
>	
ш.	
$\mathbf{\circ}$	
_	
~	
\sim	
\circ	
-	
ഗ	
-	
>	
-	
DIVISION OF VITAL	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 35 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND A	DEPARTM ERTIFICA			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)		CORP	KRAN	1	2. DATE OF DEATH	7-7-9	15	3. TIME OF DEA	A M
		6. AGE (in yrs. le. 61	**	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-16-3		8. BIRTH! Country	PLACE (State or i	Foreign
TOR	9a. FACILITY NAME (If not institution, give street and n University Hosp		96.		imore	EATH	9c. COUN	n a	АТН	
DIRECTOR	10a. STATE 10b. COUNTY	1a	10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CIT LIMITS? 1 YES 2	
FUNERAL										
В	1 Never Married 2 Married FOR	B DECEDENT EVER IN U.S. AF RCES? 1 YES 2 ES, GIVE WAR OR DATES		If yes, spe		NIC ORIGIN? (Specify) in, Puerto Ricen, etc.) y:	fea or No—	Black,	- American Inc. White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	d) (G	ECEDENT'S USU live kind of work . Do NOT use ret	done during mos	N I of working	16b. KIND OF E	USINESS/INDU	ISTRY		
	17. FATHER'S NAME (First, Middle, Last) Conner Corkra	a n				ME (First, Middle, Maid				
TO BE	19a. INFORMANT'S NAME (Type/Print) Michael Cockran	19			d Number or Rural	rine L: Route Number, City or T Ralto MD	own, State, Zip (
	20e. METHOD OF DISPOSITION 1	1.010 01.1110 11.0,00100,1.011100								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEERO nald vade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W. Baltimore St, Balto, MD 21201									
ATION	23. PART. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart failure. List only one ceuse on eech ilne. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): THO DATA DO SEE								Between	
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	CHRONIC ATRIAL FIBRILLATION PERFORMED? CONTROL OF THE PERFORMED. CONTROL OF THE PERFORMED. CONTROL OF THE PERFORMED. CONTROL OF THE PERFORMED. CONTROL OF THE PERFORMED. CONTROL OF THE PERFORMED. CONTROL OF THE PERFORMED. CONTROL OF THE PERFORMED. CONTROL OF THE PERFORMED. CONTROL							WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF DF DEATH? 1 YES 2	CAUSE	
AN	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL		TH YES [UNCERTAIL	N IP				
SIC	EXAMINER? 1 YES 2 WNO 1 Input		ОТ	HER:	5 Realdence	8 Other (Specify)				
BY PH	27. MANNER OF DEATH 28s 1 W Netural 5 Pending 2 Accident Investigation	Pinpatient 2								
9		 PLACE OF INJURY — At ho building, atc. (Specify) 	ACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural F City or Town, State)						uta Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									stated,
TO BE C	290. SHATURE AND TITLE OF CERTIFIER HOWAND 30. NAME AND ADDRESS OF PERSON WHO COMPLIE	re officer	M 27) (Sinc Di-		29c. LICENSE NUN	07354	29d. DATE	SIGNED (Month, Pay, Year, 7 95	
	225, GREENE ST	- 10 - 10	TIMOR		b 2120	1 VINI	40	He	RNAN	DEZ

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 **GEORGE** DEVAUGHN JANUARY H 18 PM 4:00 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year July 1, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-05-3837 86 DAYS 1 2 M 2 1 YRS. 1908 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE ANNE ARUNDEL 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anno Prince Georges Capital Heightd HEIGHTS 1 YES 2 NO регтіп. 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit 530 Capital Heights Blvd. 20743 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify White 18e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Bartender 10 Restaurant Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank DeVaughn notified at Carolyn Boteler BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, HEIGHTS 20743 2 Lee Ethel Thompson 530 Capital Heights Blvd., Capital Hwights, pe 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ※ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Jan. DATE 20c. LOCATION - City or Town, State must funeral director, cemetery, cremetary or other place)
Metro Crematory, Inc. 19,1995 4 Donation 6 Other (Specify) Catonsville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E., Glen Burnie, MD 21061 paican and completely filled in by the prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or heart failure. List only ne cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** 朝 disease or condition reaulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 CONSEQUENCE OF requires that the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate signed by the attending physician Health and Mental Hygene prior to VIC cause. Enter UNDERLYING CAUSE (Diseese or Injury other EQUENCE OF that initiated events reaulting in death) LAST ò Injury. PART II. Other algalifican conditions cons Figuring to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? swort 1 YES 2 NO has been Dept. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERBED TO MEDICAL 28. PLACE OF DEATH (Check only one) them this certificate his with the State (OTHER 1 TES A NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 6 27. MANGER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural м 1 YES 2 NO Affect BY 3 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 5 Suicide .00 COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A 4 | Homicide 22 Hell 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) TO THE FUNESAL I TO THE FUNESAL I DE ISED WITHIN 72 IN IMPORTANT: IT II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED /Mg BE 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ELMO M OLD FREDERICK ROAD, BALTIMORE, MARYLAND 21229 5411 32 REGISTRAR'S SIGNATURE

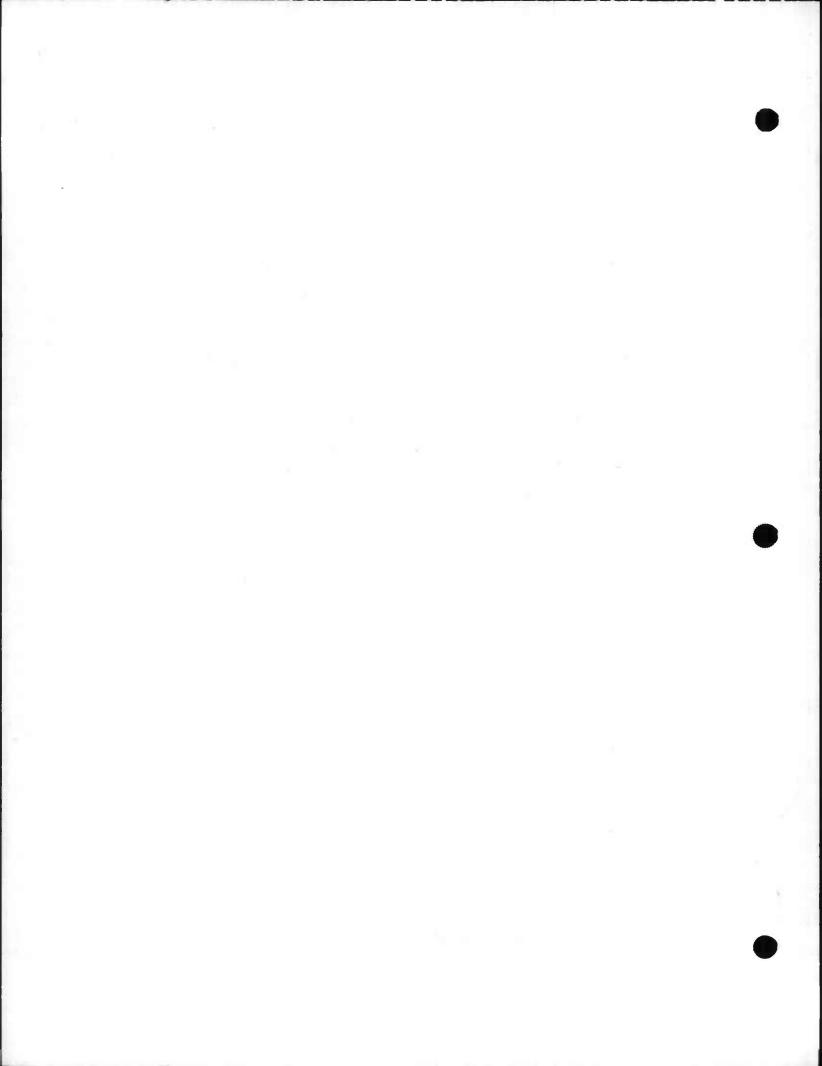
Walter St. HOLLING.

•

BALTIMORE, MARYLAND 21215-0020	NAT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Provided to the as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF THENDING PHYSICAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIFFEMENT After the centificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours and commitment with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	HILL	CALL	CUL	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Least) 2. DATE OF DEATH MONTH DAY YEAR 1. DAY 1. 1905 1. 102 A								3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. las	t birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		DE BIRTH Day, Year)	,	6. BIRTHP Country Mai	yland
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY	, TOWN	OR LOCATION OF DE	ATH	77.7	9c. COU	NTY OF DE	ATH
DIRECTOR	Liberty Medical Center					Bal	timore	City	7			
<u>ا</u> ي	10a. STATE 10b. COUNTY	,		t0c. CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY
ā	Maryland				Ва	1ti	more Ci	tу	1 X YES 2			LIMITS?
FUNERAL	10e. STREET AND NUMBER					10	f. ZIP CODE		10g. CITIZEN OF WHAT			
W	3623 Sequoia A						21215				USA	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 N	NO If yes, specify Cuban, Maxican, Puar			n, Puarto R	? (Specify Yes ican, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, aic. Black	
	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATION	ON	16b.	KIND OF BUS	INESS/INC	USTRY	Diack
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (t-4 or 5+)	(Gi life.	Do NOT us	vork done (e retired.)	during mo	ost of working					
MP	12			Unk	now	n		J	J.S.	Gove	rnme	ent
8	17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S NA					
H	Joseph Maurice	Duvall,					Elean					
2	19a. INFORMANT'S NAME (Type/Print) Doris T. Robin	son	198	1600	W.	Mt.	nd Number or Rural F Royal A	Poute Numb	er, City or Town	stata, Zip Balto	, MD	21217
	29a. METHOD OF DISPOSITION 1 Buriel 2 Commetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, cree Metr	matan, or of	than place!		y 1/1	3/95			City or Tow	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE						22. NAME AND ADDRESS OF FACILITY Unity Funeral Home						
\dashv	22 DADT I Enter the discourse of	(y) - y.	and the state of	-11 - 5		<u> 108</u>	W. Nor	th A	lve.	Bal	to,	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
EDICAL C	PERFORMED? A								WERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
¥								_ [/			YES 2 NO
z I	DID TOBACCO USE CONTI	RIBUTE TO CAUS					UNCERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check o							
\ <u>S</u>	1 VES 2 NO	1 Inputient 2 KER			4 🗆 Nun	ing Horr	e 5 🗆 Residence	6 🗆 Other	(Specify)			
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day,)		28b. TIMI	E OF URY M	28c, INJ WC	PRK?	28d. DE\$6	CRIBE HOW IN	JURY OC	CURED	
3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)								nd Number	per or Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end menner as stated.											
W	206. SIGNATURE AND TITLE OF CERTIFIER (SERGECY KUNKYN'AN, MID.						UNIO. OF		-c0 -c0 -c0	29d. DATI	SIGNED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO	Kunia~, A			-	Ma	0/\c d 1	1.00	1.1			
ŀ	31: DATE FILED (Month, Day, Year)	32. REGISTRARIE	SIGNATURE	VIVIV	- 07	ria	7 Ima	וחלסד	rax			
	JAN 1 9 1995 Jak	32. REGISTRARYS	refally									
			-									DHMH-15 Rev 1/89



FOR STATE

	REGISTRAR CERTIFICATE OF DEATH	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Leonard John Doneski, Sr.	2. DATE OF OEATH	1995 YEA	3. TIME OF DEATH 7:55 a M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 F 82 YRS. MONTHS DAYS HOURS MHN.	7. DATE OF BIRTH (Month, Day, Year) June 21.1	0. BI Co	RTHPLACE (State or Foreign Junty)							
STOR	9a. FACILITY NAME (If not institution, give street and number) Northwest Hospital Center Residence of Decement	EATH	9c. COUNTY O	FOEATH							
DIRECTOR	Md. Baltimore 10c. city, town or Location Reisterstown			10d. INSIDE CITY LIMITS? 1 YES 2 XNO							
FUNERAL	8 Cherry Hill Court 21136	1.09.									
BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify Cuban, Maxica 1 Yes, apocity Cuban, Maxica 1 Yes, apo	in, Puerto Rican, atc.)	В	ACE — American Indian, leck, White, atc.							
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 Specify only highest grade completed) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) Maintenance Supervisor	16b. KIND OF BUSI		Y							
8	17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE		Andyrsiak									
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural of Senevieve Debus 618 Weshington Area										
	Genevieve Debus 618 Washington Ave., Lansdown, Md. 21227 20s. METHOD OF DISPOSITION 1 N Burlat 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competery, cremetery or other place) Meadowridge Mem. Park Jan. 20, 1995 Baltimore, Md.										
	Eckhardt Fund	eral Chapel		21117							
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	as cardiac or reaping	Own negative arrest,	Approximate interval Between Onset and Death							
PHYSICIAN: MEDICAL O	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in	PERFORM	MED?	14b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
CIA		ick only one)									
KSI	1 YES 2 DOA 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Teledence	a Cother (Specify)									
	27. MANNER OF OEATH 1. Natural 5 Pending Investigation Investigation 288. DATE OF INJURY 28b. TIME OF INJURY WORK? 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW IN.	JURY OCCURED								
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, term, street, lactory, office building, stc. (Specify)	28t. LOCATION (Street and City or Town, State)	d Number or Run	al Route Number,							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the	PERFORMED 1 YES 2 NO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OF OEATH (Check only one) Placedence a Other (Specify) AT 2ed. DESCRIBE HOW INJURY OCCURED 2ett. LOCATION (Street and Number or Rural Route Number, City or Town, State) place, and due to the ceuse(a) and manner as atated. occured at the time, date and place, and due to the cause(a) and menner as stated.									
ш	THE DOMATHING AND TUTTE ON CONTINUE										
2	Jut Cuntle my D-12	550	D 11	7788							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7 80 / XORK ND, Tow Son Med 21	204									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S BIGNATURE										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

aureline in 1.25 and the property of the prope

Authority of the state of the s

Comment forests.

was and handle

· N	
	6
BAL HMORE, MARYLAND 212	urs after death. Page 6 may be retained by the hospital or a
A	the
Ξ	3
AAH	stained
2	61
ıî.	A
Ŧ	тау
\supset	9
Σ	Page
ALI	death.
n	after
	-
	8
	100
.O. BOX 68/60,	certificate be executed within
5	2
Ø	Š
0	900
×	2
	9
n	Cat
	誓
ب	Ce

DIVISION OF VITAL RECORDS.

ATTENDING PHYSICIAN, The

8

215-0020

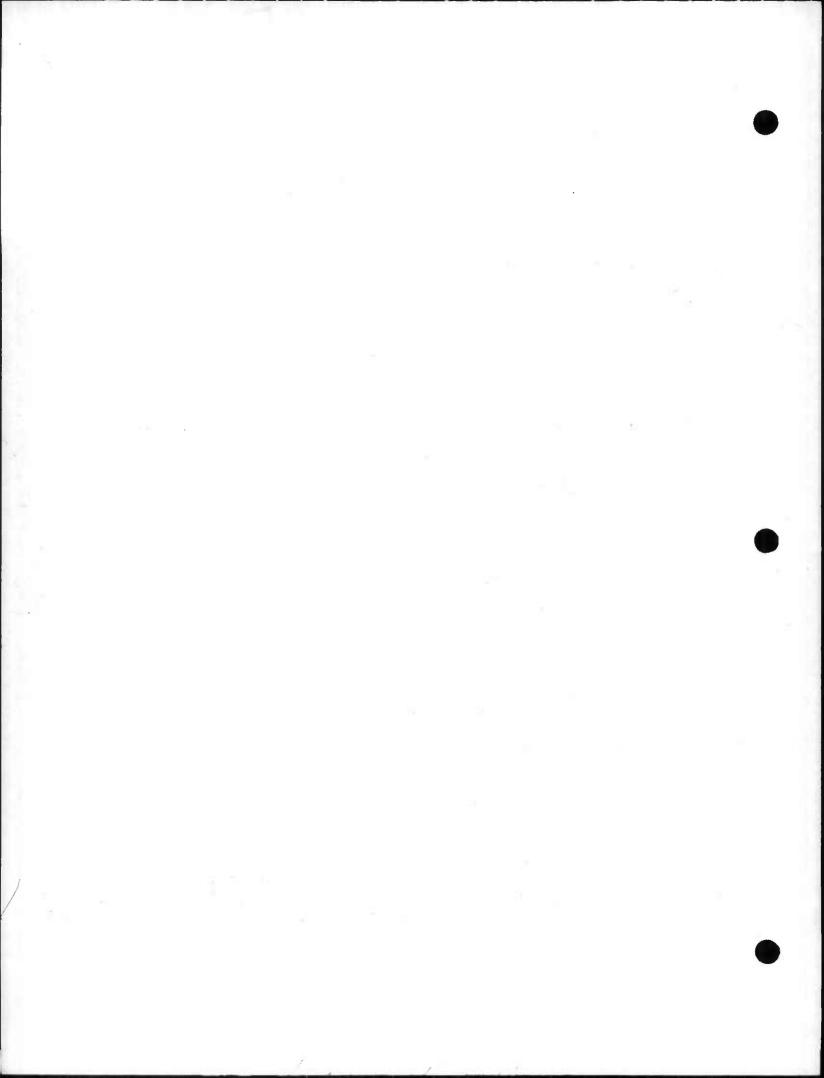
permit. use as the burial-transit strending physician. 10 detached page 5 should notified 2 must director. examiner removal. medicai 0 Pilled in and completely fille to bunal, cremation, the event, traumatic signed by the attending physician Health and Mental Hygiene prior to other any Injury, Shows been of l has be Dept. 23 llem. h the State (ö a file marked. Affer R

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH M. Amile VaNS JAN 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

3. TIME OF DEATH 6:30 PM 195 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) 219 54 3540 1 | M 2 | F MONTHS DAYS HOURS 01 - 18 - 71NC Be. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECOUR HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1217 W. FAYETTE STREET 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 5NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Nover Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) UNK UNK once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 Evans JOE BE. Evans LIZZIE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CARLA WARFIELD 861 PARK AVE. BALTIMORE, MD. 21201 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Mt. cremazyor other placem. 1-1895 Lansdowne, MD. 12 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALBERT P. WYLIE F/H P.A. 638 N. GILMOR ST. 21217 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such ea cardiac or respiratory arrest, Approximata ahock, or haart fallure. List only Ona cause on sech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition___ resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reauiting in death) LAST 10 PART II. Other algnificent conditions contributing to deeth but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpetient 2 ER/Outpetient 3 DOA OTHER: THE REP NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNEY OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 2 Accident 28s. PLACE OF INJURY --- At home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number 8 Could not be COMPLETED 4 [] Homicide 29a. CERTIFIER 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and me TO THE HUNES TO THE FUNES THE WITH 296 AND TITLE OF CENTIFIES BE 2 ETED CAUSE OF BEATH (ITEM 22) (TYON, POOR) Repus



(V	VI	of the should	\
	BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transport	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

1 - STATE REGISTRAR		SIMIE UF IN	C	ERTIF	ICA	TE OF	DEA	TH	MENIA	REG. NO			No.
1. DECEDENT'S NAME (First	, Middle, Last)	m A =							2. DAT	E OF DEATH	<u>/-</u>		3. TIME OF DEATH
Janet	Ed	elsin							MON	-12-	9 5	YEAR	8:15 PM "
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. la	st birthday)	_	NDER 1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH	10	8. BIRTI	IPLACE (State or Foreign
219-01-325	0	1 🗆 M 2 😿 F	75	YRS.	MONT	HS DAYS	HOURS	MIN.		RIL 6,	1921	Count	OHIO
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. 0	CITY, TOWN	OR LOCAT	ION OF D		KID O7	_	JNTY OF D	
SINAI HOSP	ITAL] 1	BALTI	MORE						
RESIDENCE OF DEC													
10a, STATE	10b. COUNTY			10c. CIT	Y, TOV	VN OR LOCA	MOIT						10d. INSIDE CITY LIMITS?
MARYLAND		IMORE			BAL	TIMOF	RE						1 YES 2 X NO
104. STREET AND NUMBER 27 STONEHE	NGE CH	Circle RCLR ,AI	PT.#3			10	21.	208			10g. CI		NHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT			T	13. WAS DE	CENDENT	OF HISPA	NIC ORIGI	N? (Specify Ye	a or No-	14. RACI	E — American Indien,
1 Never Married 2 3 XWidowed 4 Divo		FORCES? 1		NO		If yes, s	pecify Cubi S 2 NO	en, Maxica	en, Puerto	Rican, etc.)		Speci	white, etc. WHITE
15. DEC	EDENT'S EDU	CATION completed	18a. Di	ECEDENT'S	USUA	L OCCUPATION one during m	ION .		16	b. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0)-12)	College (1-4 or 5+)	Me	i. Do NOT u	se retire	ed.)	OSE OF WORK	ng			_		
12t	h.		HO	USEW]	[FE					AT HOM			
17. FATHER'S NAME (First, M MARVIN	liddle, Last)	WILSON					18. MOT	HER'S NA	ME (First,	Middle, Malder	Sumane)	BOWI'	rz
194. INFORMANT'S NAME (1 MRS. LAURA		VN	19	b. MAILING	ADDE	LE LA	and Numbe	G, RE	Route Num	TH, DE	^{vn.} 1199	7 I Gode)	
20s. METHOD OF DISPOSIT	ION		20b. PLACE	906					-,				
1∑ Burlat 2 ☐ Crematic 4 ☐ Donation 8 Ø Other		oval from State	cemetery, cre	ematory or o	ther ple	ece)		01	/17/		CATION -		
	4 Donation 8 D Other (Specify) BALTIMORE HEBREW 01/17/95 RAN Reisterstown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES								terstown, MD				
SOL LEVINSON & BROS., INC. 6010 ReisterstownRd., Balto., Md. 21215													
23 PART I. Enter the d	seases, or c	complications that	caused the de	eath. Do i	not en	iter the me	ode of dy	ing, suc	h aa car	rdiac or reap	iratory a	reat,	Approximate
immediate Cause (Fir		List only one caus	e on each line										interval Between Onset and Death
disease or condition resulting in death)		DUE TO (tatic	U\	sar	ion	Ch	rev	nei	4			
	_	. Recur	4-4- (" de	21	مالم	n 3						i
Sequentially list conditi	lons,		OR AS A CONSE	OUENCE O	D:	Cour	1						
if any, leading to immediate. Enter UNDERLY	ING												į
CAUSE (Disease or Inju	iry	DUE TO (OR AS A CONSE	R AS A CONSEQUENCE OF):									
resulting in death) LAS	т 📗												ļ
PART II. Other significa	nt condition	s contributing to	deeth but not	reaulting	in the	underlyin	g cause	given in	Part I.	24a. WAS AP		24b	WERE AUTOPSY FINDINGS
										1 TYES	NON		COMPLETION OF CAUSE OF DEATH?
					_						/ -		1 YES 2 NO
DID TOBACCO U	SE CONTI	RIBUTE TO CAU	JSE OF DEA	TH YE	S] NO [UNC	ERTAI	N 🗆	1			
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	26. PLA	CE OF DEA		eck only one,							
1 U YES 2 THO		1 Inpetient 2 🗆	ER/Outpatient 3	□ DOA		IER: Nursing Hor	ne 5 🗆 Re	esidence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	v. 70	28a. DATE OF I		28b. TIM	E OF	28c. IN.	JURY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED	
	Pending Investigation		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		N		YES 2	NO					
	Could not be	28e. PLACE OF building, e	INJURY — At ho	me, ferm, :	stroot,	tectory, offic	20		281. LO	CATION (Street or Town, State	and Numbe	r or Rural F	Toute Number,
4 Homicide	detarmined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						J 011,	or lown, state	,		
29a. CERTIFIER (Check only	TEVING PHYSI	CIAN: To the best of r	ny knowledge, de	ath occurr	ed at ti	he time, data	and place	end due	to the ca	use(s) and me	oper ee ste	had	
) and manner se stated.
29b. SIGMATURE AND TITLE													
Mine	Ony	1 cmt	- DO				ASZ	CO'SE NUI	3 U	079840	29d. DA	15	(Month, Day, Year)
30. NAME AND ADDRESS OF	Traf	CWHC	OF DEATH (ITE	M 27) (Type,	Print)	i F	100	of	6	self	-		
31. DATE FILED (Month, Day,	Your)	32 REGISTRAR	'S SIGNATURE				. 39			-			
JAN 19	1995	Jahr Da	volson-Ran	delle									

WE are the state of

-	902	
'n	15	88
7	8	3
2	100	ò
	pi	2
=	8	픙
7	40	eta
	6	6
BALTIMORE, MARYLAND 2121	death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	attending physician and completely filled in by the funeral director, page 5 should be detached for use a
m	2	$\overline{\mathbf{z}}$
2	2	2
=	23	S
~	-	S
nî.	ă	8
7	lay	ä
-	E	8
\overline{c}	9	5
≥	30	è.
	0	70
	5	ě
ď	Sea	Ž
n	70	2
_	40	×
	50	Ď.
	2	=
	E	9
	77	1
	-	e
5	要	ह
٥	õ	Ĕ
2	e e	8
õ	ಭ	B
-	\$	9
3	8	, ja
ζ.	2	Sic
ц	23	É
-	ē	0
٠.	8	din
S, P.O. BOX 68/60	5	en.
2	ea	A.
7	- 0	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTRAR		CERTIF	-ICATE (OF DEATH		REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	YEAR :	. TIME OF DEATH		
		<u>Conrad</u> Jacob					Janua		1995	M		
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)		AR IF UNDER 24 HRS.	7. DATE OF (Month, L	Day, Year)	Country)	.ACE (State or Foreign		
P		220-05-1074	1 🛭 M 2 🗆 F	90 YRS.			April	12,190		nada		
3 should	·	Sa. FACILITY NAME (If not institution, give a	treet and number)			WN OR LOCATION OF D	PEATH	9c. (COUNTY OF DEA	тн		
ci	СТОВ	3613 Mary Ave.			Balt	imore						
Pages 1,	E C	10e. STATE 10b. COUNT	Y	10c. CI	TY, TOWN OR L	OCATION			1	Od. INSIDE CITY		
& :	DIRE	Maryland		В	altimo	re , City			1	LIMITS? YES 2 NO		
Dermit.	ERAL	10a. STREET AND NUMBER			<u> </u>	101. ZIP CODE		10g.	CITIZEN OF WH	/1		
15	EB	3613 Mary Ace.				21206			U.S.A.			
020 ohysician. burial-transit	FUN	11. MARITAL STATUS	12. WAS DECEDENT EX	PER IN U.S. ARMED		DECENDENT OF HISPA		Specify Yes or No		- American Indian, White, etc.		
ing ph	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR		1 🗇	s, specify Cuban, Maxic YES 2 NO Speci	en, Pueno Nic Ny:	an, etc.)		White		
as and a	ED E	15. DECEDENT'S EDU	CATION	Jan Beneralia	<u> </u>					wille		
212	LETE	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT L	Work done during work done during we retired.)	g most of working	16b, K	IND OF BUSINESS	/INDUSTRY			
of fall of	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Owner			La	undry Co				
AND he hospit detached	COMP	17. FATHER'S NAME (First, Middle, Last)		Owner		18. MOTHER'S N		die, Maiden Surnan				
2 2 2	ш	Konrad Focht				and the second	M. DeG		,			
retained by the 5 should be det	B (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Str	eet and Number or Rural	_		Zip Code)			
e 5 sl		Joyce M. Focht				me as 10e			, _,,			
HE, nay be page		20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITIO	N (Neme of	DATE	20c. LOCATION	- City or Town	, State		
BAL I IMORE, I let death. Page 6 may be the funeral director, page 8 mail.		1 Donation 5 Other (Specify)	oval from State	Moreland I	Mem. Pa	1/21/9	95	Balto	o. Md.			
Pag . Pag		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	/-	22. NAM	enno address of F			T	_		
AL LIN death. Pag funeral di		b Kould for L	0.1.11		1.6	805 Harfor	KUCK F	unerain	ome, in	C.		
rs after or by the removal dical		23. PART I. Enter tha diseases, or o	complications that ca	used the death. Do	not anter the	mode of dylan eur	u Ku.	DdltU.	Ma. 21			
DO DO E		snock, or heart failure.	List only one ceuse	on aech lina.		mode of dying, sac	on as cardio	o or reapiratory	arreat,	Approximsta Interval Between		
23 = 10 M		IMMEDIATE CAUSE (Finel disease or condition peutiting in death) CONG. HEART FAILURE										
ted within 24 recompletely file ial, cremation, event, the		DUE TO (OR AS A CONSEQUENCE OF): PNEVMONSIA.										
	1 _ 1		PNE	MONI	7.							
	CATION	Sequentially list conditions, if any, leading to immediate										
ate be ysician prior trau	S	cause. Enter UNDERLYING SEPSIS										
certificate ding physical sygiene pri	ERTIFIC	that initiated events resulting in death) LAST			F):							
T # 5 = 0	CER	resulting in death) LAST										
S age	ادّ	PART II. Other algnificant condition	s contributing to des	eth but not resulting	in the under	ying ceuse given in	Part I. 24	In. WAS AN AUTOP	SY 24b. W	ERE AUTOPSY FINDINGS		
7 2 5 5 -								PERFORMED?		MILABLE PRIOR TO OMPLETION OF CAUSE		
	l M l						— '	YES 2 NO	· · ·	F DEATH?		
w required of the state of the	. Z	DID TOBACCO USE CONTI	RIBUTE TO CAUS	E OF DEATH Y	FS NO	☐ UNCERTAI	NU		1 '	YES 2 NO		
IN: The law ficate has be State Dept.		25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEA								
PHYSICIAN: The law requirities certificate has been with the State Dept. of I rived, or item 23 sho	Sic	EXAMINER? 1 YES 2 TIMO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER	/Outpatient 3 DOA	OTHER:	Home 5 Residence	6 Other (S	ipecify)				
HYSICIA this certification with the	РНУ	27. MANNER OF DEATH	28e. DATE OF INJU	URY 26b. TIN		INJURY AT WORK?		IBE HOW INJURY	OCCURED			
PHY This PHY C		1 Natural 5 Pending 2 Accident Investigation	(1101111, 20).	, ,		YES 2 NO						
9 8		3 Suicide 8 Could not be	28e. PLACE OF IN- building, atc.	JURY At home, ferm, (Specify)	street, fectory,	office	281. LOCATI	ON (Street and Nun lown, State)	nber or Rural Rou	te Number,		
7		4 Homicide determined						own, otally				
	PL	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, death occurr	ed at the time,	date and place, and due	to the cause	a) and menner as	atated.			
SPITAL NEWAL	COMPLETED	one) 2 MEDICAL EXAMINE								nd manner as stated.		
TO THE HOSPITAL TO THE FUNERAL Se five within 72 I	EC	296. SIGNATURE AND TITLE OF CERTIFIER		4 0		29c. LICENSE NU	MBER	29d. 1	DATE SIGNED (M	Ionth, Day, Year)		
5 5 8 M	8	SOLVIAL E CALCULATION								8-95		
- W.W.	5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Type	, Print)							
		Celiar F. Parra M	1.D. 3007	East Nor	thern P	kwv. 2	1214					
()		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE REVOLU	eribi II-I		1 1 1					
			171.1 845	Man Hay H								

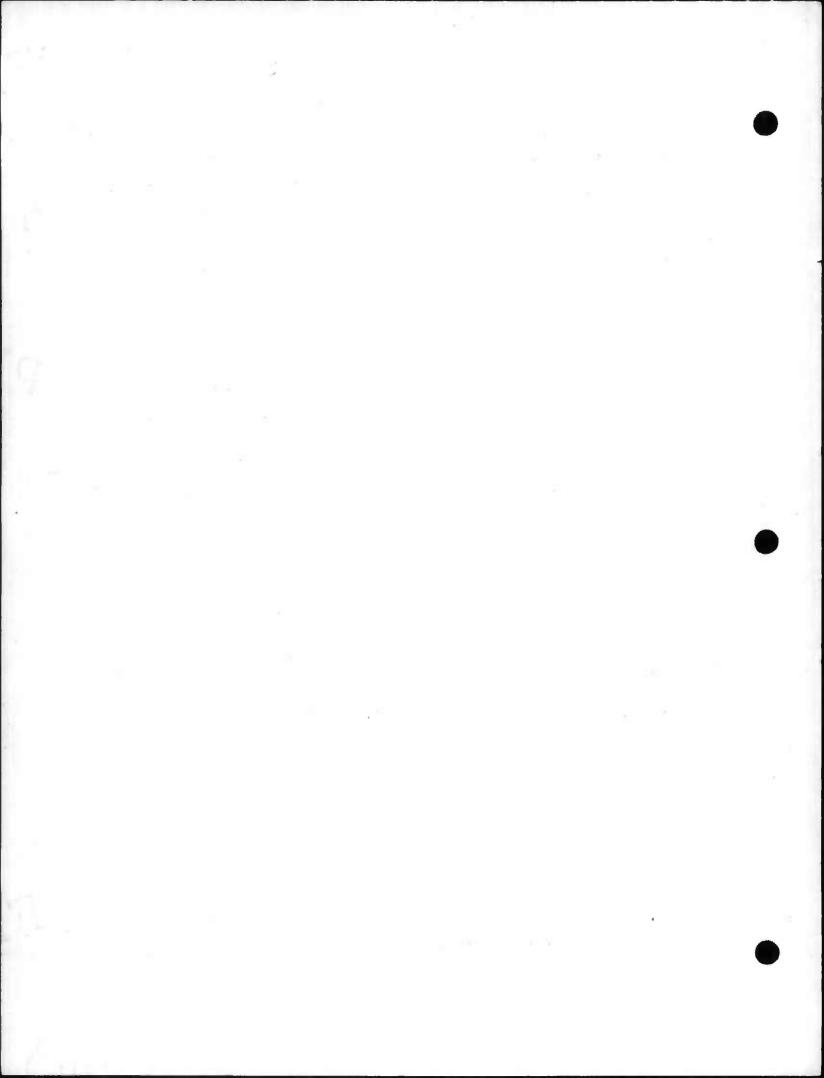
TO THE HOSPITAL DR. WITE THE LEAST THE LAW THE law requires that the death certificate be executed within to remain the feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after-death with Qte State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be netitled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68769,

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

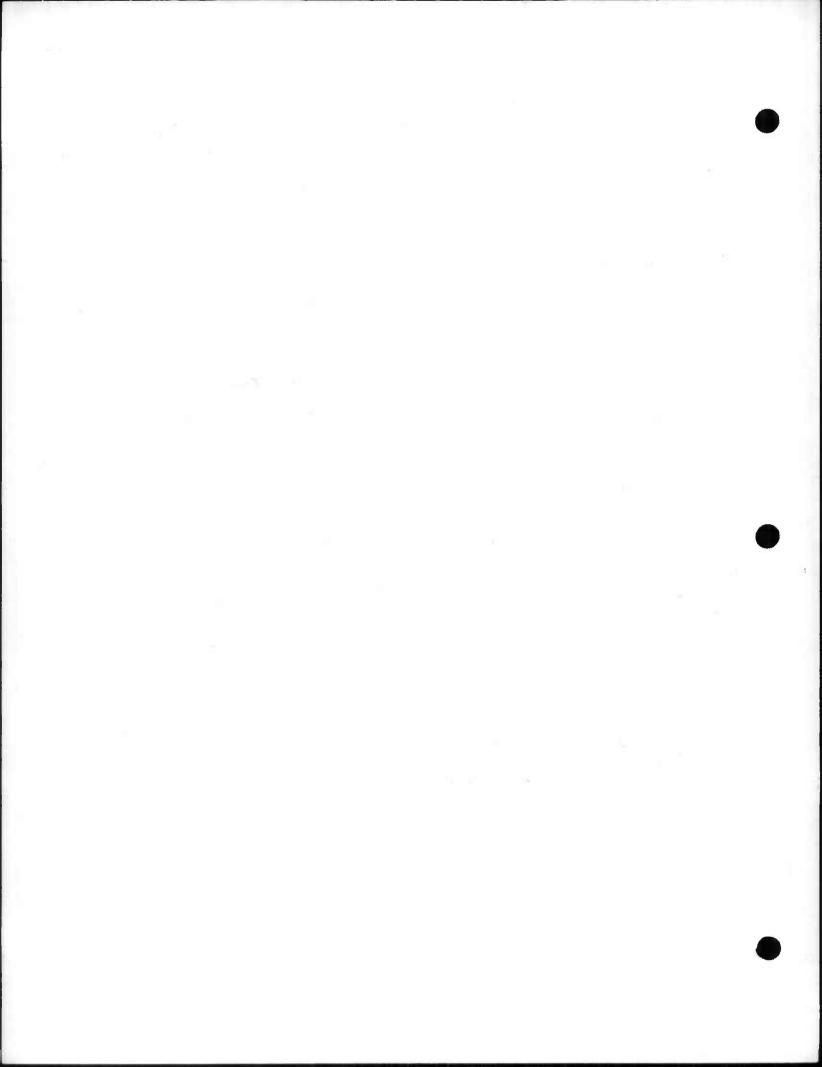
	1. DECEDENT'S NAME (First	, Middle, Last)				-	_			2. DATE OF DEATH			3. TIME OF DEATH
	JAMES HENR		ER							JANUARY 1		995	4:10 PM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs. ie	si birthday)	IF UNDER		IF UNDER		7 DATE OF BIRTH		S. BIRTHE	PLACE (State or Foreign
	215 28 664	1/	1√ M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	MAR. 23, "19	22	N. C	AROLINA
_	9a. FACILITY NAME (If not in		,			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					ATH MODE		
6	FORT HOWARD HOSPITAL					FORT HOWARD, MD BALTIMORE						MURE	
딥	RESIDENCE OF DEC	10b. COUNTY			10c, CIT	IOC. CITY, TOWH OR LOCATION 10d. INSID						10d. INSIDE CITY	
DIRECTOR	MARYLAND n/a					BALTIMORE							Y LIMITS?
FUNERAL	1632 E. 29 TH STREET				10f. ZIP CODE 21218					10g. CITIZEN OF WHAT COUNT UNITED STAT			
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? (LL) YES 2				ARMED 13. WAS DECENDENT OF HISPANIC NO If yes, specify Cuban, Maxican, I			IC ORIGIN? (Specify Yea	or No-	14. RACE	- American Indian, White, etc.		
Β¥	1 Never Married 2 3 Widowed 4 Divo	orced	IF YES, GIVE Y	WAR OR DATES			1 TYES	2 100	Specify				BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KINO OF BUSINE						SINESS/IN	DUSTRY						
COMPLETED	Elementary/Secondary (C 12 TH	0-12)	College (1-4 or 5	+)	LABORER				CONSTRU	CTIO	N		
	17. FATHER'S NAME (First, MEDWARD)	FISH	ER							ME (First, Middle, Maiden A WHITFIEL			
TO BE	198. INFORMANT'S NAME (Type/Print) HILDA PATTERSON 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1603 EDMONDSON AVENUE, BALTIMORE, MD 2122									21223			
	20a. METHOD OF DISPOSITION XX Burles 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) GARRISON FOREST VVA CEMETER Y1-19 OWINGS MILLS, MD												
	21. SIGNATURE DE FAUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY									111223,110			
WM. C. MARCH FH1101 E. NORTH AVEN 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, Approx						AVENUE							
	23. PART I. Enter the d ahock, or h	iseasea, or c aart fallure.	omplications the	it caused the di use on each line	eath. Do r	not enter	the mo	de of dy	ing, suci	n ss cardisc or respi	ratory sr	rest,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Fir disease or condition	nal	CARTON	D OE TIE	TC TT	PPWT 3.4		100 A CI T					Onset and Death
	a. CANCER OF LUNG WITH METASTASIS Due to (or as a consequence of):												
z						. ,.							j
은	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLY CAUSE (Disease or Inju												
CERTIFICATION	that initiated events resulting in death) LAS	Т	OUE TO	(OR AS A CONSE	OUENCE O	E):							
E	d												
	PART II. Other eignifica	ent condition	s contributing to	death but not	resulting	In the u	nderiyin	g cause	given in	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICAL	CHF									1 _ YES 2		1 9	COMPLETION OF CAUSE OF DEATH?
ME	NIDDM	0 1105	20117010117										1 YES 2 NO
Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO												
PHYSICIAN	27. MANNER OF DEATH		1 N Inpetient 2 D		26b, TIM		sing Hon 26c. INJ		sidence	6 Other (Specify) 26d. DESCRIBE HOW II	HIERY OC	CLIDED	
ВУ Р		Pending Investigation	(Month, E			M	WC	YES 2	NO	200. DEJONIOE HOW I	NOONT OC	CONED	
		Could not be determined	28s. PLACE (building,	of INJURY — At he atc. (Specify)	ome, farm,	street, fac	tory, offic	a		261. LOCATION (Street a City or Town, State)	and Numbe	r or Rurai Ro	oute Number,
COMPLETE	29a. CERTIFIER 1 CERT	FIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurn	ed at the t	time, date	and place	, and due	to the cause(s) and mar	iner as sta	rted.	
OM										time, data and placa, an			and manner as atsted.
BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	oth	loss.				29c. LIC	ENSE NUN	IBER	29d. DAT	TE SIGNED	(Month, Day, Year)
1) 505 28 1 1/13 195						195							
임	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAU										
	BALA S.	DUGGIR		., 9600	NORT	H PO	INT	ROAD	. FO	RT HOWARD.	MAR	YLAND	21052
	JAN 1 9 19	95 Ja	la d'audie	AR'S SIGNATURE									



BALTIMORE, MARYLAND 21215-0020	No. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	fertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	redical examiner must be notified at once.
DIVISIONEDE VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSIAMAN: The law requires that the death certificate be executed within 24 ho	TO THE FUNERAL DIRECTOR Committee in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANT: If them 14th marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFIC	CATE OF	DEATH	F	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF				3. TIME OF DEATH		
	EDITH A.	FRANCIS	2		Januar	DA	1,]	YEAR QQ5	M		
1				F UNDER 24 HRS.	7. DATE OF I		Ι/ -	V	IPLACE (State or Foreign		
	214-26-2867 1 M 2 XF			IOURS MIN.	JUN". I		928	Countr	Carolina		
	9a. FACILITY NAME (If not institution, give street and number)	- 1	b. CITY, TOWN OR	LOCATION OF DE				NTY OF D			
E E	1 N Broadway Apt C		BALTIMO					I/A	CAIR		
DIRECTOR	1 N. Broadway Apt. C		DALITIO				1	V/A			
M	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATIO	N					10d. INSIDE CITY		
=	MD N/A	Balt	imore						LIMITS?		
	100. STREET AND NUMBER	Dare		IP CODE			10~ 017	TZEN OF W	- A		
FUNERAL	I N Describers Art C							10g. CITIZEN OF WHAT C			
	1 N. Broadway Apt. C 11. MARITAL STATUS 12. WAS DECEDENT EVER I		21231					J.S.A			
	1 Never Married 2 TV Married FORCES? 1 YES	2 V NO	If yea, spec	DENT OF HISPAN fy Cuban, Maxica	IIC ORIGIN? (S n, Puerto Ricer	pecify Yes 1, etc.)	or No—	14. RACE Black	— American Indian, , White, etc.		
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR D	ATES T	1 TYES 2	NO Specify				Speci			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	III. COMPATION		T			l	Black		
COMPLETED	(Specify only highest grade completed)	(Give kind of wor	k done during most retired.)	of working		Ralti			y Public		
1 2	Elementary/Secondary (0-12) College (1-4 or 5+)				D1 .	Scho		. 010	y rubite		
M	2 yrs.	<u>Teacher</u>	's Aide								
8	17. FATHER'S NAME (First, Middle, Last)			6. MOTHER'S NA		e, Maiden :	Surname)				
R	Ossie Miller			Ruth Ja							
0	19e. INFORMANT'S NAME (Type/Print)		DORESS (Street and								
F	Barry B. Francis	l N. Br	coadway i	Apt. C/E	Baltimo	ore,	MD 2	21231			
		. PLACE AND DATE OF		of	DATE	20c. LOC	ATION -	City or To	wn, State		
	1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	netery, crematory or othe	r place)	0	1 10	~			1470		
4 Proposition 5 Other (Specify) Garrison Forest Va Cem. 1-18 Owings Mills, MD								MD			
	NI IN IN THE		March I	uneral	Home F	East					
	LULUM CHR		1101 E	North	Avenue	e/Bal	time	ore,	MD 21202		
	23. PART I, Enter the diseases, or complications that cause	d the deeth. Do not	enter the mode	of dying, auci	n an cardiac	or reapi	atory ar	rest,	Approximata		
	shock, or heart failure. List only one cause on e IMMEDIATE CAUSE (Final	ech iine.							interval Between Onset and Death		
	disease or condition			0					Onset and Death		
	resulting in death)	CONSEQUENCE OF:	rusius	<i>y</i>					340		
	552 10 (011 25)	CONSEQUENCE OF).									
CERTIFICATION	Sequentially list conditions, b.	CONSEQUENCE OF):									
F	if any, leading to immediate cause. Enter UNDERLYING	· constantion of j.							j		
일	CAUSE (Disease or injury	CONSEQUENCE OF):									
lēl	that initiated events resulting in death) LAST	CONSEQUENCE OF).									
点	d	-									
	PART II. Other aignificent conditions contributing to deeth to	ut not resulting in	the underlying of	euse given in	Part I. 24a	. WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS		
EDICAL	nore					PERFOR	A .		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					10	YES 2	NO		OF DEATH?		
Σ					_				1 TES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE O			UNCERTAIN	1 🗆			_			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH									
S	1 TES 2 NO 1 Inputient 2 FR/Outs	nationt 3 DOA 4	THER:	5 KReeldence	8 Other (Sp	ecity)					
된	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C			28d. DESCRIE	BE HOW IN	JURY OC	CURED			
ВУБ	Natural 5 Pending (MONN, Day, Year) Accident Investigation	INJUH		2 NO							
	3 Suicide 28e. PLACE OF INJURY	— At home, farm, atra	et, fectory, office		281. LOCATIO	N (Street as	nd Numbe	or Rural B	oute Number		
딢	4 Homicide determined building, etc. (Spec	cify)	•		City or To	wn, State)			oute Humber,		
COMPLET	29e. CERTIFIER										
₫.	(Check only CERTIFYING PHYSICIAN: To the best of my know										
ő	one) 2 MEDICAL EXAMINER: On the basis of examination	n and/or investigation,	In my opinion, deat	h occured at the	time, date and	place, and	dua to ti	ne cause(s)	and manner as stated.		
S I									(Month, Day, Year)		
00	5022 52 Nakat										
유	30. NAME AND ADDRESS OF PERSON WAS COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pr	int)	((כמ	7.7			1126	13		
	MAURA MQUIRE		7								
		VVI									
	31 DATE FILED Month Day Years 4 . 41 an account	ATURE									
	JAN 1 9 1995 Julia de 32. registra s por	ATURE									



m	П
	9
0	ľ
۵.	
-	١.
22	
2	
Ö	
ŏ	** **
Ш	1
Œ	
⋖	,
>	1
ц,	-
0	1
Z	-
5	1
-	1
-	The same of the sa
=	4
DIVISION OF VITAL RECORDS, P.O.	٩
1	1
	- 1

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the inchology physician.

ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should is after death with the State Dept. of Health and Merital Hygiene prior to burlal, cremation, or removal.

item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA	MENT OF H	EALTH AND DEATH	MENTA	L HYGIEN	E		
6	1. DECEDENT'S NAME (First, Middle, Last) EVA L.	FORMAN					of DEATH	1995	YEAR	3. TIME OF DEATH 12 NOON M
	215–10–7769	5. SEX 6. AGE (In yrs. 1 \(\text{ M 2 \(\text{ X} \) F \(\text{ 90} \)		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	1904	Country)	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give stree LONG GREEN NURSING	and the state of t	96		LTIMORE	EATH		9c. COUN	TY OF DE.	ATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									10d. INSIDE CITY
		TIMORE	TIMORE				LIMITS?			
FUNERAL	6940 BROOKMILL RO	10e. STREET AND NUMBER						10g. CITIZ	EN OF WI	HAT COUNTRY?
CNE	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DEC	NIC ORIGIN	17 (Specify Yea	or No-	14. RACE	- American Indian,	
ВУ Р	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2.	FINO	If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:					Specify	WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo		168	. KIND OF BUS	INESS/INDL	JSTRY	
APLE	Elementary/Secondary (0-12)	VIFE AT HO								
CON	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First,	Middla, Maiden S	Surname)		
BE	ISRAEL LEVIN 19a. INFORMANT'S NAME (Type/Print)		10h MAH INO AD	DDESS (Street o	EST nd Number or Rural	HER	MAL		2.44	
5	EARL L. FORMAN II				BELPRE,				(Jode)	
	20a. METHOD OF DISPOSITION 1	el from Stata cemetery, c	E AND DATE OF D	place)		DAT	- 1	CATION C		
	4 Donation 5 Other (Specify)	I OHE	B SHALC		1-1 ID ADDRESS OF FA	.7 <u>⊢95</u>	REI	STERS	AWOT:	I, MD
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 2121									
	23. PART/1/Enter the diseases, or con	polications that coused that it only one cause on each li	death. Do not	enter tha mo	de of dying, auc	h as can	diec or respir	SAL'I'I	MORE	Approximate
	IMMEDIATE CAUSE (Finel disease or condition	The cause on each in	ne. / .							Interval Between Onset and Death
	a. DUE TO (OR AS A CONSEQUENCE OF):								64	
N	Sequentially list conditions,									
SATIC	If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST									
CER	d									
ÄL	PART II. Other significant conditions	contributing to death but no	t recuiting in ti	he underlying	ceuse given in	Part I.	24a. WAS AN A PERFORE	WED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							1 TYES 2	NO		DF DEATH?
	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF DE	ATH YES	□ NO □	UNCERTAIL	N 🔲				
PHYSICIAN:		HOSPITAL:		THIER:						
NHYS	27. MANNER OP DEATH	Inpetient 2 ER/Oulpatient 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 26c. INJ			CRIBE HOW IN	JURY OCC	JRED	
BY F	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	RK? ES 2 NO					
	3 Suicide 8 Could not be determined	reet, lectory, offica 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					ute Number,			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurred at	t the Ilme, data	and place, and due	to the cau	use(a) and man	ner aa state	d.	
COM	1111111	On the basis of examination and/o	or investigation, in	my opinion, de	eath occured at the	time, date	end place, end	dua lo the	cause(a)	and manner as stated.
BE	290. BIGHANDBURKHE OF CENTERIA	-			29c. LICENSE NUI	MBER	7	29d, DATE	SIGNED (Month Day, Must
٥	30. NAME AND ADDRESS OF PERSON WHO C				NDD!	57/	,	- /	114	173
	Robert Vissia	a MD 43	00 N-		les St	B	altin	nora	. (,	40
	IAN 1 9 1995	32. PAGISTRAR'S SIGNATURE	Ц							

PHYSICIAN: The law requires that the death certificate be executed wit. Surs after death certificate be executed wit.	is certificate has been signed by the attending physician and completely mied in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wis.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JAN 1 9 1995

Jan Busher hardell

	1 - FOR STATE OF MARYLAND / DEPAREDISTRAR CERTIFICATION CE	RTMENT OF HEALTH AND FICATE OF DEATH								
	1. DECEDENT'S NAME (First, Middle, Lest) Beulah Smith Frampton	TICATE OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DA Jan. 17.	AY YEA	3. TIME OF DEATH					
стоя	4. SOCIAL SECURITY NUMBER 217-40-1183 5. SEX 1 M 2	MONTHS DAVE MOUND AND	7. DATE OF BIRTH (Month, Day, Year) July 22, 1	0.00	HRTHPLACE (State or Foreign ountry) aryland					
	9a. FACILITY NAME (If not institution, give street and number) Cherrywood Manor RESIDENCE OF DECEDENT	9b. CITY, TOWN OR LOCATION OF D Reisterstown		9c. COUNTY C	of DEATH timore					
DIRECTOR	44. 02.22	TY, TOWN OR LOCATION Reisterstown			10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
FUNERAL	100. STREET AND NUMBER 115 Sacred Heart Lane	10f. ZIP CODE 21136		10g. CITIZEN C	OF WHAT COUNTRY?					
В	11. MARHTAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YES OF IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	(Give kind of life. Do NOT	S USUAL OCCUPATION If work done during most of working use retired.)	166. KIND OF BUS							
TO BE COMP	17. FATHER'S NAME (First, Middle, Last) J. Lake Smith	16. MOTHER'S NA	AME (First, Middle, Maiden S	Surname)	t					
		G ADDRESS (Street and Number or Rural								
	Merrick Frampton 322 Norgulf Rd., Reisterstown, Md. 21136 20a. METHOD OF DISPOSITION 1 [XBurlel 2 Cremetton 3 Removed from State 4 Donation 5 Other (Specify) Date 20b. PLACE AND DATE Of Other (Specify) Date 20c. LOCATION - City or Town, State Cornelery, Crematory of other place) LOTTaine Park Cem. Jan. 20, 1995 Woodlawn, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Eckhardt Fun	ciuty ieral Chape:	1	21117					
	23. PART i. Enter the diseases, or complications that caused the death. Do shock, or hasnt fellure. List only one cause on each line. iMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSCOURCE)	not enter the mode of dying, such	ch as cardisc or respir	atory srrest,	Approximate Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	ing to dea	th.							
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting	Part i. 24a. WAS AN A PERFORM 1 YES 2	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28. PLACE OF DEATH (Ch								
ву РНУ	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TII	Nursing Home 5 Residence ME OF 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED)					
	3 Suicide 6 Could not be 4 Homicide 6 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, building, atc. (Specify)		281. LOCATION (Street an City or Town, State)	nd Number or Run	ral Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) CERTIFVINO PHYSICIAN: To the best of my knowledge, death occur one) MEDICAL EXAMINER: On the best of examination and/or investigation.	red at the time, data and place, and due on, in my opinion, death occured at the	to the cause(a) and mann time, data and place, and	er as stated, due to the caur	se(a) and manner as stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER POLICY NEW TONION OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE)	29c. LICENSE NUM	908	29d. DATE SIGN	SED (Month, Day, Year)					

, HOLE VILKERS the second secon 335F WAR ... entre gebreiber. Complete Limitation of the Complete Com . greben gitti, i. ner um zun michak Talls for the demand the form of the first form

Made of the state of

BALTIMORE, MARYLAND 21215-0020

0	
0	
9	
94	
-	
∞	
9	
×	
BO	
$\mathbf{\circ}$	
m	
Ö	
\sim	
- 0	
Δ.	
ഗ	
-	
Œ	
0	
O	
RECO	
$\mathbf{\mathcal{C}}$	
113	
_	
Œ	
_	
_	
=	
₹	
Z	
TAL	
ITAL	
VITAL	
VITAL	
F VITAL	
F VITAL	
OF VITAL	
OF VITAL	
I OF VITAL	
N OF VITAL	
ON OF VITAL	
ON OF VITAL	
ION OF VITAL	
SION OF VITAL	
ISION OF VITAL	
ISION OF VITAL	
VISION OF VITAL	
IVISION OF VITAL	
DIVISION OF VITAL	
DIVISION OF VITAL	
DIVISION OF VITAL	
DIVISION OF VITAL	
DIVISION OF VITAL	

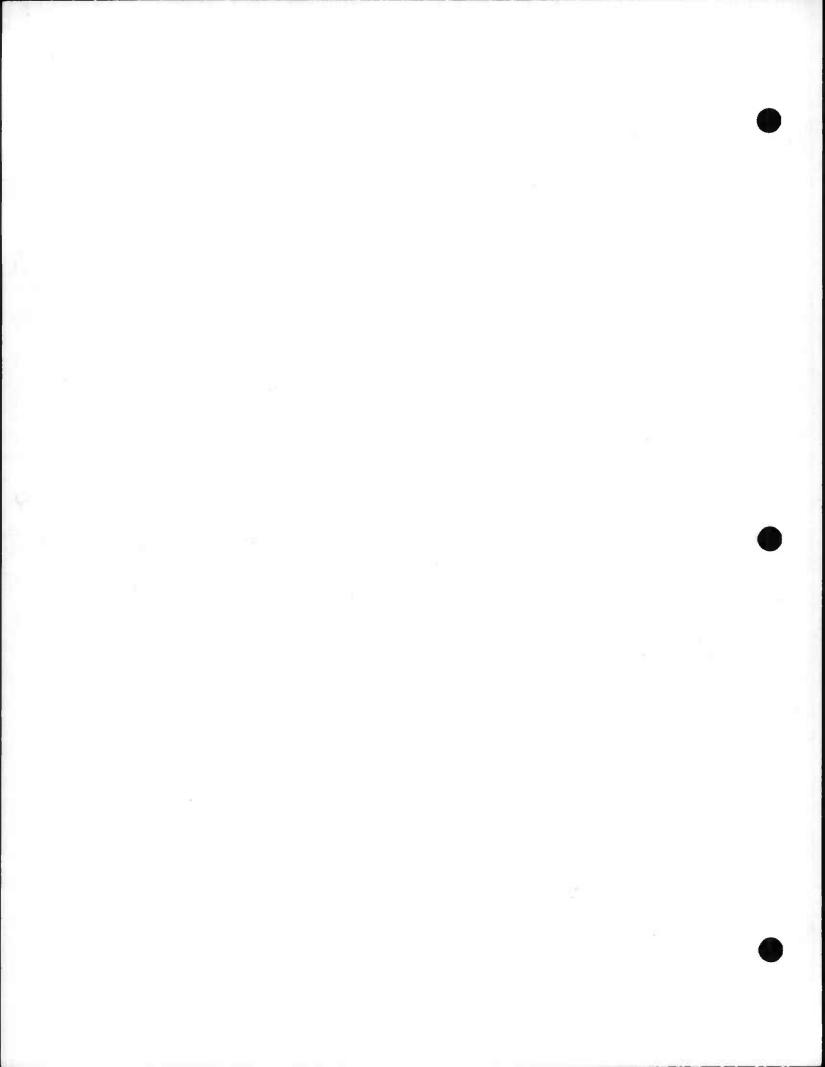
TO THE HORPING PHYSION. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HURETAL DIRECTOR Attails as Death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the with the same best, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANCE II them to be marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	REGISTRAR			CERTIF	ICATE (OF DEA	TH		REG. NO					
3	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME O	F DEATH	
1	DOROTHY	E.	GWY	NN				MONTH		AY 1	YEAR	2.10	70	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 Y	AD EIDIO	ER 24 HRS.	JAN 7. DATE C	13		1995	3:40	te or Foreign	_
	212-20-6155	1 □ M 2 € F		YRS.		YB HOURS		(Month,	Day, Year)		Count	(Yr)		
	[HAI JU, 1917 NOK										TH CA	ROLIN	A	
	an. FACILITY NAME (If not institution, give a					WN OR LOCA		EATH		9c. C0	UNTY OF	PEATH		
0	4420 OLD FREDERI	CK ROAD			BA	LTIMOR	RE			1	N/A			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT										MIA			
H		Y		10c, CIT	, TOWN OR L							10d. INSID	E CITY	
□	MARYLAND				BA	LTIMOR	RE						2 NO	
AL	10e. STREET AND NUMBER					101. ZIP CO	DE			10g. C	TIZEN OF	WHAT COUN	ITRY?	
E	4420 OLD FREDERIC	K ROAD					2122	9			USA			
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	12 446	DECENDENT		-	/Danalda Ma	N				_
E	1 Never Married 2 Married	FORCES? 1	YES 2X	NO	If yo	, specify Cut	en, Mexica	in, Puerto Ri		or No-	Blac	E — America k, White, ato	an Indian, C.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		10	YES 2 X NO	Specify	γ:			Spec			
	15. DECEDENT'S EDU	CATION	140-	DECEDENTIA							BLA	CK		
2	(Specify only highest grade	completed)	- 113	DECEDENT'S (Give kind of w	rork done durin	MITON most of work	ing	186.	KIND OF BU	SINESS/II	NDUSTRY			
۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5 d	-)	life. Do NOT us										
M	5th GRADE			CUST	DIAN				OFFI	CE	BUIL	DINGS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MO	THER'S NA	ME (First, M	ddle, Maiden	Sumame))			
BE	WILLIAM H.	GWYNN				AH	RLEY			WILI	IS			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	eet and Numb	or or Rural I	Route Numbe	r, City or Tow	n. State. 2	Zio Code)			_
2	FOREST GWYNN			2736 V								1216		
	20a, METHOD OF DISPOSITION		205 01 40	EANDDATEC					20c. LO					_
	1 XBurial 2 Cremation 3 Ram	oval from State	nometer:										12.	
	4 Donation TO Other (Specify)		- KING	MEMOI				-18-9	5 WOC	DLA	νN, M	ARYLA	ND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				E AND ADDR			17773	TE O A T	HOM	E D A		
	I I IXO LA	NO.	18m			ЕРН Н								
	23. PART I. Enter the diseases, pr	complications the	coursed the	donth. Do n	1 191	5 W. J	SALII	MORE	51.,	BALI	LIMOR		.2122	3
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	on each II	ne.								Inter	rval Betwee et and Dea	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF): d													
	PART il. Other algnificent condition	a contributing to	deeth but no	t reaulting is	n the under	ying cause	given in	Part I.	24s. WAS AN	AUTOPS	7 246	WERE AUTO	OPSY FINDING	S
EDICAL									PERFOR	RMED?		AWAILABLE		
								- 1	1 TYES 2	NO		OF DEATH?		
Σ	7/7 707 407 407 407				-							1 YES	2 🗌 NO	
S	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DE	ATH YE	S IN NO	UN	CERTAIN	N 🗆						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL	ACE OF DEAT	,	one)								
S	1 TYES 2 NO	1 Inpetient 2	ER/Outpatient	3 DOA	OTHER: 4 Nursing	Home 5 F	lasidence	a 🗆 Other	(Specify)					
PHYSICIAN	27. MANNER OF DEATH	26e. DATE OF		28b, TIME	OF 260	INJURY AT			RIBE HOW I	NJURY O	CCURED			\dashv
	1 Natural 5 Pending	(Month, Di	ly, Year)	INJU		WORK?	□ NO							
BY	2 Accident Investigation	28a PLACE O	F INJURY — At	home form										4
8	3 Suicide 6 Could not be 4 Hpmicide determined	bullding,	etc. (Specify)	nome, rarm, s	reet, ractory,	MTICE	- 1	City or	TON (Street I Town, State)	and Numb	er or Rural I	Route Numbe	r,	
8	(Check only	CIAN: To the best of	my knowledge,	daath occurre	d at the time.	data and plac	e, and due	to the caus	e(a) and mer	oner es el	ated	_		
3		R: On the beals of ex										and menn	or on stated	
31	17.5				,				rio piecei, air	0 000 10	tile canada	y and menn	er ne stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1	1			29c. LIC	ENSE NUM	ABER		29d. DA	TE SIGNED	(Month, Day	(Year)	
0	AN	un	W)	EM 27) (Type,		10	200	40			111	P/95		
F	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)		/	41		1.		4		
	./	Cugas	40	2013	11/00	hus	for 1	RUD	Ka	eto	MA	21	271	
		- ' /	-/-		40 7		-				, - , - (-	- 10	- 1
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S CANATURE	,										
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S CENATURE											\exists



O	certifi	:
ري ص	death	
ä	the	
O.B.	that	
DINSION OF VITAL RECORDS, P.O.	requires	
	A.F	,
≤	E e	
>	IAN:	
70	PHYSIC	
1 8	DING	
JH 3	ATTEN	O COMMO
10	S.	
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification	the statement described as
	뿔	-

Company of the Company

		1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH	TN .
		A G N E S G O E T Z 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY 6. BIRTYPLACE (State or FC	M
P		213-05-1081 1 M 2 XX 84 YRS. MONTHS DAYS HOURS MIN. DECEMBER 0, 1910 Country) POLAND	эгөндгі
2, 3 should	OR	90. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH	_
-	ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY	
permit. Pages	DIRECTOR	MD BALTIMORE CITY 1XX ves 2 -	
. isi	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21230 U.S.A.	
020 physician. burial-transit	ND.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No	en,
-AND 21215-0020 the hospital or attending physician detached for use as the burlat-tran	ВУ	1 Never Merried 2 Merried FORCES? 1 YES 2VNO If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) Wildowed 4 Divorced If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2XNO Specify: WHITE	
1215	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.) 16b. KIND OF BUSINESS/INDUSTRY	
VD 2 ospital o	COMPLETED	6TH College (1-4 or 5 +) SEAMSTRESS	
8 2 Z	ш	17. FATHER'S NAME (First, Middle, Lest) FRANK KUNKOSKI 18. MOTHER'S NAME (First, Middle, Malden Surreme) HELEN SIKORSKI	
MARYI retained by 5 should be notified at	TO B	196. INFORMANT'S NAME (Type/Print) RAYMOND GOETZ 198. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 8811 LAKEWOOD ROAD, BALTIMORE, MARYLAND 21234	
RE, may be		20e, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION / Name of DATE 20c, LOCATION — City or Town, State	
MORI ge 6 may lirector, p		4 Donation 5 Other (Specify) HOLY CROSS CEMETERY 1/20/95 BALTIMORE CITY	
BALTIMORE, I after death. Page 6 may be howed. I word. call examiner must be real examiner must be re-		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC. 21.270	
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory streat, Approximately and the diseases, or complications are considered as a second stream of the diseases.	ats
B o E		shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition	
760 and within 24 completely fills is cremation, event, the		DUE TO (OR AS A CONSEQUENCE OF):	lear
68760 executed with and complet o burlal, cren	8	Sequentially list conditions, b. Hyperfer 5100	ess
O. BOX 68: ertificate be execute ng physician and cr giene prior to buria	CATI	If sity, leading to immediate cause. Enter UNDERLYING	
. 0 8 4	RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	
RDS, P at the death by the atten and Mental H	CE	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS ANAUTOPSY 24b. WERE AUTOPSY FI	
A B A B X	SICAL	Coronary Artery develope develope Completion of C	TO
A Sign	MEDI	1 YES 2 N	NO
		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES WO UNCERTAIN 28. PLACE OF DEATH (Check only one)	
F 2 8 5	SICIAN:	28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA A Warsing Nome 5 Residence 8 Other (Specify)	
PHYSICIAN: this certifical with the St.	РНҮ	27. MANNER OF DEATH 288. DATE OF INJURY (Morth Day Year) 286. TIME OF 18. UNDER AT 286. DESCRIBE NOW INJURY OCCURED	
ODING PHYS After this death with	B	1 Metures 5 Pending 2 Accident Investigation 2 Pending M 1 YES 2 ND	
2 # 3 E	ETED	4 Homicide detarmined City or Town, State)	
3 10 -	OMPL	29e, CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner se at	tated.
TO THE HOSPITA TO THE FUNERA De filed within 72 IMPORTANT: II	BE G	296. SIGNATURE AND TITLE OF CERRIFIER 29d. DATE SIGNED (Month, Day, Veal)	
₽₽₩.	2	50. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
l		SOEL MESHUMAM . 1142 , 9 HANOVER ST BALT NO 21230	

- 8	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,	MITTIE		Wilk		Gree			2. DATE O	REG. NO	AY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1			R 24 HRS.	7. DATE C				ACE (State or Foreign
74	212-46-5422	1 □ M 2 □XF	4	7 YRS.	MONTHS	DAYS	HOURS	MIN.		19-4	7	Country)	MD
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCAT	ION OF DE	EATH		9c. COU	NTY OF DEA	тн
ECTOR	MERIDIAN NURSING CENTER BALTIMORE											11.33	
E .	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	LOCATI	ION					-10	Dd. INSIDE CITY				
DIR	MD BALTIMORE										1	LIMITS?	
10s. STREET AND NUMBER 10f. ZIP CODE										10g. CITI		AT COUNTRY?	
&	140 N. CULVER	RST						2122	9			U.S.	A
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		H	yes, spe	city Cub		n, Puerto R	(Specify Yelican, etc.)	n or No—	14. RACE - Black, 1 Specify: BIA	
3	15. DECEDENT'S ED (Specify only highest grad		(G	ECEDENT'S Silve kind of v	vork done d	CUPATIO	N et of work	ina	16b.	KIND OF BU	SINESS/tNC	DUSTRY	
9	Elementary/Secondar (0-12)	College (1-4 or 5	life	NURS	e retired.)	anny mod			ME	TATA	AM N	IIIRST	NG CENTE
COMPL				NOKO	15							OKDI	NO CENTE
	17. FATHER'S NAME (First, Middle, Last) KLUTTZ	WILK	S					LORE		iddie, Maiden		STTO	М
	19a. INFORMANT'S NAME (Type/Print)	4111		b. MAIL ING	ADDRESS	(Street or				er, City or Tov			
2	FLORENCE WILE	KS		539						RE,		21215	
	20s. METHOD OF DISPOSITION		20b. PLACE				(Name		DATE	20c. LC	OCATION —	City or Town	n, State
	1y□ Buriel 2 □ Cremation 3 □ Red 4 □ Donation 5 □ Other (Specify)	movel from State	of cemetary DRUI				METI	ERY	1/1	8 PI	KESV	ILLE	, MD.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE DRUID RIDGE CEMETERY 1/18 PIKESVILLE, 22. NAME AND ADDRESS OF FACILITY BETTS FUNERAL H											HOME		
	William (1000 1129 N. CAROLINE ST. BALTO, MD21213												
	23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.												
	ahock, pr heart failure iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. So	se on each line	·.					T	-00-00 OSH			Interval Between Onset and Death
QUE TO (OR AS A CONSEQUENCE OF):													
EHILICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
CERIT	that initiated events resulting in death) LAST	d	(bit Ab A dollac]				
1	PART II. Other significant condition	ens contributing to	death out not	posulting	in the un	derlying	ceuse	given in	Part I.	24a. WAS AI PERFO			VERE AUTOPSY FINDINGS
	Diguet	ex //	ellà	TIA					_	1 TES			OMPLETION OF CAUSE OF DEATH?
	Malnat	ration							_				☐ YES 2 ☐ NO
												4	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHER		ACE OF	DEATH (Ch	heck only on	9)			
	1 TYES 2 NO	1 Inputient 2		-	4 Nurs	ing Hom		Rasidence	6 🗆 Other				
	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation		Pay, Year)		M	1 🗆 1	RK7 /ES 2	□ NO	28d. DE\$	CRIBE HOW	INJURY OC	CURED	194
	3 Suicide 8 Could not b	28e. PLACE C building,	OF INJURY — At he etc. (Specify)	ome, farm,	street, facto	ory, office			281. LOCA City o	ATION (Street or Town, State	and Numbe	or or Rural Roo	rte Number,
i i	20a CEPTIFIED											ded	
	(Check only												
	(Check only					pinion, d	eath occ	ured at the	time, deta				and manner as stated.
DE COMPLEIE	(Check only	NER: On the basin of a				pinion, d		CENSE NUI				he cause(a)	Month, Day, Year)
DE COMPLETE	(Check only one) 2 MEDICAL EXAMI	NER: On the basin of a	examination and/or	// Investigation	on, in my o	pinion, d			MBER 4	and plece, a	29d, DAT	re Signep (Month, Day, Year)
TO BE COMPLETER	(Check only 1 DERTIFYING PHY One) 2 MEDICAL EXAMI	VHO SOME ETED CAU	examination and/or	Investigation (N) (Type 715	on, in my o	DLF			MBER 4	and plece, a	29d, DAT	re Signep (



DAN LEISSE JAG. Resentable

REG. NO.

MARYLAND 21215-0020 BALTIMORE. 1 - STATE REGISTRAR

_	J
	ь
0	
75	
6876	
=	
90	
Ф	
BOX	
\sim	
O	
===	
ш	
	-
o.	
v	
ď.	
ч.	
-	
CORDS	
~	
ч	
œ	
=	
u	
0	
~	
ш	
HE	
ᆜ	
VITAI	
~	
ь.	
-	
>	-3
	- 1
9	31
\circ	
~	7
7	
-	-
0	2
=	9
(N)	
~	
>	
=	
DIVISION	÷
w	
	1
	6

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR GARLAND ROBERT SR. January 1995 12:35 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 1 - 9 - 21 a. BIRTHPLACE (State or Foreign 74 YRS. HOURS 1 XM 2 | F Ñ.C. 223-20-3342 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 10a. STATE 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY MD BALTIMORE CITY 14 YES 2 NO permit 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2715 E. FEDERAL STREET 21213 hospital or attanding physician. ached for use as the burial-transit U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ho-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Il yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 HO Specify: BY Spec/fy: BLACK 3 X Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) (Specify only Against (Specify only Against Elementary/Secondar (0-12) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5 +) LABORER the hospital detached BETHLEHEM STEEL CORP. once. 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ē 2 Ħ JOSEPH STEWARD GARLAND ZELL BE partition should notified THE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s ROBERT GARLAND, JR. 2715 E. FEDERAL ST. BALTIMORE, MD 21213 Page 6 may be 2 20s. METHOD OF DISPOSITION
3€3@Guriel 2 □ Cremation 3 □ Res 20b, PLACE AHD DATE OF DISPOSITION (Name of DATE 20c. LOCATIOH -- City or Town, State must director, Donation 5 Other (Specify) BALTIMORE CEMETERY BALTIMORE, MARYLAND 22. NAME AND ADDRESS OF FACILITY
BETTS FUNERAL HOME 21. SIGNATORE OF PUNERAL SERVICE LICENSEE examiner death 1129 N. CAROLINE ST BALTO, MD21213 filled in by the è medical 23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. interval Between ä IMMEDIATE CAUSE (Final Onset and Death 報 disease or condition resulting in death) A crete Myo corded Inforder JE TO (OR AS A CONSEQUENCE OF): Perhisula, Pachy cardia 28 to a 4da completely event. 易 DUE TO (OR AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION gue Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events gribrath resulting in death) LAST 10 田田 injury. 2 2 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Hyproxemic come shows any 1 TYES 2 -NO men 1 ☐ YES 2 ☐ HO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO I UNCERTAIN I has b PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1. YES 2 70 npatient 2 - ER/Outpatient 3 - DOA 1 6 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 10 marked. 1 Amburat 5 Pending 1 YES 2 NO BY After Investigation 2 Accident 28s. PLACE OF INJURY — At home, larm, streel, lactory, offica building, atc. (Specify) 3 Suittide 26I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 48 6 Could not be determined COMPLETED DIRECTOR 4 | Homicide 58 50 hem 29a. CERTIFIER
(Chack only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. FUNERAL WITHIN 72 H TANT: IT I TO THE HOSPITATION TO THE FUNERA TO THE FINE AND TO THE MITTER TABLE TO THE TOTAL T 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGHED (Month, Day, Year) D16189 pry ballar MD 1-18-92 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PA 6565 N. Charles St. Suite 615 Towson Md 21204 JAN 1 9 1995 Julia d'Audion Radall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

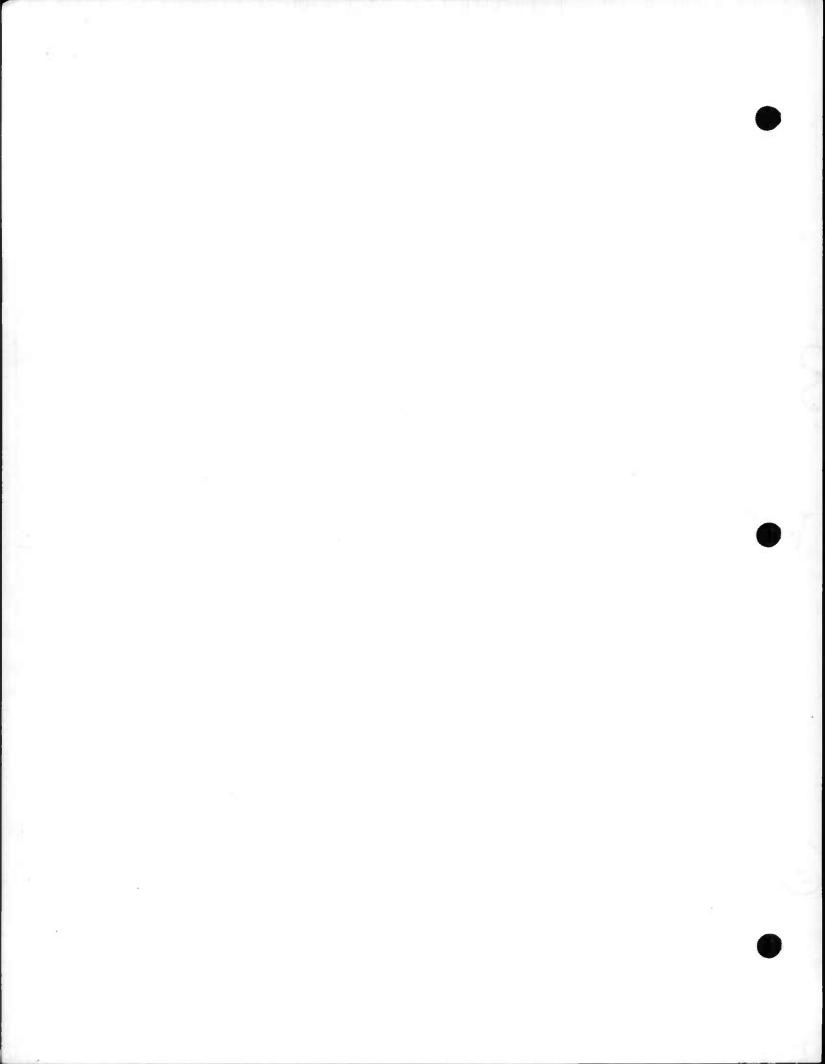
CERTIFICATE OF DEATH

(
- 4 - 1

	DIVISION OF VITAL BECODES DO BOX 59759
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HE	
CERTIFICATE OF I	DEATH REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle,	Lest)		71112 01	DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	CARLEAN	E.	HALL			JAN. 14	1995	7:30 A. M		
	4. SOCIAL SECURITY NUMBER		_	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign		
3	219~30~0655 9a. FACILITY NAME (If not Institution,	1 M 2 F	/ / YRS.	DAYS	HOURS MIN.	FEB. 14,	1917 MAR	YLAND		
DIRECTOR	NORTH ARUNDEL	HOSPITAL		GLEN	BURNIE	CAIN	9c. COUNTY OF			
3	10e. STATE 10b. C	OUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
	MARYLAND	ARUNDEL		GLEN	BURNIE			LIMITS?		
FUNERAL	10e. STREET AND NUMSER			10f	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
盟	7859 QUARTERFI				21144		USA.			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Ya an, Puerto Rican, atc.)	a or No- 14. RAI	CE — American Indian, ck, White, atc.		
B	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR		1 TYES	2 NO Speci	ly:	Spe	offy:		
	15. DECEDENT'S	S EDUCATION	16a. DECEDENT'S US	HAL OCCUPATIO	M	Last Main on an		ACK		
	(Specify only highest Elementary/Secondary (0-12)	grade completed)	(Give kind of wor	k done during mo:	st of working	168. KIND OF SU	ISINESS/INDUSTRY			
2	8th GRADE	College (1-4 or 5+)	. 565	AKER		OWN	HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, La	st)			18. MOTHER'S NA	AME (First, Middle, Melden				
BEO	MARION	V. WALLACE			MARY	Ε.		LLIAMS		
	19a. INFORMANT'S NAME (Type/Print))	19b. MAILING AI	ODRESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code)			
임	LEVENIA (GAITHER	7859 Qt	JARTERF	IELD ROA	D, SEVERN,	MARYLAN	ID 21144		
- 1	20g METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 C	Bernowd from State	b. PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LC	CATION - City or	Town, State		
- 1	4 Donation 5 D Other (Specify)	E	ALTIMORE 1	VATIONA	L CEMETE	RY 1-19-95	BALTIMO	RE, MD.		
	Commetter, Cremetter,									
	Dud	O Hillam	Sh.					RE, MD.21223		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	at in	As	Thotie		Approximata interval Between Onset and Death		
N: MEDICAL	PART II. Other significant copy Leville and Dr. Where Tell DID TOBACCO USE CO	Chronic	Wer to	al c	Cause given in	PERFORMED? 1 YES 2 2-40 AMAILABLE PRIOR T COMMETTON OF CI OF DEATH? 1 YES 2 N				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?		26. PLACE OF DEATH							
2	1 TES 2 NO	HOSPITAL: 1 inpetient 2 in ER/Out		THER: Nursing Home	5 - Residence	8 Other (Specify)				
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU		28d. DESCRISE HOW I	NJURY OCCURED			
Z	1 Natural 5 Pending 2 Accident Investiga	rtion			ES 2 NO					
3	3 Suicide 8 Could no 4 Homicide determin	building, atc. (Soe	Y — At home, ferm, stre	et, factory, office	office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		PHYSICIAN: To the best of my know						s) and menner se stated.		
- 11	200. BIGHATHER AND TITLE OF CER				29c. LICENSE NUI			D (Month, Day, Year)		
#	1/ Kson	Dy Le			1/51	144	▶ ///			
2	MAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)	(1))		-//	3/ ()		
	JAN 1 9 1995	Julia a hudson ha	NATURE	<u>-</u>						



PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

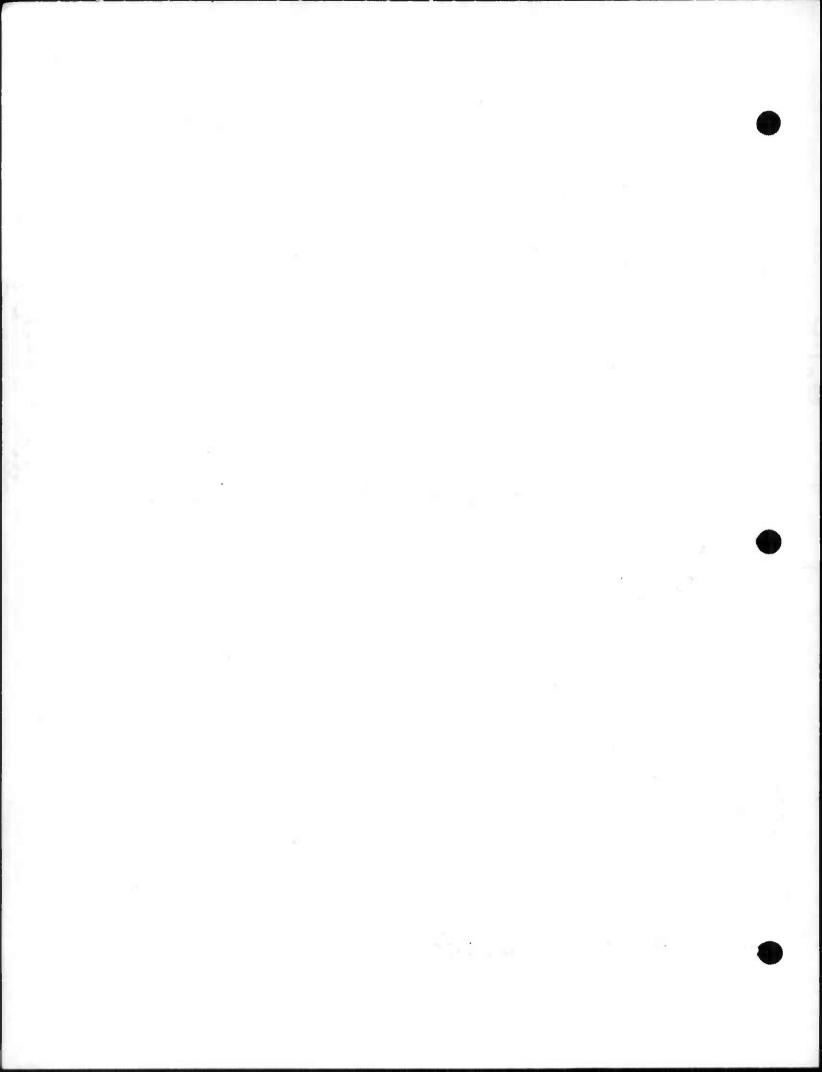
Exercificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Degy, or feath and Marial Hyghen for to burial certainton, or femoral. BALTIMORE, MARYLAND 21215-0020

ORDS, P.O. BOX 68760

	S	-
	æ	1
	AL	
	E	-
	Ē	10010
	0	١
i	6	-
	Š	7
l	ž	à

AL D	1
MER	1
里里	Start or
2	No. 9
	TO THE FUNERAL D

	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND I	MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Lest) KATHLEEN HUGHES				2. DATE OF DEATH MONTH JANUARY 18		3. TIME OF DEATH 3:35PM M			
	212-42-1023 1 D M 2 🖄 🛊	(in yrs. lest birthday) 52 yrs.	7. DATE OF BIRTH (Month, Day, Year) NOVEMBER 29	8.	BIRTHPLACE (State or Foreign Country) MARYLAND					
TOR	9a. FACILITY NAME (# not institution, give street and number) 1429 ANDRE STREET RESIDENCE OF DECEMENT	АТН	9c. COUNTY	OF DEATH						
DIRECTOR	MD BALTIMORE		TIMORE COU				10d. INSIDE CITY LIMITS? 1 YES 2 WHO			
FUNERAL	100. STREET AND NUMBER 11 DUNKIRK ROAD			21212			USA			
COMPLETED BY FUN	11. MARITAL STATUS Marital Status 12. WAS DECEDENT EVER II FORCES? 1 YES 15. Widowed 4 Divorced 17. Widowed 1 Divorced 17. Widowed 1 Divorced 18. Widowed 1 Di	2XX NO	It yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 XXNO Specify	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of w life, Do NOT us		ON st of working	16b. KIND OF BU	ISINESS/INDUST	TRY			
MP G	12+ 5+	ADMI	VISTRATOR			STMENT CO	MPANY			
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maider	Sumame)				
	JOHN M. HUGHES 19a. INFORMANT'S NAME (Type/Print)	105 MAILING	ADDRESS (O		LARDNER Boute Number, City or Tox					
TO TO	EILEEN ROLKA	1429 Ar	VDRE STREE	T, BALTIMO	RE MD 21230					
	20e. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other piece) NEW CATHEDRAL CEMETERY, JANUARY, 21 1995 MARY LAND									
TO BE	21. SIGNATURE AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC. 1501 E. FORT AVENUE, BALTIMORE, MD 21230									
אבשר, ווופ ווופתוכש	23. PART I. Enter the diseases, or complications that causes abook, or heart failure. List only one cause on e IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A	melai CONSEQUENCE OF	ot enter tha mo	de of dylng, such	an cardine or resp	iratory arrest,	Approximate Interval Between Onaet and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.									
MEDICAL (PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH!									
ME	DID TOPACCO LISE CONTRIBUTE TO CALISE O	E DEATH VE		Lucianno			1 TYES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE O	26. PLACE OF DEAT		UNCERTAIN	1 🗆					
SIC	EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/Outp		OTHER:	5 Désidence						
H	27. MANNER OF OEATH 280. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	26d. DE\$CRIBE HOW	INJURY OCCUR	EO			
BY F	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJU	M 1 1	RK? 'ES 2 NO						
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY building, stc. (Special Country of the country of the	— At home, ferm, a	treet, tectory, office		281. LOCATION (Street City or Town, State	and Number or R	tural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination						use(a) and manner as stated.			
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER Leborah K. Um	thon		P 36	986	Jan	GNED (Morith, Day, Year) 19 1995			
-	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DE	1 043	Print)	volfe	St	Bal	+ 21286 HM			
	31. DATE FILED (Month, Day, Year) 1AN 1 9 1995 July Stavelson Revo	ATURE		VI		The City	1.13			



BALTIMORE, MARYLAND 21215-0020

DINSIGN OF VITAL RECORDS, P.O. BOX 68760,

TO THE PUREAL DIRECTOR. After this certificate has been stigned by the attending physician. TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Defit. of Health and Menial Hygiene prior to burial, cremation, or removal. MPORTANT: If item, 28 is marked, or Item, 23 shows any Infury, or other traumatic event, the medical examiner must he motified at nace.	
--	--

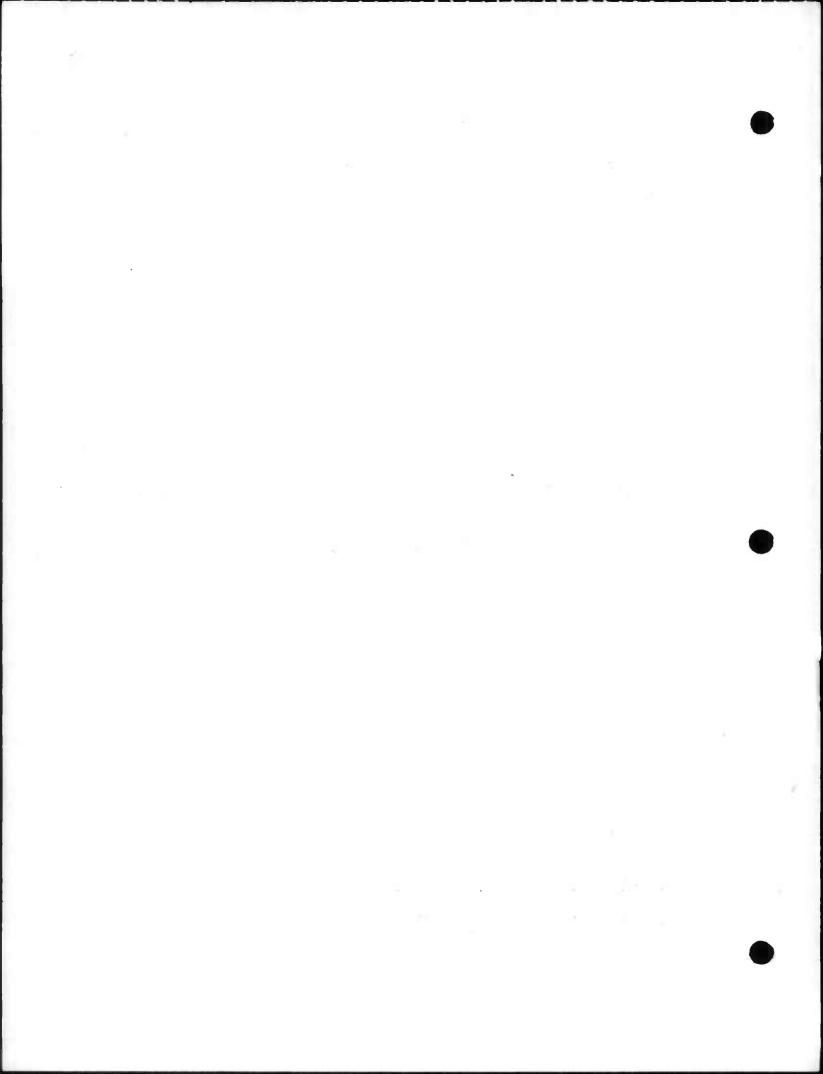
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFIC	CATE OF	DEATH		REG. NO).			
	1. DECEDENT'S NAME (First, Middle, List)				-		2. DATE	OF DEATH			3. TIME OF DE	EATH
	CHEDIANIA			77 4 7 7			MONT		XAY	YEAR		
	SERENA 4. SOCIAL SECURITY NUMBER	5. SEX		_HAI,I				UARY	6,]	995		
			6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH		8. BIRTH Count	IPLACE (State or	Foreign
	212-36-5925	1 🗆 M 2 🖄 F	90	YRS.	24.10	I I I I I I I I I I I I I I I I I I I	09	03	04		n Carol	ina
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH			NTY OF D		
Œ	Maryland Conors	1 Hooni	t o 1		D.o.		Cit					
6	Maryland Genera	il nosbi	Lai		Da.	Ltimore	CIL	. y				
DIRECTOR	10e, STATE 10b, COUNTY	Y	-	10c. CITY	TOWN OR LOCA	TION					10d, INSIDE C	774
<u>«</u>	Mouriland										LIMITS?	
	Maryland -				Balti	imore C	ıty				XXYES 2	_ NO
BY FUNERAL	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY	7
6	Saint James Ar	partment	S		_	212	17			USA	A	
3	11. MARITAL STATUS	12. WAS DECEDENT		MED	13 WAS DE	CENDENT OF HISPA	MIC ODICI	March W	a as Ma			
正	1 Never Married 2 Married	FORCES? 1	YES 2X		If yes, sp	ecify Cuban, Maxic	an, Puerto	Rican, etc.)	a or No-	Black	— American Ir k, Whita, atc.	idlan,
≥	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WA	R OR DATES		1 TYES	2 NO Speci	ity:			Spec	ffy:	
		<u> </u>									Blac	k
핃	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			SUAL OCCUPATION No.		16b	. KIND OF BU	ISINESS/INI	DUSTRY		
ш	Elementary/Secondary (0-12)	College (1-4 or 5 +)	- 656	. Do NOT use	retired.)	or or morning	- 1					
<u>a</u>	6			Dom	estic	Worker		Pr	ivat	e Ho	mes	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			2011	00010	18. MOTHER'S N				- 110	7 III C D	
												- 1
BE	John R. Persor	1				Mary						
0	19a. INFORMANT'S NAME (Type/Print)		19:	b. MAILING A	DDRESS (Street	and Number or Rural	Floute Num	ber, City or Tov	vn, State, Zij	Code)		Apt.
F	Essie L. Person		7	717 D	ruid)	Park La	ke D	r Re	Itimo	ne MI		1112
1	20e. METHOD OF DISPOSITION		20h DI ACE	ANDDATEOR	DISPOSITION (N	CALK Da		E 20c. LC				1112
	XX Burial 2 Cremation 3 Rem	oval from Stata	cemetery, cre	malory or othe	place)	ery 01	/1 0 /	E 20c. LC	CATION —	City or To	wn, State	
- 1	4 Donation 5 Other (Specify)		MC. Z	lion	Cemete	ery or	1121	9 P	ansa	own,	MD	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	OA A				ND ADDRESS OF F						
- 1	Br. P. dehrold	10/h				y Fune						
_	SITCITY VA	160			108	W. Nor	th A	ve.	Bal	to,	MD 21	201
	23. PART i. Enter the diseases, or o	complications that	caused tha de	ath. Do no	t antar the mo	da of dying, aud	ch aa card	diac or reap	iratory an	reat,	Approxi	
II.	ahock, or heart failure.	LIST Only one cause										
												Between
	iMMEDIATE CAUSE (Final disease or condition										Onset a	Between nd Daath
İ	disease or condition	. CARDIC	-PULM	ONAR:		ST WITH	H PU	LSES	ELEC	CTRI	Onset a	
İ	disease or condition			ONAR:		ST WITH	H PU				Onset a	
Z	disease or condition reaulting in death)		-PULM	ONAR:		ST WITH	H PU		ELEC ACTI		Onset a	
NOL	disease or condition resulting in death) Sequentially list conditions,	DUE TO (O	-PULM	ONARY		ST WITH	H PU				Onset a	
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O) – PULM DATAS A CONSEC	ONARY		ST WITH	H PU				Onset a	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (0) — P ULM DATAS A CONSEC DR AS A CONSEC	ONARS		ST WITH	H PU				Onset a	
ITIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that inkitated events	DUE TO (0) – PULM DATAS A CONSEC	ONARS		ST WITH	H PU				Onset a	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (0) — P ULM DATAS A CONSEC DR AS A CONSEC	ONARS		ST WITH	H PU				Onset a	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (C) DUE TO (C) DUE TO (C)) — PULM OF AS A CONSECUTION AS A CONSEC	ONARY QUENCE OF):					ACTI	VIT	CAL Y	nd Daath
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that inkitated events	DUE TO (C) DUE TO (C) DUE TO (C)) — PULM OF AS A CONSECUTION AS A CONSEC	ONARY QUENCE OF):					ACT I	VIT	CAL Y	nd Daath
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (C) DUE TO (C) DUE TO (C)) — PULM OF AS A CONSECUTION AS A CONSEC	ONARY QUENCE OF):				24s. WAS AN PERFO	ACT I	VIT	Onset a CAL Y WERE AUTOPSY AMAILABLE PRICOMPLETION O	nd Daath
EDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (C) DUE TO (C) DUE TO (C)) — PULM OF AS A CONSECUTION AS A CONSEC	ONARY QUENCE OF):				24a. WAS AN	ACT I	VIT	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS AR TO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (C) DUE TO (C) DUE TO (C) d. a contributing to de	DR AS A CONSECUTION AS	ONARY QUENCE OF): DUENCE OF): Casulting in	the underlyin	g cause given in) Part I,	24s. WAS AN PERFO	ACT I	VIT	Onset a CAL Y WERE AUTOPSY AMAILABLE PRICOMPLETION O	FINDINGS AR TO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition	DUE TO (C) DUE TO (C) DUE TO (C) d. a contributing to de	DR AS A CONSECUTION AS	ONARY QUENCE OF): DUENCE OF): Casulting in	the underlyin	g cause given in) Part I,	24s. WAS AN PERFO	ACT I	VIT	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS AR TO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTE	DUE TO (O DUE TO (O DUE TO (O d. RIBUTE TO CAU	DR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSEC	ONARY DUENCE OF): DUENCE OF): Resulting in	the underlyin	g cause given in) Part I,	24s. WAS AN PERFO	ACT I	VIT	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS AR TO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition	DUE TO (O DUE TO (O DUE TO (O A C DUE TO (O DUE TO (O DUE TO (O DUE TO (O	DR AS A CONSECUTION OF THE PROPERTY OF THE PRO	ONARY QUENCE OF: DUENCE OF: DUENCE OF: THE YES THE YES THE OF DEATH	the underlyin NO [(Check only one)	g cause given in	n Part i.	24a. WAS AN PERFO	ACT I	VIT	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS AR TO
MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR	DUE TO (O DUE TO (O DUE TO (O DUE TO (O A B Contributing to de RIBUTE TO CAU HOSPITAL: 1 □ Inpetient 2 [Xe	DR AS A CONSECUTION OF THE PROPERTY OF THE PRO	ONARY QUENCE OF: DUENCE OF: THE YES THE YES THE ODDA THE	the underlyin NO (Check only one) THER: Nursing Hom	g cause given in UNCERTA!	Part i.	24a. WAS AN PERFO	ACT I	LVIT 24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS AR TO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	DUE TO (O DUE TO (O DUE TO (O A C DUE TO (O DUE TO (O DUE TO (O DUE TO (O	DR AS A CONSECUTION OF THE PROPERTY OF THE PRO	ONARY QUENCE OF: DUENCE OF: DUENCE OF: THE YES THE YES THE OF DEATH	the underlyin NO [(Check only one) OTHER: Nursing Hom OF 28c. INJ.	g cause given in UNCERTA! BY S Pealdenca	Part i.	24a. WAS AN PERFO	ACT I	LVIT 24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS AR TO
PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 \(\square\$ NO	DUE TO (O DUE TO (O	DR AS A CONSECUTION OF AS	ONARY QUENCE OF): DUENCE OF): Casulting in TH YES DE OF DEATH DOA 280. TIME INJUI	the underlyin NO (Check only one) OTHER: Nursing Hom OF 28c. INJ. YV M 1	g cause given in UNCERTAI 10 5 Realdenca 10 10 17 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Part i.	24a. WAS AN PERFO	ACT I	LVIT 24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS AR TO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF): DUENCE OF): Casulting in TH YES DE OF DEATH DOA 280. TIME INJUI	the underlyin NO (Check only one) OTHER: Nursing Hom OF 28c. INJ. YV M 1	g cause given in UNCERTAI 10 5 Realdenca 10 10 17 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	8 Othe	24a. WAS AN PERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS AR TO
BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF): DUENCE OF): Casulting in TH YES DE OF DEATH DOA 280. TIME INJUI	the underlyin NO (Check only one) OTHER: Nursing Hom OF 28c. INJ. YV M 1	g cause given in UNCERTAI 10 5 Realdenca 10 10 17 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	8 Othe	24a. WAS AN PERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS AR TO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (O DUE TO (O	DR AS A CONSECUTION OF AS	ONARY QUENCE OF: DUENC	the underlyin Check only one) THER: Nursing Horr OF 28c. IN. WC Y M 1	g cause given in UNCERTAI LE 5 Realdenca URRY AT YES 2 NO a	8 Othe 28d. DES	24a. WAS APPERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS AR TO
BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF: DUENC	the underlyin NO (Check only one) THER: Nursing Horr 28c. IN. WC Y 1 eet, factory, office	g cause given in UNCERTAI Le 5 Realdenca URRY AT PES 2 NO a and place, and due	8 Othe 28d. DES	24a. WAS APPERFO	ACT I	24b.	WERE AUTOPSY AMAILABLE PRIK COMPLETION O OF DEATH?	FINDINGS OF TO
BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF: DUENC	the underlyin NO (Check only one) THER: Nursing Horr 28c. IN. WC Y 1 eet, factory, office	g cause given in UNCERTAI Le 5 Realdenca URRY AT PES 2 NO a and place, and due	8 Othe 28d. DES	24a. WAS APPERFO	ACT I	24b.	WERE AUTOPSY AMAILABLE PRIK COMPLETION O OF DEATH?	FINDINGS OF TO
COMPLETED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF: DUENC	the underlyin NO (Check only one) THER: Nursing Horr 28c. IN. WC Y 1 eet, factory, office	G cause given in UNCERTAL BE 5 Residence URY AT PKS 2 NO a and place, and due lesth occured at the	8 Other 28d. DES	24a. WAS APPERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS OF TO F CAUSE
BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF: DUENC	the underlyin NO (Check only one) THER: Nursing Horr 28c. IN. WC Y 1 eet, factory, office	g cause given in UNCERTAI Le 5 Realdenca URRY AT PES 2 NO a and place, and due	8 Other 28d. DES	24a. WAS APPERFO	ACT I	24b.	WERE AUTOPSY AMAILABLE PRIK COMPLETION O OF DEATH?	FINDINGS OF TO F CAUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTINE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF): DUENCE OF):	the underlyin Check only one) THER: Nursing Horr OF RY M 1 1 1 at the time, date In my opinion, o	G cause given in UNCERTAL BE 5 Residence URY AT PKS 2 NO a and place, and due lesth occured at the	8 Other 28d. DES	24a. WAS APPERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS OF TO F CAUSE
COMPLETED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF): DUENCE OF):	The underlyin NO	g cause given in UNCERTAI BE 5 Residenca URY AT OFFICE POPULATION a and place, and due seth occured at the 29c. LICENSE NU 8918	8 Other 28d. DES 28f. LOC City et of the cause time, data	24a. WAS APPERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS OF TO F CAUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF): DUENCE OF):	The underlyin NO	g cause given in UNCERTAI BE 5 Residenca URY AT OFFICE POPULATION a and place, and due seth occured at the 29c. LICENSE NU 8918	8 Other 28d. DES 28f. LOC City et of the cause time, data	24a. WAS APPERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS OF TO F CAUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHE	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF): DUENCE OF):	The underlyin NO	g cause given in UNCERTAI BE 5 Residenca URY AT OFFICE POPULATION a and place, and due seth occured at the 29c. LICENSE NU 8918	8 Other 28d. DES 28f. LOC City et of the cause time, data	24a. WAS APPERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS OF TO F CAUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O DUE TO (O	DR AS A CONSECTION OF AS A CONSE	ONARY QUENCE OF): DUENCE OF):	The underlyin NO	g cause given in UNCERTAI BE 5 Residenca URY AT OFFICE POPULATION a and place, and due seth occured at the 29c. LICENSE NU 8918	8 Other 28d. DES 28f. LOC City et of the cause time, data	24a. WAS APPERFO	ACT I	24b.	Onset a CAL Y WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDINGS OF TO F CAUSE

	1
0	3
0020	1
\approx	
\simeq	1
Ÿ	- 1
10	3
=	-
ò	3
==	
~	-
64	3
\cap	-
=	-
~	à
⋖	-
- i	4
IARYLAND 21215-	of the other the named and named
	4
Œ	-
€	.5
-	9
2	3
In.	- 5
ШĖ	-
~	- 8
-	ŧ
0	A Commer he cobsises
=	9
	- Contract
-	
	4
_	5
4	÷
BALTIMORE	,

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate has been signed by the animating physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burist, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HIGHTIAL OR ATTENDING THIS CLAM, THE NAME THE THE THE THE THE THE THE THE THE TH
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,
	Co.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) ROGER	HOLCOMBE				2. DATE OF DEATH DO	3 95	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-36-5527	1 M 2 D F 5		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, BIR	THPLACE (State or Foreign nitry) Tyland		
TOR	9a. FACILITY NAME (If not institution, give st Stella Maris N RESIDENCE OF DECEMENT				wson, M		9c. COUNTY OF DEATH Baltimore			
DIRECTOR	10a. STATE 10b. COUNTY	altimore	10c. CITY, 1	TOWN OR LOCAT			-	10d. INSIDE CITY		
	1709 N. Dallas				ZIP CODE 21213)	1 VES 2 NO			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2X 2NO	If yea, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	Bla	CE — American Indian, ick, Whita, atc.		
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S US		N		SINESS/INDUSTRY	Black		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use r	dyman	i o working	Se	elf-Emp	loyed		
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
BE	James Holcombe					(Unknow		-		
2	Cerese Curtis			N. Dal		altimore,		213		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo		PLACE AND DATE OF	DISPOSITION (Na	ne of	DATE 20c. LO	cation — city or	Town, State		
	21. SIGNATURE OF FUNERAL BETWICE LICE THE STATE OF		. 22.011	22. NAME AN Unit	D ADDRESS OF FAC	al Home		MD 21201		
CATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	ch line.			n ss cerdisc or respi	ratory arrest,	Approximats Interval Between Onset and Death		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PHYSICIAN: MEDICAL	PART II. Other significant conditions					PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
IAN	DID TOBACCO USE CONTR		6. PLACE OF DEATH		UNCERTAIN	1 KI				
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	tient 3 DOA 4	THER:	5 Residence	8 S Other (Specify)	HOSPIC	E		
ВУ РН	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	JRY AT PK? ES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY - building, atc. (Specif	— At home, farm, atra (y)	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rure	Route Number,		
COMPLETED		HAN: To the best of my knowle t: On the baels of examination						(s) end menner se stated.		
TO BE	290. SIGNATURE AND TITLE OF CERTIFIER BUG OCCUPANT 30. NAME AND ADDRESS OF PERSON WHO	Paullul	ems		DOSG. LICENSE NUM	BER 43	≥ 1/13	(Month, Day, Year)		
	DR. KENDALL FAULKN	ER 2300 DUL	ANEY VALI		OZWSOL	N, MD 2120	4			
	JAN 1 9 1995 Julia	d Rucher Land	URE							



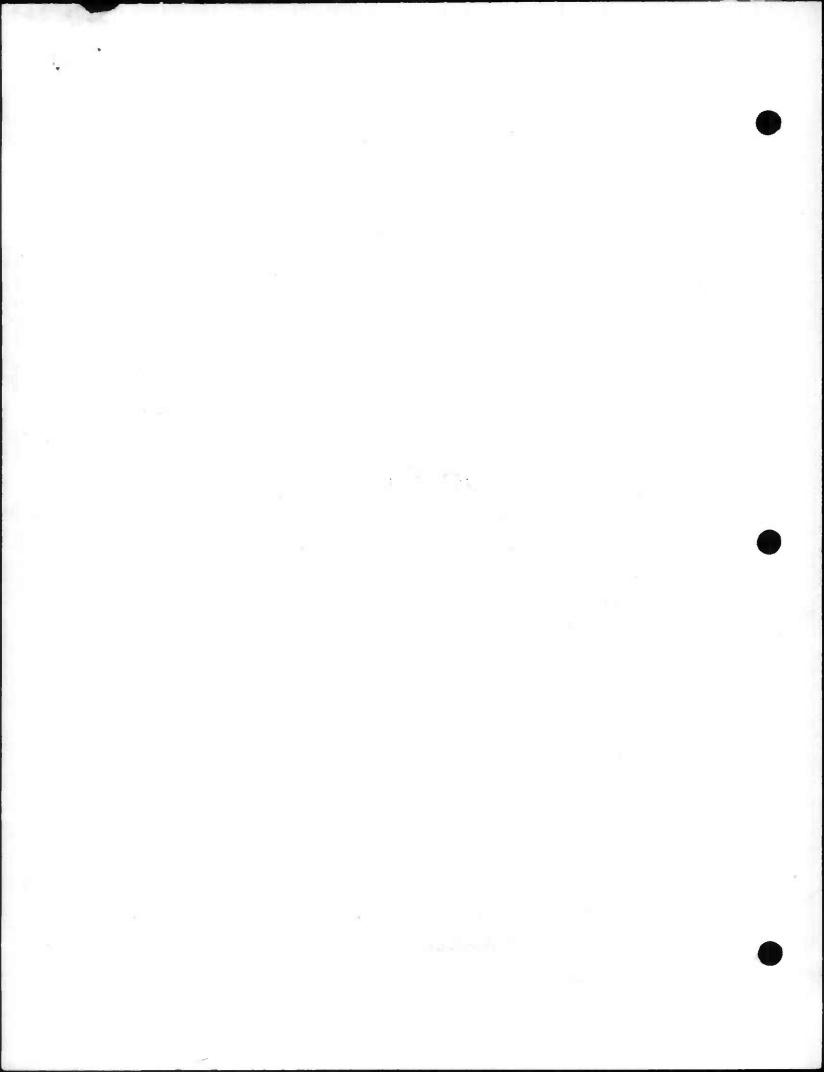
BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	it. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for mind within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	Chicago Language Control of the Control	DECEDENT'S NAME (FIRST, MIDDIE, LIBST)									2. DATE OF DEATH				DEATH
- 1	RONALD	E	EVERE	TT		H 17	TCH	ENS	2	HTHOM		gth.	1995	3	55pm
Ý	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les			R t YEAR	IF UNDER		7. DATE C	F BIRTH		a. BIRTH	PLACE (State	or Foreign
	213-32-5532		1 x M 2 □ F	5	66 YRS.	MONTHS	DAYS	HOURS	SHIN.		Day, Year) 1 25]	938	Countr	» ryland	
	9a. FACILITY NAME (If not in	etitution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF D		. 20 1		NTY OF D		
DIRECTOR	Good Samari	tan Hi	spital			Baltimore									
Ä	10a. STATE	10b. COUNTY			10c. CITY	, TOWN	OR LOCA	TION						10d. INSIDE	CITY
	Maryland			Ba	alti	.more	2						1 X YES 2		
A	10a. STREET AND NUMBER							. ZIP CODI	E			10g. CIT	IZEN OF W	HAT COUNTE	
FUNERAL	1352 Winston	n Aveni	ue					212	39				USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A					13.	WAS DEC	ENDENT O	F HISPA	NIC ORIGIN?	(Specify Yes	or No-	14. RACE	- American	Indian,
BY F	1 Never Married 2 7		IF YES, GIVE W	YES 2 N	10			ecify Cuba 2 NO		en, Puerto Ri ly:	can, atc.)		Specif	, White, etc.	
														Bl.a	ols
COMPLETED	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	(G	CEDENT'S U	ork done	during me	ON ast of workin	g	16b.	CIND OF BU	SINESS/INI	DUSTRY		
٦	Elementary/Secondary (0	-12)	College (1-4 or 5 +	,	Do NOT use										
Ž	High School 17. FATHER'S NAME (First, M)			Trai	nspor	tat:	ion						Cup	Corpo:	ration
	William Hito									AME (First, M	ddle, Meiden	Sumame)			
BE	19a. INFORMANT'S NAME (7)							Mar							
2				- 1						Route Numbe					
	Jean Hitcher				352 V				ue						21239
	1X Buriel 2 Crematio	n 3 🗆 Remo	ovat from State	20b. PLACE A cemetery, cre	matory or oth	ner plece)				Jan	20c. LO		City or To		
	21. SIGNATURE OF FUNERAL		ENSEE	Arbut	us Me			Park ID ADDRES						County	
	· Naty	FER	F. H.	ferring	arfe	4	250) [Gi	VI/n	altim	ore),	Mari	yl.and	21216
	23. PART i. Enter the di	seases, or co	omplications that	coused the de	ath. Do no	ot enter	r the mo	da of dyi	ng, suc	h se cerdi	c or reapi	ratory an	reat,	Appro	cimata
	immediate cause (Fin	part fellure. L	lat only one ceu	se on each line						,				Intervi	i Between and Death
	disease or condition		CARC	2100	DOR YTHMIA									hours	
	disease or condition														
			DUE TO	(OR AS A CONSEC	DUENCE OF):							-	1	
Z														1	DAM
TION	Sequentially list condition in any, leading to immediate	ons, b		OR AS A CONSEC										1	DAM
ICATION	if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju-	ons, flate NG	DUE TO	OR AS A CONSEC	INF DUENCE OF	200 :								1	DAM
ITIFICATION	if any, leading to immed cause. Enter UNDERLY!!	ons, liete NG ry	DUE TO		INF DUENCE OF	200 :								1	DAM
CERTIFICATION	If any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injusted initiated events)	ons, liete NG ry	DUE TO	OR AS A CONSEC	INF DUENCE OF	200 :				•				1	DAM
AL CERTIFICATION	if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuithat initiated evental resulting in death) LAST	ons, flate NG c.	DUE TO	OR AS A CONSEC	DUENCE OF)	: ::	en	נקט		Pert i.	4a. WAS AN		24b.	WERE AUTOPS	DAM
	if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuithat initiated evental resulting in death) LAST	ons, flate NG c.	DUE TO	OR AS A CONSEC	DUENCE OF)	: ::	en	נקט			PERFOR	MED?	24b.	1	DPM Y FINDINGS IOR TO
	if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju- that initiated eventa resulting in desth) LAST	ons, flate NG or department conditions	DUE TO	OR AS A CONSEC	DUENCE OF)	: ::	en	נקט				MED?		WERE AUTOPS ANAILABLE PR COMPLETION OF DEATH?	DPM Y FINDINGS ION TO OF CAUSE
: MEDICAL	If any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated eventa resulting in death) LAST PART II. Other aignifices END MAGE (ALD) ON Y	ons, slate NG or of the conditions REN F	DUE TO DU	OR AS A CONSECUTION OF AS	DUENCE OF)	the ur	e A Y	Ογ) g cause g	lven in	_	PERFOR	MED?		WERE AUTOPP AVAILABLE PR COMPLETION	DPM Y FINDINGS ION TO OF CAUSE
: MEDICAL	If any, leading to immediate. Enter UNDERLY International	nt conditions REVE	DUE TO DU	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A	DUENCE OF) DUENCE OF) DUENCE OF)	the ur	e A Y	Ογ) g cause g	lven in	_	PERFOR	MED?		WERE AUTOPS ANAILABLE PR COMPLETION OF DEATH?	DPM Y FINDINGS ION TO OF CAUSE
: MEDICAL	If any, leading to immediate. Enter UNDERLYIII CAUSE (Disease or injuithat initiated evental resulting in death) LAST PART II. Other aignifices END THAT DID TOBACCO US	ons, flate on the conditions REWA O DAT OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF T	DUE TO DUE TO CONTRIBUTE TO CAL HOSPITAL:	GOR AS A CONSECUTION OF AS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DESCRIPTION OF THE YES	the ur	NO Confy one)	g cause g	elven in	N D	PERFOR	MED?		WERE AUTOPS ANAILABLE PR COMPLETION OF DEATH?	DPM Y FINDINGS ION TO OF CAUSE
: MEDICAL	If any, leading to immediate. Enter UNDERLYIII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST PART II. Other aignifices CALDIONY DID TOBACCO USES WAS CASE REFERRED TO EXAMINER?	ons, flate on the conditions REWA O DAT OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF T	DUE TO DUE TO Contributing to CONTRIBUTE TO CA HOSPITAL: 1 Inputent 2 28e. DATE OF	OR AS A CONSECTION OF AS A CONSE	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	the un	NO Conty one) Pit Sing Hom	UNC	elven in	N D	PERFOR	MED?		WERE AUTOPS ANAILABLE PR COMPLETION OF DEATH?	DPM Y FINDINGS ION TO OF CAUSE
PHYSICIAN: MEDICAL	If any, leading to immediate. Enter UNDERLYIII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST PART II. Other aignifice: LND TAKE ORL DI ONY DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 6	ons, flate on the conditions of the conditions o	DUE TO DU	OR AS A CONSECTION OF AS A CONSE	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	the un	NO Confy one) PI: Sing Hom 28c. INJ	g cause g	ERTAII	N D	PERFOR	MED?		WERE AUTOPS ANAILABLE PR COMPLETION OF DEATH?	DPM Y FINDINGS ION TO OF CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immediate. Enter UNDERLYIII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST PART II. Other aignifice. PART III. Other aignifice. PART II. O	ons, flate on the conditions of the conditions o	DUE TO DUE TO DUE TO Contributing to	GOR AS A CONSECTION OF THE CON	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	the ur	NO Confy one) R: Sing Hom 28c. INJ WO 1 1	UNC TO S Report AT RKY?	ERTAII	6 Other 28d. DESC	PERFOR YES 2 Specify) RIBE HOW II	MED?	CURED	WERE AUTOPA AVAILABLE PR COMPLETION OF DEATH? 1 YES 2	DPM Y FINDINGS ION TO OF CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuithat initiated evental resulting in death) LAST PART II. Other aignificer LALDIONU DID TOBACCO US SWAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 6 C	ons, flate on the conditions of the conditions o	DUE TO DUE TO DUE TO Contributing to	GOR AS A CONSECTION OF AS A CONS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	the ur	NO Confy one) R: Sing Hom 28c. INJ WO 1 1	UNC TO S Report AT RKY?	ERTAII	6 Other 28d. DESC	PERFOR	MED?	CURED	WERE AUTOPA AVAILABLE PR COMPLETION OF DEATH? 1 YES 2	DPM Y FINDINGS ION TO OF CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immediate. Cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST PART II. Other aignifices LND TAGE CALDIOMY DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident II 3 Suicide 6 C	ons, flate on the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition of the condition of the condition of the condition of the conditions of th	DUE TO DUE TO DUE TO DUE TO CONTROL DUE TO D	GOR AS A CONSECTION OF THE CON	DUENCE OF) DUENCE OF)	the ur the ur	NO L only one) Pi: saling Hom 28c. INJ WO 1 1 1	UNC	ERTAII	6 Other 28d. DESC	PERFOR VES 2 Specify) RIBE HOW III TOWN, Strate)	MED? NO NJURY Octained Number	CURED or Rural Ri	WERE AUTOPA AVAILABLE PR COMPLETION OF DEATH? 1 YES 2	DPM Y FINDINGS ION TO OF CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYIII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST PART II. Other aignifices PART	ons, liste on the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition of the	DUE TO DUE TO DUE TO DUE TO CONTROL DUE TO D	GOR AS A CONSECTION OF THE CON	DUENCE OF) DUENCE OF)	the ur the ur	NO Conty one) RI: sing Hom 28c. INJ WO 1	UNC TES 2 and place,	ERTAII sidence	8 Other 28d. DESC	PERFOR YES 2 Specify) RIBE HOW II ION (Street a Town, State)	MED? NO NJURY Oct	CURED or Rural Re	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 YES 2	DPM Y FINDINGS IOR TO OF CAUSE NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYIII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST PART II. Other aignifices PART	ons, liste on the conditions of the conditions o	DUE TO DUE TO DUE TO DUE TO CONTROL DUE TO D	GOR AS A CONSECTION OF THE CON	DUENCE OF) DUENCE OF)	the ur the ur	NO Conty one) RI: sing Hom 28c. INJ WO 1	UNC Tes 2 and place, path occurs	ERTAIL NO and due	6 Other 28d. DESC	PERFOR YES 2 Specify) RIBE HOW II ION (Street a Town, State)	MED? NO NJURY Oct Ind Number	CURED or Rural Ru	WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	DPM IV FINDINGS IOR TO OF CAUSE IO NO see atsted.
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST PART II. Other aignificer LND TAKE PART II. Other aignificer LND TAKE DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ons, liste on the conditions of the conditions of the conditions of the conditions of the conding of the condin	DUE TO DU	GOR AS A CONSECTION OF THE CON	DUENCE OF) DUENCE OF)	the ur the ur	NO Conty one) RI: sing Hom 28c. INJ WO 1	UNC To S Rei T	ERTAII Beldence and due	6 Other 2ed. DESC 2er. LOCAT City or to the cause time, data a	PERFOR YES 2 Specify) RIBE HOW II ION (Street a fourth, State)	NJURY Octaind Number oner se stat did due to the 29d, DATI	CURED or Rural Re ed. ina cause(a) £ SIGNED	WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	PAY FINDINGS OF TO OF CAUSE NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST PART II. Other aignificer PART II.	ons, liste on the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition of the	DUE TO DU	OR AS A CONSECTION OF THE CONS	DUENCE OF) DUENCE OF)	the ur the ur	NO Conty one) RI: sing Hom 28c. INJ WO 1	UNC To S Rei T	ERTAII Beldence and due	6 Other 28d. DESC	PERFOR YES 2 Specify) RIBE HOW II ION (Street a fourth, State)	NJURY Octaind Number oner se stat did due to the 29d, DATI	CURED or Rural Ru	WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	DPM IV FINDINGS IOR TO OF CAUSE IO NO see atsted.

JAN 1 9 1995 32. REGISTRAR'S SIGNATURE 9



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

0 THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be derarched for use as the huntal-branesis narming pages 1.9.9 should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signe	be filed within 72 hours after death with the State Dept. of Healt	IMPORTANT: If item 28 is marked, or Item 23 shows a

More A H. V. 16
31. DATE FILED (Month, Day, Year)

JAN 1 3 1995

22. REGISTRAN'S SIGNATURE

3	FOR STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAF	RTMENT O	F HEALT	H AND	MENTAL HYGIEN	E		71202	
	1. DECEDENT'S NAME (First, Middle, Lest)			ERIII	ICATE C)F DEA	TH	REG. NO				
	Preston Leroy				3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER	5. SEX			I de tingge dans	- 1 - 19				1995	2:00 a.	м
		1 M 2 F	6. AGE (In yrs. le	• •	MONTHS DAY		ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)		
	213-05-9671 9s. FACILITY NAME (If not institution, give s	84	YRS.		10000		10-15-191	LO	Mary	rland		
~						VN OR LOCA		EATH	9c. COL	UNTY OF DE	ATH	
0	3130 Park Ave. A	pt. 13	t. 13 Ma				er		Ca	arroll	L	
DIRECTOR	10s. STATE 10b. COUNT	Y	10c. CITY, 1			CATION						
R	Maryland Carr	110				ster					10d. INSIDE CITY	
	10e. STREET AND NUMBER				Maricile						1 PYES 2 NO	
FUNERAL		A-4 70				10f. ZIP CO					HAT COUNTRY?	
W	3130 Park Ave.						21102	2	J	J.S.A.	•	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			RMED NO	If yes	DECENDENT , specify Cui YES 2 N	ben, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Ricen, etc.) fy:	or No-	14. RACE - Black, Specify	- American Indian, While, etc.	
50	15. DECEDENT'S EDU- (Specify only highest grade	CATION	16a. C	ECEOENT'S	USUAL OCCUP	ATION		16b, KIND OF BUS	SINESS/IN	OUSTRY	1112.00	_
COMPLET	Elementary/Secondary (0-12)	Give kind of vie. Do NOT us	work done during se retired.)	most of wor	king							
릴	12	College (1-4 or 5+	-	suran	ce			Tr	Sura	nee F	Business	
O	17. FATHER'S NAME (First, Middle, Last)					18 MO	THER'S NA	ME (First, Middle, Maiden		mee 1	Marifesa	
	Jacob H. H	ale						Kate Alban	,			
8	19s. INFORMANT'S NAME (Type/Print)	420	T ₄	OL 1444 144					_			
2	Total Provider And Training of Future Provider Admitted, Cally Of Towns, State, 24p Code)											
	Jajo rath ave, apos 1), Manchester, MD. 21102											
	20e, METHOD OF DISPOSITION A Burdal 2 Cremstion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, crematory or other place) 20c. LOCATION — City or Town, State											
	Snydersburg Cemetery 1-21-1999 Hampstead, MD.											
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND						ESS OF FA	CILITY				
	+ Harth	Ellen	7		ECKI	narat	rune	eral Chapel		20.2		
	23. PART I. Enter the diseases, or o			leath Do r	1 3270	o Una	·ma. L	Dr. Manche	ster	Md.		_
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cold	O O (OR AS A CONST	ie.	DOCEMENT (NO			n ss cerolac or reap	ratory ar	rest,	Approximata Interval Betwee Onset end Deat	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST	c	(OR AS A CONSE	EQUENCE OF	F):							
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Corenory Ortery Distalle Prior to Completion of Co									WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
₹ I	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF	DEATH (Ch	eck only one)				_
35	EXAMINER? 1 YES 2 NO	HOSPITAL:	EDIO-decisions	2 000	OTHER:							_
¥	27. MANNER OF DEATH	28s. DATE OF I		28b. TIMI			tssidencs	8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day		INJ!	URY	INJURY AT WORK?		28d. DEŞCRIBE HOW IN	IJURY OC	CURED		
B	2 Accident Investigation	20 20 102 22			'	YES 2	NO					
ETED	3 Suicide 8 Could not ba 4 Homicide detarmined	28e. PLACE OF building, a	F INJURY — At he atc. (Specify)	ome, farm, s	treet, factory, o	ffics		281. LOCATION (Street a. City or Town, State)	nd Number	r or Rural Rou	ite Number,	
7	29s. CERTIFIER (Check only	CIAN: To the best of r	my knowledge, d	eath occurre	d at the time, d	ats and plac	e, and dus	10 Ihe cause(s) and men	ner se ete	ted		_
8	one) 2 MEDICAL EXAMINET	R: On the basis of sar	amination and/or	Investigation	n, in my opinior	n, death occu	ared at the	time, data and place, and	dus to th	no couseful s	and manner se stated	
BE C	295 SIGNATURE AND TITLE OF CERTIFIER					29c. LIC	ENSE NUN	ABER			fonth, Day, Year)	
BE COMPLET	2 MEDICAL EXAMINE	R: On the basis of exe	imination and/or	Investigation	n, in my opinior	29c. LIC	ENSE NUR	time, data and place, and	dus lo th	he ceuse(e) s		

Nonover PA 17331

Charge also to 5 and the control of th

DHMH-16 Rev 1/89

PATISHED OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020
The DHATESHING PHISIONAL The line modes that the death certificate be excluded within a formation of the configuration of complements that has been supported by the amonging physician and complement that in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPÓRTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TEMS:	11.17.18.	19b, PER	F.H.	FILM	G-719	1/31/95	t.

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR	RTMENT	T OF H	EALTH DEAT	AND ME	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) MINNIE		HICE	KS					DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DEAT	AY 100	YEAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS. 7.	DATE OF BIRTH		. BIRTNPL	ACE (Stete or Foreign
	217-16-1285 90. FACILITY NAME (If not institution, give	1 M 2 F	89	YRS.	MONTHS 9b, CITY	DAYS	HOURS R LOCATIO	MIN. N OF DEATN		1905 g		rolina
OR	2018 E. Preston	Street			1	Ltimo		N OI DEAIN		N,		
SCT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	rv		40- 817	Y, TOWN C							
- DIRECTOR	MARYLAND	n/a		100. GI		BALT	IMOF	RE				Od. INSIDE CITY LIMITS? YES 2 NO
RA	100. STREET AND NUMBER 2018 E. PRES	mon cmi	REET			101.	2123	2				AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	AMED	13.	WAS DECE			RIGIN? (Specify Yes		TED	STATES - American Indian.
ВУ	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 X	NO		If yes, spe	cify Cuben. 2 NA	Mexicen, Pr	verto Rican, etc.)	or No =	Black, \ Specify:	BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +		ECEDENT'S Give kind of the Do NOT us	USUAL Of work done of retired.)	CCUPATION during mos	N t of working		16b. KIND OF BU	SINESS/INDU	STRY	
APL		_		CO	OK				r	ı/a		
00	17. FATHER'S NAME (First, Middle, Last)	JULIUS BURK					18. MOTHE	ER'S NAME (First, Middle, Meiden			
BE		RKE			GNES			AGN		URNE		URKE11
5	19a. INFORMANT'S NAME (Type/Print) SIDNEY E.	HICKS	1	850	5 V	ALL		HILL	COURT -C EMES	PERY,	RAN	21133 NDALLSTOWI
	20a MSTHOD OF DISPOSITION 1	noval from State	20b. PLACE cemetery, cr	ANDDATE OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF T	of dispos ther place) M.E.M	IOR T	ne ol	PARK	DATE 20c. LO	CATION — CI		, State COWN , MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSE			22.	NAME AN	DADDRESS	OF FACILIT	ome East	MINDA		OWIT
	- UWWW	CNO			111	01 F	. No	rth A	venue/Ba	ltimor	re, M	ID 21202
	22. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	se on each fin	. /		the mod		g, such as	cardiec or respi	ratory arres	st,	Approximate interval Between Onset and Death
z		. 1	iereho	. //		/						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE 16	OR AS A CONSE	QUENCE OF	P):							
FICA	CAUSE (Disease or Injury	e gue to	ASCU I	DUENCE OF	0.							1
Ē	that initiated events resulting in death) LAST		471	SOURNUE OF	r)k							
CE		d. /	//									
DICAL	PART II. Other significant condition	ns contributing to	death but not	resulting i	in the un	derlying	cause gh	ven in Part	I. 24s. WAS AN PERFOR	MED?	AN CC	ERE AUTOPSY FINDINGS RILABLE PRIOR TO MPLETION OF CAUSE FORATH?
MEDIC											F 59	☐ YES 2 ☐ NO
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CA					UNCE	RTAIN [
S	25. WAS CASE REFERRED TO MEDICAL EXAMINENT	HOSPITAL:		CE OF DEAT	OTHER	t:		/	107 - 1-111 - 111 - 2			
₹ I	1 TES 2 MANNED OF DEATH	1 inputions 2 iii		266. THE		ing Home 28c. INJU		-	Other (Specify) . DESCRIBE HOW I	u water cooks	men.	
BY P	1 Netural 5 Pending 2 Accident Investigation	(Morth, De			M	WOR	K7 ⊞ ≱ □		. DESCRIBE HOW S	ADUNT OCCU	MED	
	3 Suicide 8 Could not be	28e. PLACE OF	HUURY - At h	ome, farm, s	dreet, facto	ory, office		201	LOCATION (Street a City or Yours, State)	nd Number or	Rural Rout	s Numbec
je	4 Homicide determined	- Constitution						- 1				
APLET	290. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, d									
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of ex	my knowledge, d									nd menner se stated.
) BE COMPLETED	290. CERTIFIER (Check only	ICIAN: To the best of ex	my knowledge, d			pinion, de	eth occured			d due to the	ceuse(s) er	nd menner ee stated.
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE CONTINUE 30. NAME AND ADDRESS OF PERSON WIN	ICIAN: To the best of exemple of exemple of exemple of exemple of complete of cause	my knowledge, d emination end/or E OF DEATN (ITE	Investigatio	n, in my o	pinton, de	eth occured	f at the time,		d due to the	ceuse(s) er	
BE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OCHIDIBAL 30. NAME AND ADDRESS OF PERSON WIN	ICIAN: To the best of ex	emination end/or	Investigatio	n, in my o	pinton, de	eth occured	f at the time,		d due to the	ceuse(s) er	

0
(6)
2
~
400
Ф
~
ô
0
m
-
0
-
<u> </u>
S
0
Œ
0
Ö
Ĕ
-
A
P
_
>
-
1
\circ
-
4
0
=
S
-
>
_

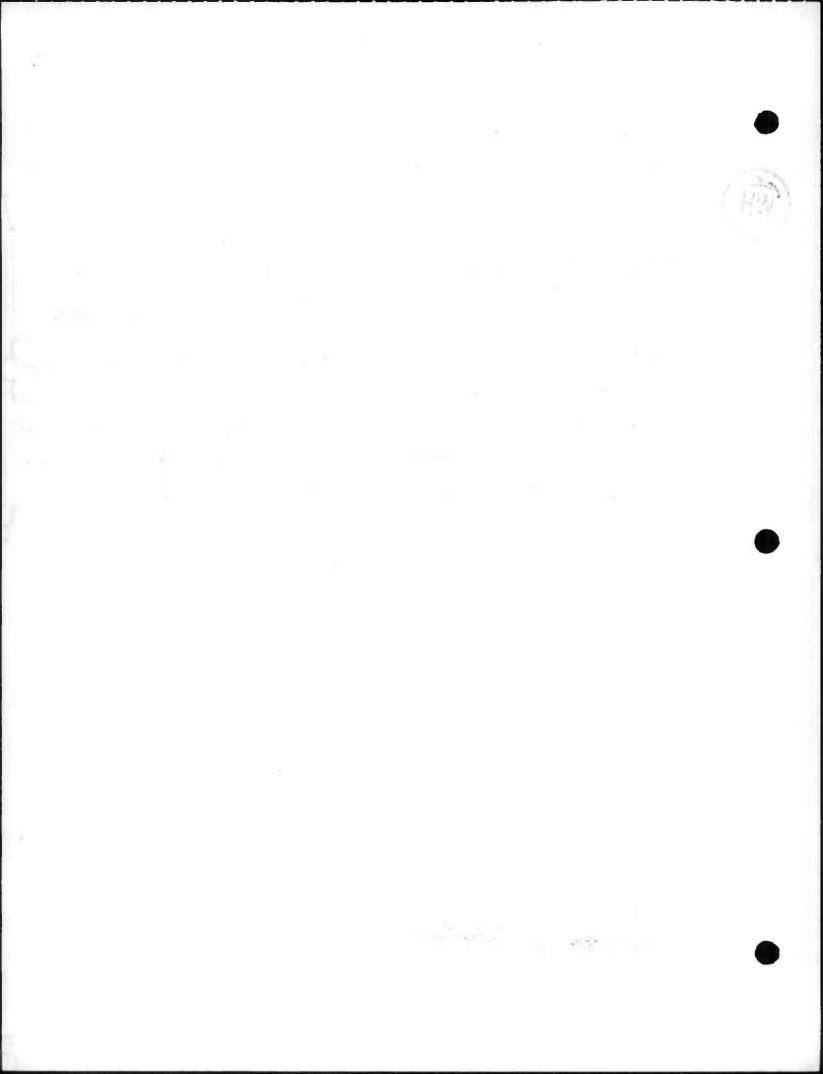
HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within months of a first feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPATIANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE		
1000	1. DECEDENT'S NAME (First, Middle, Last) JAMES A. HOLL	AND			2. DATE OF DEATH MONTH 13	1995	3. TIME OF DEATH
	250-03-1450	⊠ M 2 □ F 80	YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/14/191	Coun	HPLACE (State or Foreign try) Carolina
TOR	99. FACILITY NAME (If not institution, give street 4559 Finney Ave RESIDENCE OF DECEDENT			Baltimore	EATH	9c. COUNTY OF	DEATH
DIRECTOR	Maryland 10b. COUNTY			timore			10d, INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	4559 Finney Ave	nue		101, ZIP CODE 21215			WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puarto Rican, etc.)	or No— 14, RAC Blac Spec	E — American Indian, ck, White, stc. city:
COMPLETED			life. Do NOT use re	done during most of working	166. KIND OF BUSI		ntry Club
OM	12th 17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Melden S	(smama)	
Ö	Morris Holland				ide Canty	,	
BE	19e. INFORMANT'S NAME (Type/Print)	 	19b. MAILING AD	DRESS (Street and Number or Rural			-
2	Sylvia G. Holla	nd		Finney Avenu		, Md.	21215
	20a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal		LACE AND DATE OF D	ISPOSITION (Name of		ATION — City or T	
	4 Donetlon 3 Other (Specify)		butus M	emorial Parl	k 1/19 Arl	outus,	Maryland
	21. SIGNATURE OF TUNERAL SERVICE LICENS	OU	elt	22. NAME AND ADDRESS OF F LEROY O. D' 4600 LIBER'	YETT & SON	AVENT	
	23. ART Lumer the diseesea, or com	plicetions that caused t	death. Do not	enter the mode of dying, su	ch as cardiec or reapir	story arrest,	Approximata
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Mutos	feetic	colon ca	inco		Intervel Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):				
MEDICAL	PART II. Other algnificent conditions of				PERFORM 1 YES 2	AED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL				N 🗆 📗		
D D	EXAMINER?	OSPITAL:	PLACE OF DEATH (C	THER:			
4×S	1 YES 2 NO 1	Inpatient 2 ER/Outpati	ant 3 DOA 4 DOA 4 D		8 Other (Specify)		
- 4	1 Netural 5 Pending	(Month, Day, Year)	INJURY	28c. INJURY AT WORK? M 1 VES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY	At home, ferm, stree		28f. LOCATION (Street en City or Town, State)	d Number or Rural	Route Number,
COMPLETED				the time, data end place, and du my opinion, death occured at the			s) and menner es stated.
BEC	290. SIGNATURE AND TITLE OF CERTIFIER	MII.		29c. LICENSE NU	MBER /	29d. DATE SIGNED	O (Month, Day, Year)
으	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF GEAT	NITEM 27) (Type, Print	300 Piko	SWID. M	D 21:	208
	JAN 1 9 1995 Julia	32. REGISTRAR'S SIGNAT					

Total and the control of the control

W	H
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm of 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE O		MENTAL HYGIE		
	1000000	1. DECEDENT'S NAME (First, Middle, Lest) LEOLA 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In vis. les	VES		January	13, 199	3. TIME OF DEATN
~		The second second second second	1 - M 2 X F 62	YRS. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	19.35 /	BIRTNPLACE (State of Eoreign Country) MARY LAND
H)	ECTOR	ST. AGNES	HOSPITAL		BALTIL		Jan. 000M1	NIA
7	DIR	MARILAND 106. COUNTY	NIA	10c. CITY, TOWN OR LO	BALTIA	ORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
physician. burial-transit perm	FUNERAL	28/5 WIN WO			101. ZIP CODE 2/	225	(N OF WHAT COUNTRY?
attending physician, se as the burial-tran	BY	11. MARITAL STATUS S/NGLE 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 DI IF YES, GIVE WAR OR DATES	NO If yes,	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 NO Specif	n, Puarto Rican, atc.)	es or No 14.	. RACE — American Indian, Black, Whita, atc. Specify:
for u	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (G	CEDENT'S USUAL OCCUP. I've kind of work done during Do NOT use retired.)	most of working		USINESS/INDUS	
by the hospital be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	7. 1-	HOUSE		ME (First, Middle, Maide		
pe retained by ge 5 should be e notified at	O BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRESS (Stre	HOL et and Number or Rural		wn, State, Zip 96	
ay be		JAR NETTE 20a. METNOO OF DISPOSITION 1 Burlal 2 Cremation 3 Ramon		AND DATE OF DISPOSITION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE 20c. L	OCATION - City	
funeral dire		4 Donation 5 Other (Specify)		22, NAME JOSI	EAND ADDRESS OF FA EPH H. BRO B W RALTI	WN JR. FU	NERAL H	MORE, MD. HOME, P.A. HORE, MD.21223
ppletely filled in by the cremation, or removal.		23. PARY I there the disease, or conheck, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on each ilne	ath. Do not anter tha	moda of dying, auc	h aa cardlac or rea	piratory arrest	Approximata interval Between
physician and com- ne prior to burial, her traumatic ev	RTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTE OF DUE TO (OR AS A		structi	e pulmo	nary	lisease 15 years
the attending Mental Hygie	L CE	PART II. Other algnificant conditions	contributing to death but not r	eaulting in the undark	ving causa givan in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
TIGSTIAL OF ATTENDING THISTOCKO. HE was required base to with the VEHERAL DIRECTOR. After this certificate has been signed by within 72 hours after death with the State Dept. of Health and ITANT. If Item 26 is marked, or Item 23 shows any lift.	MEDICA						RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
te has bee te Dept. c	AN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL	28. PLAC	TH YES NO		V 🗆		
ertificate hertificate for item	PHYSICI	1 YES 2 NO	HOSPITAL:		fome 5 🗆 Residence	B C Other (Specify)		
fter this c eath with marked,	ВУ РН	27. MANNER-OF DEATH Netural 5 Pending Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	DED
DIRECTOR: After this certifications after death with the Stitem 28 is marked, or it	ED	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ma, farm, street, factory, o	ffica	28f. LOCATION (Street City or Town, State		Rural Route Number,
FUNERAL DIRECTION A WITHIN 72 hours	COMPLET		AN: To the bast of my knowledge, de On the basis of exemination and/or i					ause(s) and manner as stated.
TO THE FUNERA De filed within 7 IMPORTANT:	O BE	296. SIGNATURE AND TITLE OF CERTIFIER South For	your M.D.		29c. LICENSE NUI	12	> Tay	IGNED (Month, Dey, Year)
	Ĭ	30. NAME AND ADDRESS OF PERSON WHO SAMIH JARJ	COMPLETED CAUSE OF DEATH (ITES	aton ow	e Saint	agnes H	ospital	
1		31. DATE FILED (Month, Day, Year) JAN 1 9 1995	22. PASTRIPS STATE	7				



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			MENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Lest)	nus				2. DATE OF DEATH	5 YEA	3. TIME OF DEATH 935 AM M
4. SOCIAL SECURITY NUMBER 219-44-9579	100M2□F 4		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 28	4.5 M	ATHPLACE (State or Foreign aryland
9a. FACILITY NAME (If not institution, give st Sinai Hospital RESIDENCE OF DECEDENT	reet and number)	96		altimor		9c. COUNTY O	F DEATN
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	,			10d, INSIDE CITY
Maryland				imore C	ity	10g. CITIZEN C	1 VES 2 □ NO
3526 Woodland				2121		U	SA
11. MARITAL STATUS [X] Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 A NO	If yes, sp	ENDENT OF NISPAN ecify Cuben, Maxicas 2 X NO Specify	IC ORIGIN? (Specify Year) n, Puerto Rican, etc.)	8	ACE — American Indian, leck, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade	completed)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo	ON at of working	16b. KIND OF BUSI	NESS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ware	house	man	F	actor	ies
17. FATHER'S NAME (First, Middle, Last) Alton Herbert	Jones, Sr.				AE (First, Middle, Meiden S la Mack	umame)	
19e. INFORMANT'S NAME (Type/Print)		196. MAILING AD	10101	nd Number or Rural R	oute Number, City or Town,		
Alexander Jone	20h	Greenhil PLACE AND DATE OF D	1 Hous	ing #103	N Balto,		
1 Ø Burial 2 Cremation 3 Remo	val from State Came	tery, crematory or other Z10N	Cemet	ery 1/	13/95 Ba		
21. SIGNATURE OF FUNERAL SERVICE LICE	20		108	W. Nort	al Home h Avenue	Balt	o, MD 21201
23. PART i. Enter the diseases, or o shock, or heart feilure. I	omplications that caused lat only one cause on as	the deeth. Do not a	anter tha mo	de of dying, auch	as cardiac or reapire	story arrest,	Approximata Interval Batween
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hepatore	nal Su	Som	eme			Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	HUDATO PE OUE TO (OR AS A END STO) DUE TO (OR AS A DUE TO (OR AS A	- Hepa	ic F	oilere Coaga	upath	8	
PART II. Other algnificent conditions	contributing to death bu	it not resulting in ti	he underlying	ceuse given in I	Part I. 24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YES	□ NO Ŋ	UNCERTAIN			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Nopetient 2 ER/Outpa		THER:				
27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJI WO	URY AT RK?	26d. DESCRIBE HOW INJ	JURY OCCURED	,
2 Accident investigation 3 Sulcide 6 Could not be detarmined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, stree (y)	t, factory, office	'	281. LOCATION (Street and City or Town, State)	d Number or Run	ral Route Number,
	IAN: To the best of my knowle						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	licom	DO TN (ITEM 27) (Type, Prin		29c, LICENSE NUM	- 12 P	29d. DATE SIGN	IED (Month, Day, Year)
31. DATE FILED (Month, Day, Year)	aticate	DO S	Mai	Hosp	of Bul	how	~
IAM 1 0 1005	Jelia d'Evaler	anlall					1

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.
0	vithin 24
6876	ficate be executed with
SOX	te be e
.O.	ith certifica
S, D	death
RD	at the
ON OF VITAL RECORDS, P.O. BOX 68760	aw requires that the death
AL F	Jaw .
/II/	N: T
FV	YSICIA
Z	G PH
0	*

MARION KUE
31. DATE FILED (Month, Day, Year)

JAN 1 9 1995

KOWA CEWICI

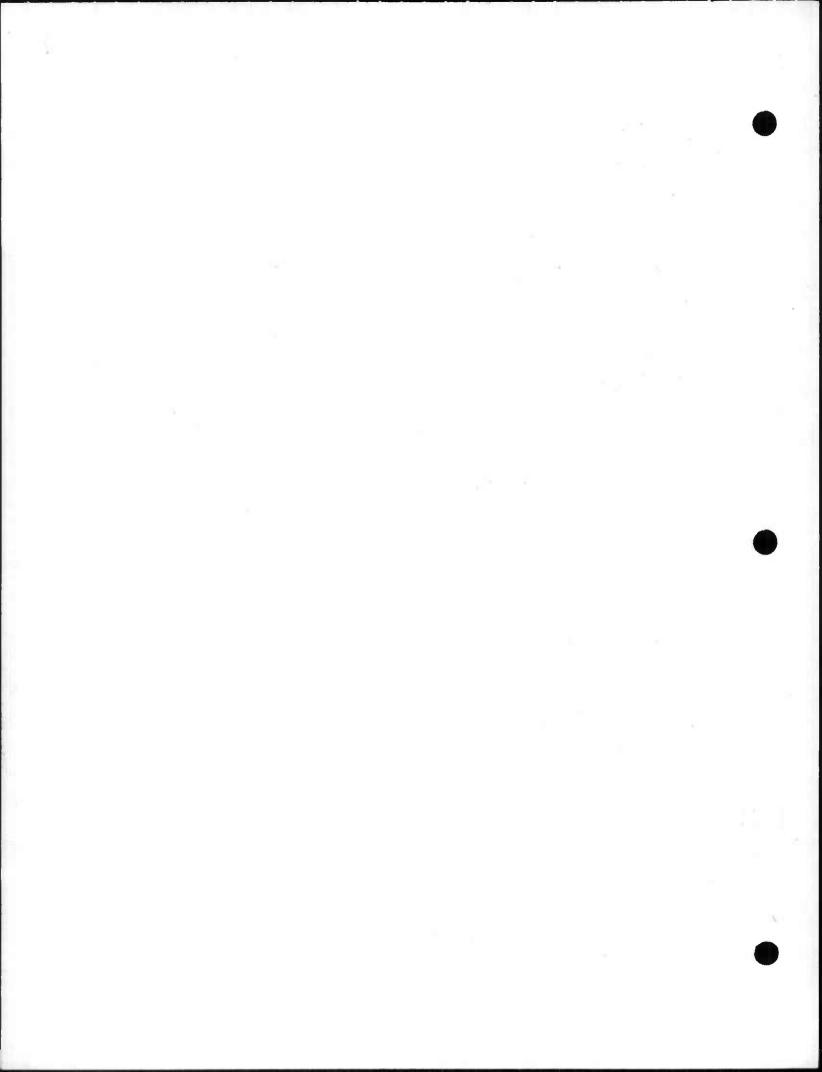
8604

22. REGISTRAR PSIGNATURE

HARFORD

	FOR									90	U	1201
	1 - STATE REGISTRAR	STATE OF N	IARYLAND	/ DEPAR CERTIF	ICATI	OF H	DEAT	AND MI TH	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
	ESTHER 4. SOCIAL SECURITY NUMBER	E.			CKSON				January	14, 19	and the second	м
		5. SEX	6. AGE (In yrs. 77	last birthday) YRS.	JF UNDER	1 YEAR	IF UNDER	24 HRS. 7	MAR 10,	1017	Country)	ACE (State or Foreign
	216-22-3864 9a. FACILITY NAME (If not institution, give	**		THS.	A1 0777						Mary]	land
Œ	Harford Gardens N		nton					ON OF DEAT	н		TY OF DEAT	Н
	RESIDENCE OF DECEDENT	ursing Ce	nter		Be	altir	nore			N/A	4	
DIRECTOR	10a. STATE 10b. COUN			10c. CIT	Y, TOWN	OR LOCAT	ION				10	d. INSIDE CITY LIMITS?
	MD N 100. STREET AND NUMBER	I/A		Ba	altin	-					1	YES 2 NO
FUNERAL						101	ZIP CODI					T COUNTRY?
	2007 Guilford Av	PENUE 12. WAS DECEDENT	T EVED IN II C	ADMED	1 42	WAS DEC	2121		2010/10/10 10 11 11		5.A.	
	1 Never Married 2 Married 2 Widowed 4 Divorced	FORCES? 1 IF YES, OIVE W	YES 2			If yes, spe	elfy Cuba 2 X NO	n, Mexican,	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No —	Black, W Specify:	American Indian, Inite, atc.
2	15. DECEDENT'S EDI (Specify only highest grad		16a.	DECEDENT'S	USUAL O	CCUPATIO)N		16b. KIND OF BU	ISINESS/INDU	_	DIACK
COMPLEI	Flementary/Secondary (0-12) GRADE SCHOOL	College (1-4 or 5+)	(Give kind of life. Do NOT u	se retired.)		st of workin	ng		. / -		
L L		_		ויוטע	ESTI					n/a		
	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Malder	Sumame)		
100	UNKNOWN 19a. INFORMANT'S NAME (Type/Print)								Jackson			
2	Carolyn Monroe								te Number, City or Tov			
	20a. METHOD OF DISPOSITION			E AND DATE				bad/Ba	ltimore,			
	1 Donation 6 Other (Specify)	noval from State	camatary.	cremetery or o	ther place)			1		CATION - CI		aryland
ĺ	21. SIGNATURE OF FUNERAL SERVICE L	CEMBES	1 pai	CIMOL	22.	NAME AN	D ADDRES	SS OF FACIL	ITY			aryiana
	► \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OT NA							Iome East		_	
\dashv	23. PART I. Enter the diseasea, or	complications that	couled the	death Do	TT	OT E	E. NO	ORTH A	VENUE/BA	LTIMOF	Œ,MD	
	anock, or heart failure.	List only one caus	se on each II	ne.	iot enter	une mon	ue or ayı	ing, auch a	ia cardiac or reap	eratory arre	nt,	Approximata interval Between
	iMMEDIATE CAUSE (Final diseese or condition	Anto	Azmak	and to	10 CA	-0.4	N. O	ton	· de inde	4		Onset and Death
	resulting in death)	DUE TO	OR AS A CONS	SEQUENCE O	F):	ura	rigic	roud	deseas			
	0 0 0 0 0	b.					(,				ļ
2	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	SEQUENCE O	F):							
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	С.										ļ
	that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONS	BEOUENCE O	F):							
		d										
	PART II. Other aignificent condition	na contributing to	deeth but no	t resulting	in the un	derlying	ceuse g	lven in Pa				RE AUTOPSY FINDINGS
3									PERFO		co	MPLETION OF CAUSE
MEDICAL											1 .	DEATH?
SICIAN:	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	ATH YE	S 🗆 1	10 D	UNC	ERTAIN				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL	ACE OF DEA	OTHER							
2	1 YES 2 NO 27. MANNER OF DEATH	1 🗆 Inpatient 2 🗆			4 🗆 Nun	lng Home			Other (Specify)			
	1 Netural 5 Pending	26a. DATE OF (Month, Da	INJURY ly. Year)	26b. TIM	E OF	28c. INJU	RK?		d. DESCRIBE HOW	INJURY OCCU	RED	
	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF	F INJURY — At	home ferm	street fact		ES 2		M. LOCATION (Street	and Number of	01.01	
	4 Homicide 6 Could not be determined	building,	atc. (Specify)	1,100		ory, ornico			City or Town, State,)	norar noon	riumow,
BE COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS	ER: On the best of ax										d menner as stated,
וני	296. SIGNATURE AND TITLE OF CERTIFIE							NSE NUMBE		1		onth, Day, Year)
0	Moran Konale	whi					Di	2102	ک	1 /-	17-	15
F	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type,	Print)			, ,		-		

BAGOND ZIZZY



0
20
0
ō
I
נא
121
64
O
-
Z
AND
7
~
E .
MARY!
5
Τ.
RE,
~
~
MO
2
=

-	. 3
	The last the
	4
-	4
90	
7	3
00	4
9	1
×	1
0	3
\approx	3
•	-
-	9.9
Ų.	-
0	4
	-
S	3
	4
00	-
0	4
O	1
iii	2
~	1
-	1
-	-
•	3
5	1
100	ŝ
*	Й
וצל	3
2	ě
7	3
=	å
U)	٩
VISIDMOR VITAL RECORDS, P.O. BOX 68760,	service constitution chains

	1. DECEDENT'S NAME (First, Middle, Last)	11.	CERTI	ICAIE O	PUEATR	2. DATE OF DEATH		3. TIME OF DEATH
	Frank	Krei	ner			January	16 190	7 20
	2.15-03-8961	5. SEX 6. AGE (In yrs. lest birthday)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) / - 20 - /	908	BIRTHPLACE (State or Fore Country)
	9a. FACILITY NAME (If not institution, give	street and number)	0 0	9b. CITY, TOW	N OR LOCATION OF DE	1	9c. COUNTY	
TOR	RESIDENCE OF DECEDENT	ichael		Ba	Ho			
DIRECTOR	10a. STATE 10b. COUNT	Υ		TY, TOWN OR LOC	CATION			10d. INSIDE CITY LIMITS?
	Mo		150	alto.				1 X YES 2 N
RAI	100. STREET AND NUMBER	- Dias			101. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Y	a or No- 14	RACE — American Indian
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			apecify Cuben, Maxico ES 2 NO Specif			Specify: White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grad	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	Work done during use retired.)	TION most of working	16b. KIND OF BI	JSINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPL	17 FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Maide	n Sumame)	
BE	190. JNFORMANT'S NAME (Type/Print)	7	10h MAII IN	ADDRESS /Street	Many or Blumber or Blumb	Janber Chros &	um State 7in Co	oda).
2	Margaret KI	ainé	1600) HTK	oual	Apt 1406	100	2 DE Mel
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	novel from State Care	PLACE AND DATE	OF DISPOSITION (other place)	(Name of	12995 A	hne U	runifol (s. A
	21. SIGNATURE DE FUNERAL SERVICE LE	CENSEE	- HEVE V		AND ADDRESS OF FA	CILITY	1116 17	7/2
	Llemis	D. La	sel .	Ma	4300	Wala	sh Au	e Battord
	23. PART I. Enter the discuses, or shock, or hear fallure.	complications that caused List only one cause on e	the death, Do	not enter the r	mode of dying, suc	ch as cardiac or rea	piratory arrea	Approximat
	IMMEDIATE CAUSE (Final disease or condition		strok					Onset and
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE	-				MINOT
NO	Sequentially list conditions,	b						
CATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE C	PF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):				
CER	Total and a state of the state	d,						
EDICAL	PART II. Other algnificant condition	na contributing to death b	ut not reaulting	In the underly	ing cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FIN AMILABLE PRIOR TO
			11.0			1 YES	2 NO	OF DEATH?
N.								1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C)	neck only one)		
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	estient 3 DOA	4 Nursing H	ome 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN		WORK? YES 2 NO			
ED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, of	ffice	201. LOCATION (Stree City or Town, Stat		Rurel Route Number,
COMPLET	anel	ICIAN: To the best of my know ER: On the basis of examination						
	29b, SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			IONED (Month, Day, Year)
TO BE	2-8 5				037	1573	•	1117195
-	Jef Zibell MD	7770 Par			Batti	nae Mi	71	208
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
	JAN 1 9 1995 Jul	A Thinney and a serious	~					

BALTIMORE, MARYLAND 21215-002	Page 6 may be retained by the hospital or attending phys	I director, page 5 should be detached for use as the buri	
	hin 24 hours after death. A	tely filled in by the funeral	mation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	QMRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	fours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
DIVISION OF V	OR ATTENDING PHYSICIAN	DMECTOR: After this certific	fours after death with the S

9 1995

Pages 1, 2, 3 should

ician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH WILLIAM KIRK 00.50 AM 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, You IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 243-84-4403 DAYS 1 1 2 F HOURS 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR HOSP-Harbor Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Woodbridge 10e. STREET AND NUMBER FUNERAL 10f. ZIP CDDE 10g. CITIZEN OF WHAT COUNTRY? 4553 C+. 22193 Dichl USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 For Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PRO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY Specify. 3 Widowed 4 Divorced Black ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Worker Bello Nachare 17. FATNER'S NAME (First, Middle, Last) Ħ William Kirk Cloria Bostic BE notified 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Judy 4553 Col. Kirk Diehl Woodbridge Va Pe 20a. METHOD OF DISPOSITION
1 Deuriel 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stafe HUST DATE ery, cremetory or Cem Haven 4 Donation 5 Other (Specify) Wayne N.C examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March C/H, Ed March East Warre Ave 1202 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Finel Onset and Death 9 HEPATIC 9 days. ENCEPHALOPATHY disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) OF LIVER CIRRHOSIS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? shows any 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TUNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATN (Check only one) h the State D HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) this c marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY 1 Netural 1 YES 2 NO DARECTOR: After the fours after death BY 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 6 Could not be determined COMPLETED 28 4 Nomicide 29e. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and placa, and due to the ceuse(e) end manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year) Vaman Sheras VAMAN MD AS2441614-18 ► 1/17/ 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) JACRIBETTUMD SHENOY 3001, S. HANOVER ST , BALTIMORE MD VAMAN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Studier Radall

and the second second

	Joseph	che	øś	J
	the 1	deta	000	
	70	2	क्र	
	ped	pin	20	
	etair	Sho	=	
	36 M	6 5	2	
	ay L	pag	ă	
	E 9	tor.	150	ı
	90	Sirec	-	ı
	E.	Te.	9	ı
	eath	Une	E	ĺ
	er de	he f	. S	ı
	afte	6	ica ica	I
	Durs	.5	9	
	Ĭ.	Filled		
Į	3	A	4	
	WITH	plet	ent	
	pat	EO .	. S	
	COCU	DI I	atic	
	8	an a	2 5	
	nte b	ysica	T C	ı
	ifica	10	her	
	Ced	ding	100	
	ath	then the	, 0	
	e de	he a	6	ĺ
	I th	6	=	
	tha	pa 4	any	
	ires	Sign	50 S	
	redn	neg July	9	ĺ
	WE	S De	2 63	
	he l	ha ha	5 E	
	N: J	Cate	ite.	
	CIA	ertifi	0	
	TXS	is C	8	
	3 5	日本	ar a	
	DING	Afte	3 6	
	EM	DA:		
	AT	EG	2 2	
	8	E S	je 5	
	IAL	以下	4 =	
	SP	NE H	E	
	¥	己有		
	H	THE SE	2	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 hours of the funeral director, page 5 should be detached the find within 70 hours of the funeral director, page 5 should be detached the find within 70 hours of the funeral director, page 5 should be detached the find within 70 hours of the funeral director, page 5 should be detached the find within 70 hours of the funeral director, page 5 should be detached the find within 70 hours of the funeral director, page 5 should be detached the find within 70 hours of the funeral director, page 5 should be detached the find within 70 hours of the funeral director of the	or med monit is now are used with the State Dept. Or result and well at hybers prof to burla, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN				
		Inez Keller				2. DATE OF DEATH MONTH Jan. 16		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-32-4674	1 🗆 M 2 💢 F	(In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 18,1	Las	BIRTHPLACE (State or Foreign Country)		
TOR	99. FACILITY NAME (If not institution, gh. 24 Bond Ave. RESIDENCE OF DECEDENT	e street and number)			N OR LOCATION OF C	DEATH	9c. COUNTY Ba	of death Lluinoue		
DIRECTOR	10e. STATE 10b. COU	NTY Baltimore	10c. CIT	Reiste:						
FUNERAL	100. STREET AND NUMBER 24 Bond	Ave.			101. ZIP CODE 21136			1 ☐ YES 2 NO OF WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 ANO	If yes,	ECENOENT OF HISPA specify Cuban, Mexic ES 2 ANO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	TION most of working	18b. KIND OF BU	siness/indust			
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Dutton					AME (First, Middle, Melder Beulah Joh				
TO B	19a. INFORMANT'S NAME (Type/Print) Vicki Keller		195. MAILING 193 E.	ADDRESS (Street	e St., We	Route Number, City or Tou	vn, State. Zip Cod Md. 21	157		
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of completery, crematory or other place) 5 Linkes Cemetery Jan. 19,1995 Reisterstown, Md. 21. BIGNATURE OF JUSTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	+ Hy Ech	hadf		Eck	hardt Fu	neral Chape erstown Rd.	, Owin	21117 gs Mills, Md.		
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or hast failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Branchogenie Concinon of Congression of									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CEF	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Chienic Obstanctive five following Dijevs						AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 PRO		
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C)	neck only one)				
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	8 Other (Specify) 28d. OEŞCRIBE HOW I	NJURY OCCURE	0						
ETED	3 Suicide 8 Could not b	building, etc. (Space	ony)			28f, LOCATION (Street a City or Town, State)		iral Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of my know NER: On the basis of examination	ledge, death occurre n and/or investigation	nd at the fime, de	te and place, and due death occured at the	to the cause(s) and mar fime, data and place, an	nner as stated, id due to the cau	se(s) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CEPTIFI	Mas " m	0		D32	MBER P P Z	29d. DATE SIG	NED (Month, Day, Year)		
	/4 0		ATH (ITEM 27) (Type,	Print)	Cento	P82	Reist	perform, MO		
	31. DATE FILED (Month, Day, Year) JAN 1 9 1995	Jahr Laudior A	arvall					1176		

000

Andrews Int. 1992 In Contract Inc. 1992 Inc. 1

The second of th

Sign -

The control and the control of the c

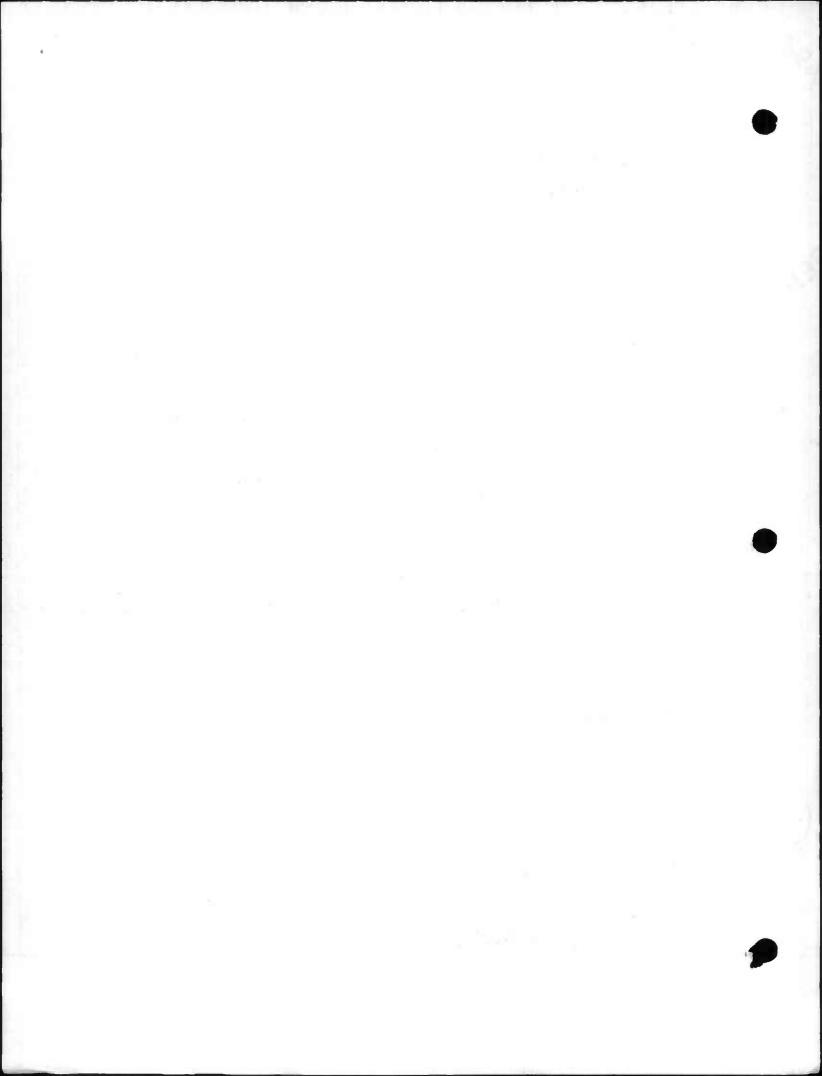
The second secon

Additional to the same

0	
5-0	1
21215-	
21	
_	
MARYLAN	
Ξ	
AB	
Σ,	
Ę	
Ö	•
BALTIMORE	-
7	
BA	1
09	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEMENT'S NAME (First, Middle, Last)	UNOIU		2. DATE OF OEATH	3. TIME OF GEATH
	nic no man	yrs. last birthday) IF UNDER	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State of Foreign Country)
_	9e. FSQILITY NAME (If not institution, give street and number)	VRS.	TOWN OR LOCATION OF D	3-3-19	32 Md
CTOR	Bon Secours Hospin	tal B	2140		RE COUNTY OF DEATH
IRECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	18c. CITY, TOWN O	RLOCATION		10d. INSIDE CITY
ā	10s. STREET AND NUMBER	Bali	101. ZIP CODE		1 VES 2 NO
FUNERAL	2833 Windhester St		2/2/4	. 17	10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN 0 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 10	MS DECENDENT OF HISPA yes, specify Cuban, Maxic YES 2 NO Speci		r No- 14. RACE - American Indian, Black, White, atc. Specify: Black
ETED	(Specify only highest grade completed)	16e. OECEDENT'S USUAL OC (Give kind of work done of	CUPATION uring most of working	16b. KINO OF BUSIN	NESS/INDUSTRY
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)		Sun	apert
d at once.	17. FATHER'S NAME (First, Middle, Last) Albert Brown		16. MOTHER'S NA	TA Brit	unterne)
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS	(Street and Number or Rural	Route Number, City or Town,	State, Zip Code)
9		PLACE AND DATE OF DISPOSE	TION (Neme of	DATE 20c LOCA	NTION — City or Town, State
ner must	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ring ye	YOTH HANK	12995 Kar	dalls town rd
examine	Jones Edmon	4	auch F.	H West Walrush	Que Balto, Ho
cremation, or remove	23. PART I. Enter the diseases, or complications that caused is shock, or heart failure. List only one cause on and IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A C	tha death. Do not enter the line. Consequence op:	Annly		Reprosented Approximate Approx
er traumatic e	If any, leading to immediate couse, Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF:	andial	Ischem	ease (screw) 5
or other	that initiated events resulting in death) LAST	- Depr	essim	0	200
any injury	PART ti. Other aigniticant conditions contributing to death but	t not resulting in the un	derlying cause given in	Part I. 24s. WAS AN AI PERFORM 1 YES 2	ED? AMAILABLE PRIOR TO COMPLETION OF CAUS
5 2 2	DID TOBACCO USE CONTRIBUTE TO C	CAUSE OF DEAT	H YES [] NO		1 TYES 2 NO
item 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER			
rked, or	1 VES 2 VNO 1 I Inpatiant 2 ER/Outpet 27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b. TIME OF INJURY	ng Home 5 Realdence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJ	URY OCCURED
28 is TED	- Distriction	At home, farm, street, factor)	ry, offica	261. LOCATION (Street and City or Town, State)	d Number or Rural Floute Number,
If Ite	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination is				
PORT BE	296. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NU	MBER :	29d. DATE SIGNED (Month, Day, Year)
2 ₹ 0	BERNARDU 1/ GONZALOS	L (Type, Print)	Bon Se	Bachun.	
	31. DATE FILED (MONTH, Day, Year) 32, REGISTRAR'S SIGNAT	TURE !			,



BALTIMORE, MARYLAND 21215-0020 the death. Page 6 may be retained by the boostal or attending physician DIVISION OF VITAL RECORDS, P.O. BOX 68760

•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
. C	DECEDENT'S NAME (First, Middle, Lest)		2. DATE O	F DEATH

	REGISTRAN				CERTIF	ICALE	UF	DEALL		REG. NO).		
	JOSE DA	Middle, Last)	erto						2. DATE	OF DEATH	MY 199:	YEAR	I. TIME OF DEATH
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In vn	s. lest birthday)	IF UNDER 1 YE	FAR T	IF UNDER 24 HRS.	7 DATE	OF BIRTH			ACE (State or Foreign
- 8	210-28-84	95	1 1 M 2 F		YRS.		AY8	HOURS MIN.	(Month	, Day, Year)		Country)	
	247 000 01	10		79	1110.					7-15			Pa.
~	9a. FACILITY NAME (If not in					96. CITY, TO	OWN OF	R LOCATION OF DE	EATH		9c. COUNT	TY OF DEA	тн
DIRECTOR	Church H	Iome :	Hospital			Ba	lti	imore (litv			N/A	
5	RESIDENCE OF DEC											17.11	
2	100. SIAIL	10b. COUNT	Y		10c. CIT	Y, TOWN OR L	LOCATI	ON				10	Od. INSIDE CITY LIMITS?
	Md.		Balti	more	0	atons	svi	ille				1	YES 2 HO
4	10e. STREET AND NUMBER							ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
8	2110 Old	Fred	erick Rd	-Ra	1+0	Md.		21228			17	S.A.	
FUNERAL	11. MARITAL STATUS	1100	12. WAS DECEDENT				DECE	NOENT OF HISPAN	NIC ORIGIN	7 (Specify Ve			American Indian
- 11	1 Never Married 2	Married	FORCES? 1 [TYES 2	□NO	If ye	s, spec	city Cuban, Maxica	n, Puerto I				- American Indian, White, etc.
BY	3 Widowed 4 Divo	orced	W.W.			,,,	1 1 1 2	270 NO Specify	y:			Specify:	White
a	15. DEC	EDENT'S EDI			. DECEDENT'S	USUAL OCCU	PATIO	м	166	KIND OF BU	ISINESS/INDU		MILLIE
E	(Specify on	y highest grad	e completed)			work done durin			100	KIND OF BO	SINESS/INDO	SINT	
	Elementary/Secondary (0-12)	College (1-4 or 5+)			ovana, T							
COMPL	N/A		N/A		Gener	al Si	re	reon				SHO	ospital
웅┃	17. FATHER'S NAME (First, M							18. MOTHER'S NA	ME (First, A	fiddle, Malden	Sumame)		
BE	Rober	t Li	berto					Doro	the	a Ter	raci	na	
0	19a. INFORMANT'S NAME (Typa/Print)			19b. MAILING	ADDRESS (S	treet an	d Number or Rural I	Route Numb	oer, City or Tow	vn, State, Zip (Code)	
F	Sarah M.	Liber	rto		2110	01d	h'r	rederic	k R	d - Ra	otte	Mc	1. 2122
	20a. METHOD OF DISPOSIT			20b. PL/	CEANDDATE				OAT		CATION — C		
	1 Burial 2 Crematic		noval from State	cemeter	y, crematory or o	ther place)			1				
	21. SIGNATURE OF FUNERA		CENSEE	INE	w cat			Cemete		1-114-	- 45	Rall	to., Mo
								Balti		e Nat	iona	7 704	ke
	G. T	ובשוויו	n Schwab					imore.				T T 1	LAC
	23. PART 1. Enter the d				e death. Do i	not enter the	e mod	le of dving, auc	h aa care	lac or resp	iratory arre	at	Approximate
	shock, or h	eart failure.	List only one ceus	e on eech	line.								Interval Betv
	IMMEDIATE CAUSE (Find disease or condition	nal			1.	-0							Onset and D
	disease or condition resulting in death) Septic Shock DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): Multiple Mycloma DUE TO (OR AS A CONSEQUENCE OF):												
	DUE TO (OR AS A CONSEQUENCE OF):												
2	Sequentially list condit	lona	b		respor	atony	F	active					
ĔI	If any, leading to imme	diate	DUE TO (OR AS A CO	NSEOBENCE O	F):		0					
2	Cause. Enter UNDERLY CAUSE (Disease or Inju		C-	Mo	elleple	/	My	eloma					
RTIFICATION	that initiated events		DUE TO (OR AS A CO	NSEOUÉNCE O	F):	0						
	resulting in death) LAS		d										
O	DART II. Ottor stockler											_	
EDICAL	PART II. Other significa	int conditio	na contributing to d	seath but r	not reaulting	in the under	rlying	cause given in	Part I.	24s. WAS AN			YERE AUTOPSY FINDI WAILABLE PRIOR TO
용내										1 TYES	2 NO	0	OMPLETION OF CAU
													YES 2 NO
Σ													
SICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26 Pt 4	ACE OF DEATH (Ch	eck onte on				
걸	EXAMINER?		HOSPITAL:			OTHER:	20. PLP	CE OF DEATH (CIT	eck only on	9)	-	-	
≥		-	1 Competient 2 -					5 Residence					
PHY	27. MANNER OF DEATH	Deadles	28a. OATE OF I (Month, Da		28b. TIM	IE OF 28	c. INJU WOR		28d. OES	CRIBE HOW	INJURY OCCU	JRED	
B	2 Accident	Pending Investigation				M 1	I 🗌 YI	ES 2 NO					
	3 Suicide a	Could not be	28e. PLACE OF	INJURY — A	At home, farm,	street, factory,	offica				and Number of	r Rural Rou	rte Number,
2	4 Homicide	determined		tur (upoury)					City	or Town, State	,		
9 1	29s. CERTIFIER	*********											
COMPL			GICIAN: To the best of r										
ō I	2 MEO	ICAL EXAMIN	ER: On the basis of ax	amination and	d/or investigation	on, in my opini	ion, de	eath occured at the	time, data	and place, as	nd due to the	canse(s) s	nd manner as state
Ш	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c, LICENSE NUI	MBER		29d, DATE	SIGNED (A	fonth, Day, Year)
0		, 7	30 shar	i n	20			D -3	265	au	> /	1111	
၀	30 NAME AND ADDRESS OF					Delet			6 3	1 7	,	/ /	1995
	30. NAME AND ADDRESS O	PENSUN W	NO COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	, Print)							11-11-11
	31JAN 1 9 199	Ybar)	. P2. REGISTRA	SIGNATU	RE								
	AHIA T a 133	J You	m queuchors	whalf	1								
الــــا					1		_						

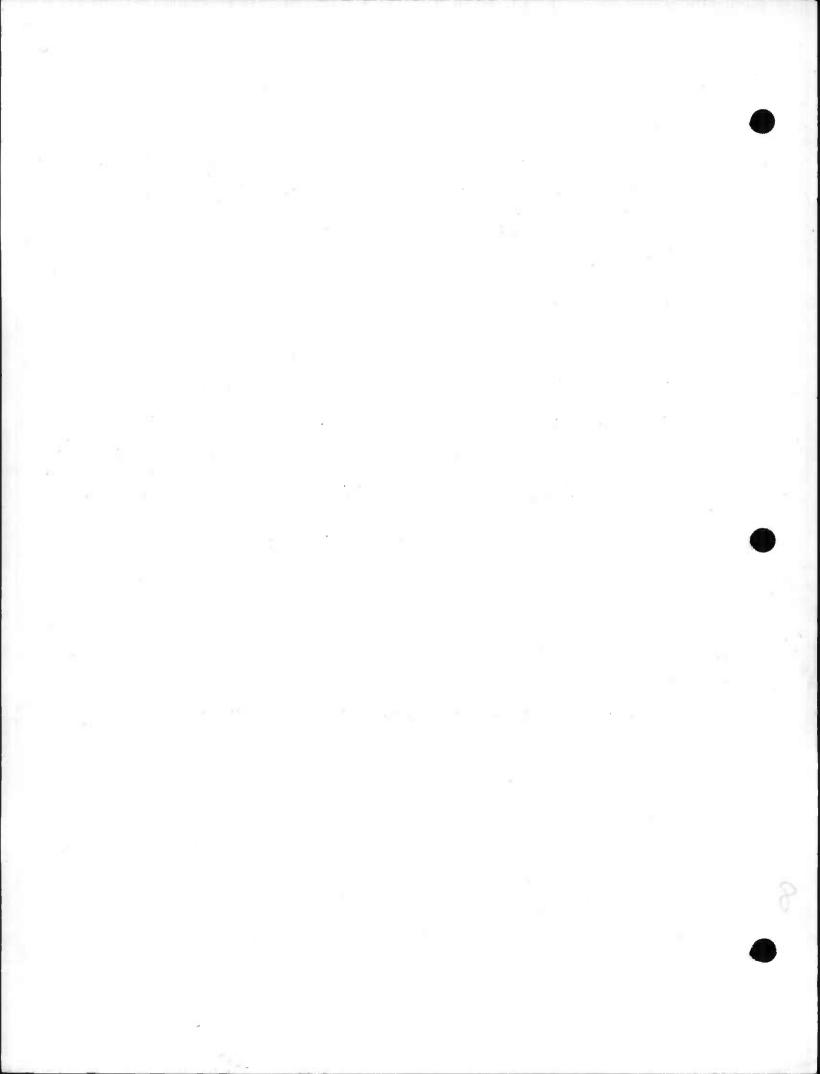
A Disks . I will be in a complete to the BEST CONTRACTOR OF THE PARTY OF

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	Pages 1, 2, 3 should		
attending physician.	CTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2,		
The hospital or	e detached for t		t once.
age to may be retained by the nosp	sage 5 should b		be notified a
am, rage o ma	ineral director, p		aminer must
VILIN , IOURS SITER DESTIN, PAG	illed in by the fu	alth and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
	nd completely fi	burial, crematio	atic event, th
e aw requires that the ueath certificate be executed	ding physician a	lygiene prior to	r other traum
man his neath	ed by the atten	th and Mental F	any injury, or
ile iaw requires	e has been sign	e Dept. of Heal	m 23 shows
THISICIAN:	r this certificate	th with the Stat	arked, or Ite
DR ALIENDING	DIRECTOR: Afte	hours after death with the State Dept. of Health	Item 28 Is m
ŧ	3		-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH		YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH	3. TIME OF DEATH			
	William F. Lo	ing, gr.			fan.	15.199	5:58 am			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BI (Month, Day)	RTH 8	. BIRTHPLACE (State or Foreign Country)			
	2/6-/2-9/78 9a. FACILITY NAME (If not institution, give	1 XM 2 F	72 YRS.	NTHE DAYS HOURS MIN.	July	28,1922	2 Maryland			
DIRECTOR	Franklin Squa	re Hospita	L	Baltimore			ltimore			
EC.	10a. STATE 10b. COUNT	•	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY			
1	Md. Bal	timore	Balt	imore			1 YES XX NO			
FUNERAL	1300 Sugarwoo	d Cincle		101. ZIP CODE 2/22/			N OF WHAT COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Sp	ecity Yea or No — 14	I. RACE — American Indian.			
ВУ Е	1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	If yes, specify Cuban, Maxic 1 YES 2 X NO Spec		, etc.)	Specify: White			
	15. DECEDENT'S EDU	W.	16a. DECEDENT'S USI	IAL OCCUPATION	16P KINE	OF BUSINESS/INDUS				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working	100, KINL	OF BUSINESS/INDUS	STHY			
린	Elementary (0 12)	conege (1-4 of 5 +)	Paint	en	R	emodelin	ig Co.			
Ö	17. FATHER'S NAME (First, Middle, Last)	C		18. MOTHER'S N	AME (First, Middle	Maiden Surname)				
BEC	William F. Lo	ng, Sr.		Sophi	ia Mey	ers				
0	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rural						
	Janice R. Schm			tack Ct. Bax						
	20a. METHOD OF DISPOSITION 1 [XBurlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State 20b	PLACE AND DATE OF D netery, grematory or other ARWOOD	ISPOSITION (Name of place)	DATE	20c. LOCATION — CI				
	21. SIGNATURE OF EUNERAL SERVICE LI		arrwood (22, NAME AND ADDRESS, OF F	ACILITY T	Balto.	Md.			
	House	Ja Olin		22 NAME AND ADDRESS OF Hartley Mix 7527 Harto	ller Fo	uneral h Balto	ome Md. 21234			
	23. PART I. Enter the diseases, or	complications that caused List only one cause on a	the death. Do not	enter tha mode of dying, su	ch aa cardiac e	or respiratory arres	it, Approximata			
	IMMEDIATE CAUSE (Final	ALCOHOL STATE OF THE STATE OF T		11			Interval Between Onset and Death			
	disease or condition resulting in deeth)	. ('(meetin	May Pa	July					
		DUE TO (OR AS A	CONSEQUENCE OF):							
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO OH AS A	CONSEQUENCE OF):							
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
E	reaulting in death) LAST	d								
	PART II Other elemificant condition									
SAL	PART II. Other significant condition	ns contributing to deeth b	out not resulting in t	he undariying cause given ir	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
MEDIC					1	YES 2 NO	OF DEATH?			
Σ	DID TODACCO LICE	CONTRIBUTE TO	CALLET OF				1 TES 2 NO			
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF I	28. PLACE OF DEATH (C						
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outp		THER:						
Ĭ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME O	Nursing Home 5 Residence F 28c. INJURY AT		E HOW INJURY OCCU	BED			
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO						
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	— At home, farm, stree	it, factory, office		(Street and Number or	Rural Route Number,			
TED	4 Homicide detarmined	building, atc. (Spec	слу)		City or Tow	vn, State)				
29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the films, data and place, and due to the cause(s) and manner as state										
Ö	29b. SIGNATURE AND TITLE OF CERTIFIE	R //. /		29c. LIÇENSE NU	JMBER -	29d. DATE S	SIGNED (Month, Day, Year)			
TO BE		rune	u, Ms	1018.	598		15-1891			
ř	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	7()						
	704 Caster	ave Balto	Mo.							
	JAN 1 9 1995 full 32 JEGISTHAR'S KNATCHEL									



igen 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle,	DAVID	Leon			2. DATE OF DEATH MONTH DAY	- 9	S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220–09–9597	1 🕟 M 2 🗆 F	(In yrs. last birthday) 82 YRS.		AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT 10,19	12	BIRTHPLACE (State or Foreign Country) MARYLAND		
TOR	9a. FACILITY NAME (If not institution, NORTHWEST HOSE RESIDENCE OF DECEDEN	PITAL CENTER			DALLSTOWN	EATH		Y OF DEATH TIMORE		
DIRECTOR	10a. STATE 10b. CC		10c. CIT	Y, TOWN OR I	OCATION TIMORE	7-17		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	100. STREET AND NUMBER 710 LEAFYDALE	TERRACE			101. ZIP CODE 21208		10g. CITIZE	U.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If y	S DECENDENT OF HISPA es, specify Cuben, Mexic YES 2 NO Speci		or No — 14	4. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 9th.	EDUCATION grade completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	EDENT'S USUAL OCCUPATION In third of work done during most of working DO NOT use relired.) OPRIETOR TAVERN						
BE CO	17. FATHER'S NAME (First, Middle, Las ISADORE	LEON			DORA		OWITZ			
5		EON	710	LEAFY	DALE TERRA	Route Number, City or Town, CE, BALTO., M	State, Zip Co D. 21	208		
	20a. METHOD OF DISPOSITION 117 Buriel 2 Cremetion 3 C 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State cen	netery, crematory or o BETH YEHU	DA AN	SHE KURLAN	D 01/17/95		y or Town, State IMORE, MD.		
	· Scatt	M. Cutte	Zu	60:	10 REISTER	n & Bros.,i stown rd.,b	ALTO.			
	23. PART I. Enter the diseases abock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	iure. List only one cause on e	ech ilne.		lok er		atory arrea	Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
AL CER	PART II. Other algolificent conc	d	out not resulting	n the unde	rlying ceuse given in	Part I. 24a. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICA	Copo, Colon Ca, Aclania, Org PERFORMED? COLO							AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 10. PLACE OF DEATH (Check only one) 11. OTHER:									
	1 VES 2 DATO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing E OF 26 URY	c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCUI	RED		
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one)							Rural Route Number,			
IO BE C	29b. SIGNATURE AND TITLE OF DEA				294, LICENSE MU	MBER 54	29d. DATE 5	11 G 195		
	30. NAME AND ADDRESS OF FROM A T	ecke y Je.	NOR-		ist Ho	SP, TAZ	e ।	UTER		
	JAN I 9 19	95 32 Sedistrations	nox Wardall	4				•		

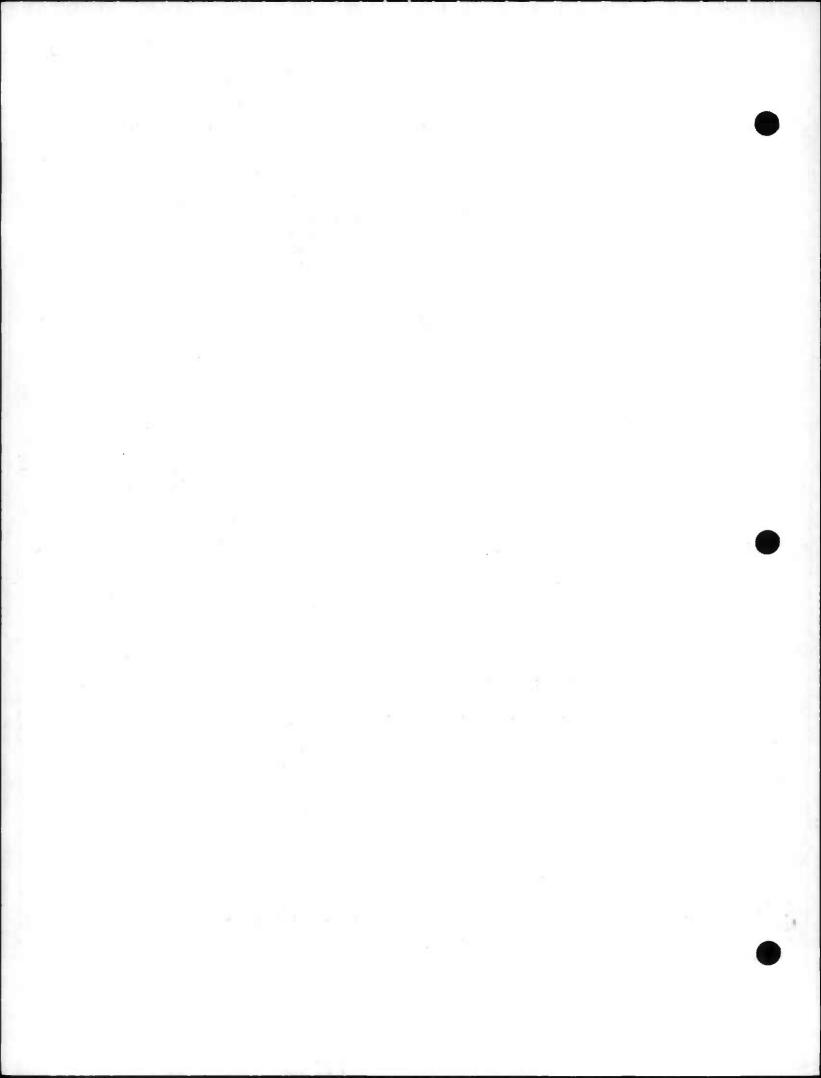
P, 1

· 一种的 。 2年6

_	afte	
	Si	
_	2	*
		-
	di.	-
5	with	1
•	P	
5	2	
5	3	7
,	8	
	8	
ζ.	9	ŕ
4	22	4
Ċ	ē	
	8	4
-	듄	,
2	9	
(9	4
ġ.	=	
-	hat	,
?	10	
)	9	
Į.	2	
	2	
ı	3W	i
	0	
	F	1
	2	
-	3	1
	S	
	THE DING PHYSICIAN: The law requires that the death certificate be executed with	A COLUMN AND AND ADDRESS OF THE PERSON AS ADDR
,	CD	•
	Z	
	呈.	
r	W.	1
٠.	100	d

TO BE COMPLETED BY	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT, If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the oval.	TO THE FINEMAL LIMETINE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed with a feath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
fter death. Page 6 may be retained by the hospital or attending	TO THE MICE AND THE MICE AND THE MICE AND THE LAW TO THE LAW requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hospital or attending
BALTIMORE, MARYLAND 21215-0	TOTAL RECORDS, P.O. BOX 68760.

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME	NT OF HEALTH AN	ID MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)	E	MAPISO			OF DEATH	15 98	3. TIME OF DEATH 7 47A M			
	4. SOCIAL SECURITY NUMBER 230-0-1879 1 1 1 1 1										
U	1919 West Nort		400 CITY TON	Baltimo	re			10d. INSIDE CITY			
IL DIRI	Maryland Maryland Maryland		10c. CITY, TOWN OR LOCATION Baltimore 100. ZIP CODE			10g. CITIZEN OF WHA					
ᄀᆘ	1919 West North	n Avenue	III S ADMED	212		17 10 16 V		JSA			
à .	Never Married 2 Married Wildowed 4 Divorced	FORCES? 15 YES IF YES, GIVE WAR OR OF	2 NO	If yes, specify Cuban, M. 1 YES 2 NO S	exican, Puarto I		or No- 14.	RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use retire	one during most of working id.)	16b	. KIND OF BUS	2.000	TRY			
NO.	Grade School 17. FATNER'S NAME (First, Middle, Last)		Self Em		S NAME (First, I		ESTA!	re			
# -	Charles Madisor 90. INFORMANT'S NAME (Type/Print)	1	19b. MAILING ADDR	Maj	V Wal		1, State. Zip Co	de)			
	Lawrence Madiso		3619 Cam	pfield Road	Balt	timore	Mary	land 21207			
	Lawrence Madison 3619 Campfield Road Baltimore, Maryland 21207 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Name of Commetter Co										
1	11. SIGNATURE OF FUNERAL SERVICE LICE	E. Nutte		22. NAME AND ADDRESS O 2501 Gwynns Baltimore, 1	Falls	apter l	unera:	Homes, Inc			
	23. PART I. Enter the diseases, or conshock, or heart failura. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that coused list only one causa on each of the Double of the Due to lor as a	the death. Do not are ach line. (elluky CONSEQUENCE OF):	Coucing		diac or reapi	ratory arrest	Approximata Interval Batween Onset and Daath			
FICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Congistive New Failure						AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
N N	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF DE		ио 🗆			13.120 13.10			
ובר מביו	S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		28. PLACE OF DEATH IER: Nursing Nome 5 Reside	100						
	7. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DES	CRIBE NOW II	JURY OCCUR	EO			
ED BY	2	28a. PLACE OF INJURY building, atc. (Spec	— At home, ferm, street,	1 YES 2 NO	28f. LOC	ATION (Street a or Town, State)	nd Number or I	Rurel Route Number,			
COMPLEIED	9e. CERTIFIER (Check only	CIAN: To the best of my knowl									
# ²	9b. SIGNATURE AND TITLE OF CERTIFIER		IAA L	29c. LICENSE		and place, and		Suse(s) and manner as stated. GNEDy(Month, Day, Year)			
- 11	O. NAME AND ADDRESS OF PERSON WHO			BALDMOF. M	nn. Ca	/Nt UFY) C	itu NF	MO HUSPITAL)			
10000	JAN 1 9 1995 A	32. REGISTRAR'S SIGN	ATURE Lall			- Volt	11-7 4	(1031 11/16)			



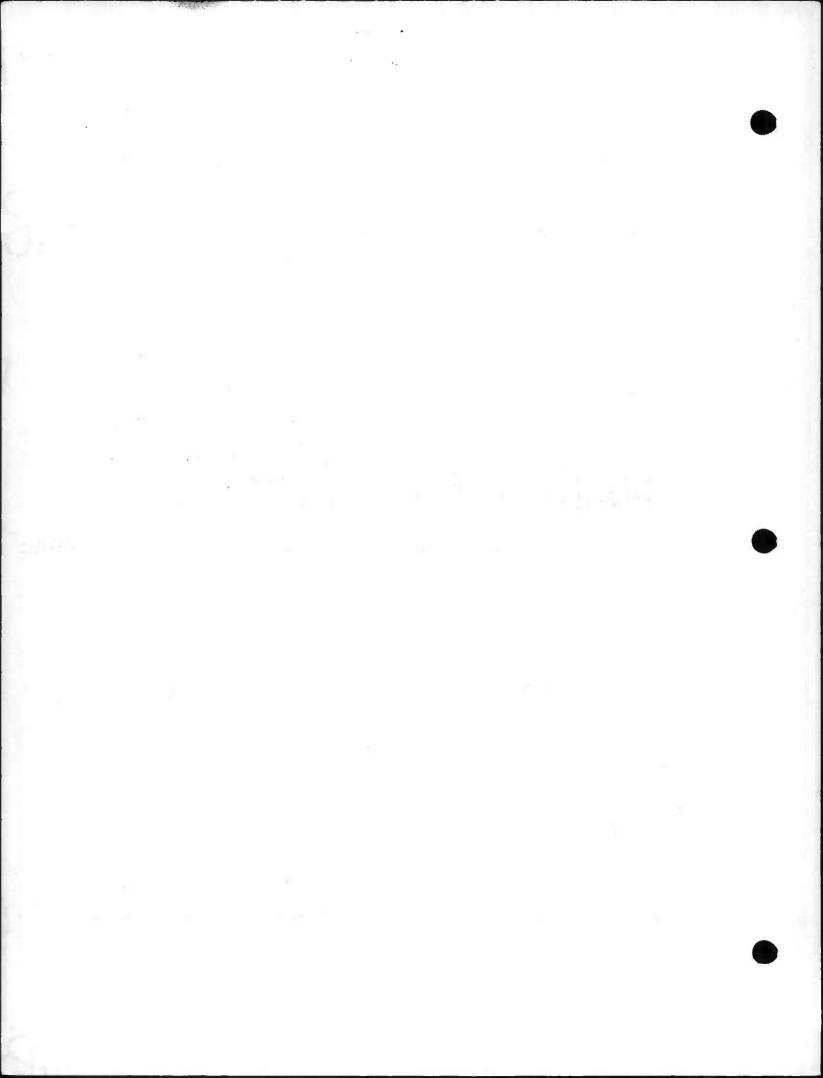
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENE BEG. NO.				
	1. DECEDENT'S NAME (First, Midde James ROE	JAMES ROI Macsorley,	MacSORI			2, DATE OF MONTH		YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR II	IF UNDER 24 HRS.	7. DATE OF	5	95	1:45 A M		
	221-01-0288	1 M 2 F 78 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) MAR. 31, 1916 M.							RYLAND		
ا ي	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
<u>0</u>	Meridian - T	East			T	albo	t				
DIRECTOR	MARYLAND 100.	TALBOT	100 0111, 10			OWN OR LOCATION ASTON			tod, INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	106. STREET AND NUMBER 201 E. DOVE	R ST.		101. ZI	101. ZIP CODE 10g. C			TIZEN OF WHAT COUNTRY?			
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DECENI	DENT OF HISPAN	IIC OBIGINS	Specify Yas or No-		E — American Indian.		
	1 Never Married 2 Marri 3 Wildowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR D WW II	2 NO ATES	If yes, specif	Y Cuban, Maxica	n, Puerto Rici			k, White, etc.		
COMPLETED BY	(Specify only high	IT'S EDUCATION est grade completed)	16a, DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most o	of working	teb. Ki	IND OF BUSINESS/IN	OUSTRY	WHITE		
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	SALESMA				INSURA	NCE			
Į į	17. FATHER'S NAME (First, Middle,	Last)					dle, Maiden Sumame)				
BE	JAMES R. Ma	acsorley, sr.			ANNA 1	FLEMI	NG				
2	19a. INFORMANT'S NAME (Type/Pi						City or Town, State, Z		19701		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Tremation 3	206	PLACE AND DATE OF DI	SPOSITION (Name		DATE	20c. LOCATION -				
	4 Donation 5 Other (Spec		netary, crematory or other p		ORY	1-5	SALISE	URY	, MD		
	21, SIGNATURE OF FUNERAL SE			NEWNA	ADDRESS OF FA	ERAL	HOME, P	.A.			
	23. PART I. Enter the disease	es, or complications that cause	the death. Do not e	enter the mode	of dying, auc	h aa cerdia	c or reepiratory as	reat,	Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	fellure. List only one ceuse on e	och line. CARCI NO						Interval Between Onset and Daath		
			CONSEQUENCE OF):								
RTIFICATION	Sequentielly liet conditions, if any, leading to immediate		CONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	< c									
	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF);								
		d									
EDICAL	PART II Other significent co	onditions contributing to deeth b	ut not resulting in th	e underlying c	euse given in		PERFORMED?	246	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ						_	\mathcal{N}		1 TYES 2 ND		
PHYSICIAN:	05 WM 0 04 05 05 5 5 5 5 5 5 5 5 5 5 5 5 5 5										
2	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL;		HER:	E OF DEATH (Ch						
2	1 YES 2 VINO	t Inpetient 2 ER/Outs 28s. DATE OF INJURY	28b, TIME OF	Nursing Home :			Specify) NIBE HOW INJURY OF	2011252			
	1 Netural 5 Pend	(Month, Day, Year)	INJURY	WORK	?	zod. DEŞÇA	IIDE HOW INJURY OF	CORED			
9 87	3 Suicide 6 Could	1 not be 28s. PLACE OF INJURY	- At home, farm, streat				ON (Street and Number	or Rural	Route Number,		
		mined building, atc. (Spec	<u>.</u>			City or	Town, State)				
MPLETED		IG PHYSICIAN: To the best of my know									
	2 MEDICAL	EXAMINER: On the basis of examination	n and/or investigation, in	my opinion, deati	h occured at the	time, data an	d placa, and dua to t	he cause (i) and manner as stated,		
N N	286. CHATUNE AND TITLE OF	ENTIFIER		25	Oc. LICENSE NUM	BER	29d. DA	TE SUGNEC	(spine, Day, Year)		
0	NO NAME AND ADDRESS OF	ESO ME	A=11 a======		1352	SI	•	1/5	175		
	JU. NAME THU ADDRESS OF PER	ISON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	Rototh	MAKE L	ANS.	BASton	1 KA	2/601		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			:						
	JAN - 5 1995	Julia Davidson Rand	alle								

BALTIMORE, MARYLAND 21215 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nit. Pages 1, 2, 3 should

DHMH-16 Ray 1/89



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF I	HEALTH AND A	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) ANNIC	,				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (nc J.w+ y (In yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4 19	95 B. BIRTHE	10 PN
	213-30-9720		77 YRS.	THS DAYS	HOURS MIN.	(Month, Day, Year) 4/29/19	17	Country,	rgia
TOR	90. FACILITY NAME (If not institution, give MN C' Round RESIDENCE OF DECEDENT	alloto wn		96. CITY, TOWN OR LOCATION OF DEATH Randallstown			14.	tim	
DIRECTOR	100. STATE 10b. COUNT	Y		WN OR LOCAL					10d. INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER 3939 Clarks L	ane		10	21215		10g, CITIZ		IAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 2 NO	If yea, sp	CENDENT OF HISPANI pecify Cuban, Mexican 5 2 NO Specify:	C ORIGIN? (Specify Yo., Puarto Rican, etc.)	e or No	14. RACE Black, Specify	- American Indian, White, etc.
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, DECEDENT'S USU (Give kind of work life. Do NOT use rea	done during mo ired.)	ON ost of working	186. KINO OF BE			
E COMPL	12th 17. FATHER'S NAME (First, Middle, Last) Jesse Joshuaw	ay McCoy	Deducte	Lan	18. MOTHER'S NAM	IE (First, Middle, Maide. Mae	n Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) Almie McIntyr	e	19b. MAILING ADD	ness (Street a	and Number or Rural Re	oute Number, City or To	wn, State, Zip	Code)	21228 Md.
	20e. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Rem	oval from State	PLACE AND DATE OF DI	SPOSITION (Na	ame of	DATE 20c. L	OCATION C	ity or Tow	n, State
	4 Donation 5 Other (Specify)	CENSEE	ing Memo		Park 1,		ida11	stor	m, Md.
	7Um	0.11	10 01	LERO	Y O. DY	ETT & SO Y HEIGHT			
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	consequence of): consequence of): consequence of):	r V ia	al car	icev			Interval Betw Onset and D
EDICAL CE	PART II. Other significant condition	s contributing to death be	ut not resulting in th	e underlying	g ceuse given in P	art I. 24e. WAS AI PERFO	RMED?	6	VERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION DF CAUS OF GEATH?
Σ						_	\wedge		YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATN (Chec	k only one)			
IYSICI	1 TYES 2 NO	1 - Inpatiant 2 - ER/Outp	atlant 3 DOA 4		e 5 🗆 Residence 6	Other (Specify)			
У РНУ	1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT RK? /ES 2 NO	26d. OEŞCRIBE NOW	INJURY OCCU	JRED	
6	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, street	tactory, office		281. LOCATION (Street City or Town, State	and Number o	or Rural Roo	ite Number,
PLET	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	adge, death occurred at	the time, data	and place, and due to	o the cause(s) end ma	nner as state	d.	
COMPL	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, in	my opinion, d	eath occured at the ti	me, data and place, a	nd due to the	cause(s) s	and menner sa state
BE	296. SIGNATURE AND TITLE OF CERTIFIES	1.0 . (2)			29c. LICENSE NUME	ER	29d. DATE	SIGNED (A	forth, Day, Year)
2	30. NAME AND APPRESS OF PERSON WN	COMPLETED CAUSE OF DE	ATNUTEM 27) (Type, Print		D40	390	1	18	195
	9017 Liber	& Road	Randall	stone	nM	0 2 1	77		C
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		1	-	3 3		

Tondelistorn (/29/1015 frave/19

Fordelistorn (*21kinora)

17th (**See Fordelistorn (**See Fordelistor)

Jeese Joshuaway HcCoy (Jamie Mae Jamie Mae Jamie Mae Jamie Mae Jamie Mae Jamie Mae Jamie Mae Jamie Mae Jamie McIntyre (**See Fordelistorn (**Må)

Simie McIntyre (**Må) (*

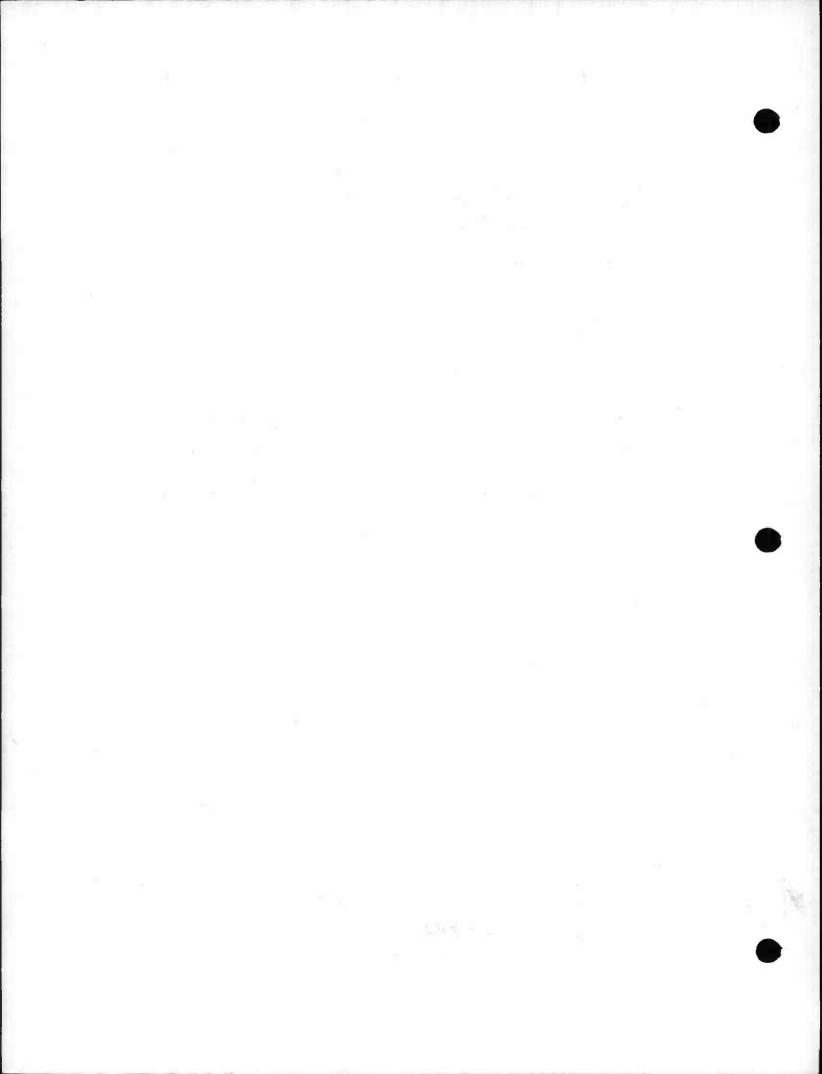
BALTIMORE, MARYLAND 21215-0020	within hours after death. Page 6 may be retained by the hospital or attending physicial
BALT	hours after death
	4
30X 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
, P.O. E	eath certifica
DIVISION OF VITAL RECORDS, P.O. BOX 68760	requires that the d
JE VITAL	YSICIAN: The law
VISION	ATTENDING PH
	DR

TO THE FUNERAL INFECTION OF WITH THE CONTROL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with an opposite of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fine within 72 munitarity of them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN			
- 1	1. DECEDENT'S NAME (First, Middle, Last)	2 DW ARD	MAI	RTIN		2. DATE OF DEATH	Y G	YEAR 3. TIME OF DEATH	
	4. SOCIAL ŠEČURITY NUMBER 212-30-9506	1-XXM 2 F	a State Fred a State Anna.					BIRTHPLACE (State or Foreign Country) / exal	
TOR	90. FACILITY NAME (If not institution, give street and number) Veterans Med. Cntr. 9b. CITY, TOWN OR LOCATION OF D Balto.					DEATH	9c. COUNT	TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10d.				town or location Ltimore				
FUNERAL	100. STREET AND NUMBER 24/6 E. Fayet	te St.		1	01. ZIP CODE 2/224			X⊠ yes 2 □ no en of what country? S.A.	
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES KOREAN CONFLICT 13. WAS DECEMBENT OF HIS If Yes, specify Cuben, Mea					en, Puerlo Ricen, stc.)	o or No— 1	14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working with. Do NOT use retired.) ### Look NOT use retired.)				16b. KIND OF BU		Shop		
TO BE COM	17. FATHER'S NAME (First, Middle, Last) Edward G. Dan	nell				AME (First, Middle, Melden Onia C. K			
TO BE	190. INFORMANT'S NAME (Type/Print) Many E. Mantin		19b. MAILING 24/	S E. F.	and Number or Run	l Route Number City or Tow	n Stata Zio (Code) 2/224	
	Many E. Mantin 24/6 E. Fayette St. Balto., Md. 2/224 20s. METHOD OF DISPOSITION 1 Burlei 2 Gremetion 3 Removal from State 4 Donation 5 Other (Specify) 24/6 E. Fayette St. Balto., Md. 2/224 20c. LOCATION - City or Town, State 27/19 Balto., Md. 27/19 Balto., Md.								
	23, NAME AND ADDRESS OF FACILITY Hantley Millen Funenal Home 7527 Hanford Rd. Balto., Md. 21234								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Batween Onsat and Death Due to (or as a consequence of): Approximate interval Batween Onsat and Death								
CERTIFICATION	Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST B. Coule myccoles underlied underlied for the consequence of the country of the initiated evente resulting in deeth) LAST								
EDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Other eignificent conditions contributing to deeth but not resulting to deeth but not resulting to deeth but not resulting to deeth								
AN: M	DID TOBACCO USE (CONTRIBUTE TO	CAUSE O			0 0		1 TES 2 NO	
PHYSICIAN:	EXAMINER? 1 VES 2 NO	HOSPITAL:	pstient 3 DOA	OTHER:	ne 5 Reeldence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending investigation	280. DATE OF INJURY (Month, Day, Year)	28b. TIR	AE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCU	IRED	
TED B	2 Accident 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm,	street, factory, off	ce	281. LOCATION (Street City or Town, State)	and Number o	r Rural Route Number,	
COMPLETED		CIAN: To the best of my know						i. ceuse(e) end manner se stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER	~ up			29c. LICENSE N				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							1		

July 32 DEGISTAR'S RIVATE

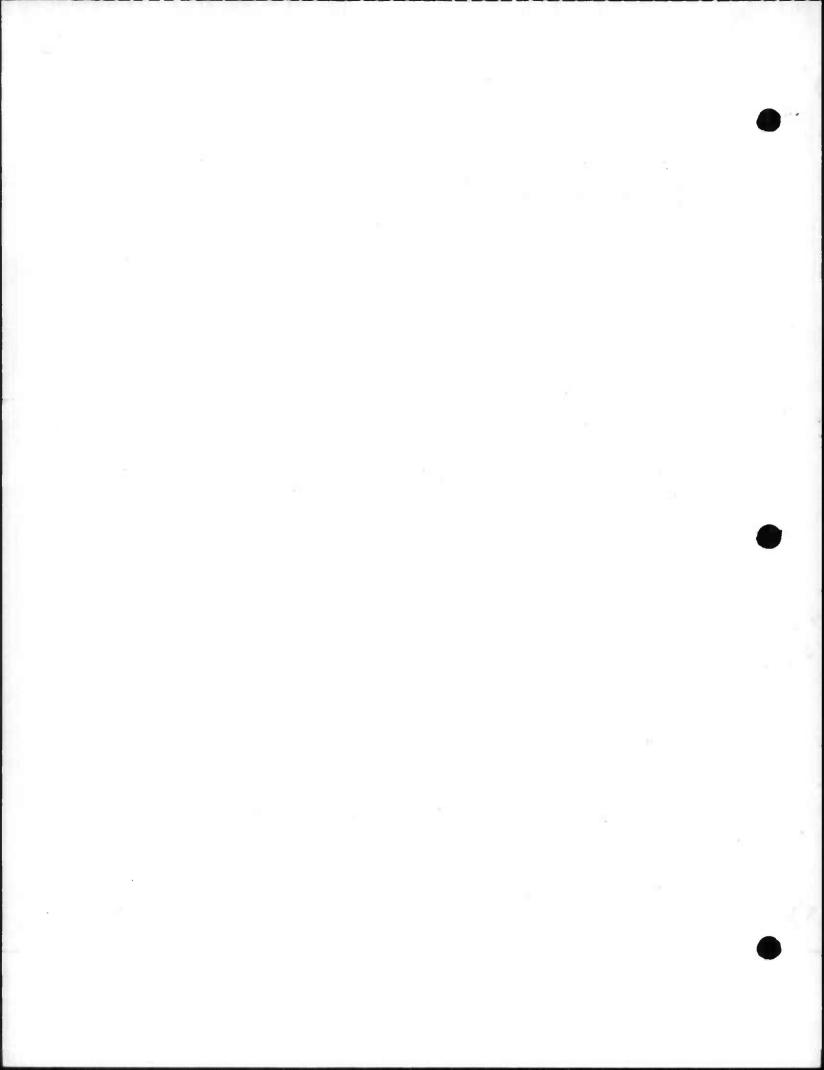
JAN 1 9 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	burial, cremation, or removal.	itic event, the medical examiner must be notified at once.	NO TO BE COMPLETED BY FUNERAL DIRECTOR
The state of the s	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC		FATH	DEC NO			
	1. DECEDENT'S NAME (Flyst, Middle, Last)	lino	Linda	Nino	2.	DATE OF DEATH]	-8-95	S. TIME OF DEATH 4:25 A M	
	4. SOCIAL SECURITY NUMBER 251 92 1598	251 92 1598 1 M 2 F 46 YRS. MONTHS DAYS HOURS MIN. 12-24-48						8 BIRTHPLACE (State or Foreign Country) Maryland	
TOR	Nothing Pountary Mad Control Politics						n a	OF DEATH	
DIRECTOR	Maryland Fre	0e. STATE 10b. COUNTY			k		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL		kway #101		10f. ZIF	21702			S A	
BY FU	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yee, specify	ENT OF HISPANIC (Cuben, Mexican, P NO Specify:	ORIGIN? (Specify Ye Puerlo Ricen, stc.)	e or No- 14	. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU(Specify only highest grade Elamentary/Secondary (0-12)		18e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of	maker				
	17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NAME	(First, Middle, Maiden	Sumame)		
D BE	Monroe Beall 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street and N	Patric Jumber or Aurel Rout	ia te Number, City or Tow	rn, Stete, Zip Co	de)	
2	James Beall			CONTRACTOR OF THE PARTY OF THE				11inois60194	
	1 Burlel 2 Cremetion 3 Remd	oval from State cen	o. PLACE AND DATE OF DI netery, crematory or other p OVal	place)	1			or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Ronald Sens	Wade,Dir	655W.B	altimor	ceSt,Bal	lto,MI		
TION	23. PART 1. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING Out To (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.								
MEDICAL C	PART II. Other algnificent condition	s contributing to death b	out not resulting in th	e underlying cs	use given in Par	Tt I. 248. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO	
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YES		JNCERTAIN				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ОТ	HER:	☐ Residence 6 ☐	Other (Specify)			
	27. MANNER OF OEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY WORK? M 1 YES	AT 28	d. DESCRIBE HOW	NJURY OCCUR	EO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street			If. LOCATION (Street City or Town, Stete)	and Number or	Rural Route Number,	
COMPLET	anal	CIAN: To the best of my know						euse(e) end manner ee stated,	
TO BE C	2002 SIGNATURE AND TITLE OF CERTIFIER SWAMPE POUR	s-Bermuo	leg, MD.	A	F 2GG L	HOOD SR	29d. DATE S	GNED (Mefrith, Day, Year)	
	SUZANDE BUILS OF PERSON WHO	EMURIEZ N	10. Soun	s Hopkin	Bayne	ewned.	Gr. B	alfimore, MD.	
	JAN 1 9 1995	32. REGISTRAR'S SIGN							



BOX 6876
8
9
×
0
00
P.0
۵
10
8
×
5
X
RECORDS,
ITAL B
7
\vdash
=
-
OF VI
U
Z
0
S
Ë
= ,
ω/

MEDICAL

PHYSICIAN:

BY

ED

COMPLET

BE

9

	2		
	burial-transit permit. Pages 1.		
	L. Pac		
	ermi		
	TSit C		
ician	al-tra		
phys	buri		
guipo	s the		
affe	Se a		
10 21	for u		
idsoc	ched		65
the !	deta		ONC
d by	ld be		d at
rtaine	Shou		Hille
be re	ge 5		e no
may	ж, ра		stb
9 96	firect		E
h. Pa	eral o		nine
deat	e fun		lical examin
after	₽ D	mova	lical
hours	ui pa	0.0	med
47	ly fille	ation,	the
within	plete	crem	ent,
urted	COM	Jujal,	ic en
exec	n and	to b	Jmat
ate be	ysicia	prior	tra tra
ertific	ng ph	Mental Hygiene prior to bur	othe
ath c	ttendi	tal Hy	10 '
N: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	med by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	Men	F
that	of po	h and	any i
uires	signe	Healt	W.S
v requ	been	t. of	sho
he lav	has	Dep	n 23
E N	rtificate has been signed by	State	lter.
SICIA	certi	th the	d, 01
BH S	r this	Ifter death with the State Dept. of Health and Men	18 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
VDING	: Afte	deat	ls m
E	OR	the	90

95 01270 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF GEATN Ochs Frederick 0140 A 01 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 0 8 DAYS 1 M 2 F VDS Maryland 220-30-0005 82 27 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown Baltimore RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Woodlawn Maryland 1 YES 2 K NO FUNERAL 10e. STREET AND NUMBER 10a: CITIZEN OF WHAT COUNTRY? 5527 Clifton 21207 Avenue U.S.A. 11. MARITAL STATUS 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE --- American Indien, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 X Merried Specify: White BY 3 Widowed 4 Olvorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6th Produce Dept. Pantry Pride 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) George 0chs Catherine Haberkorn BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Mrs. Margaret Ochs 5527 Clifton Avenue Baltimore, MD 200. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 1 & Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Corraine Park Cemetery 1/21 Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. eug amos 8728 Liberty Road Randallstown, MD 21133 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate lock, or heart failure. List only one cause on each line iMMEDIATE CAUSE (Final disease or condition **Onset and Death** Aspiration Spiration pneumonia oue to (of as a consequence of): resulting in dasth) Intracrantal hemorrhage right temporal DUE TO (OR AS A CONSEQUENCE OF): frontal region CERTIFICATION Sequantisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daath) LAST

PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Wo MIS dz.

Wo Atrial tib

M 1 YES 2 NO

24s. WAS AN AUTOPSY 1 TYES 2 7 NO

HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN I

S CASE REFERRED TO MEDICAL	26. PLACE OF DEATN (Check only one)							
AMINER? VES 2 1 NO	HOSPITAL: 1, Inpetient 2 ER/Outpatient	3 DOA	OTHE 4 Nu	R: rsing Home 5 \(\) Residence	8 Other (Specify)			
NER OF DEATH	28e, DATE OF INJURY	28b. TIN	AE OF	28c. INJURY AT	28d. DESCRIBE HO			

27. MAI 2 Accident Investigation 3 Suicide

4 Homicide

31. DATE FILED (Month, Day, Year)

29e. CERTIFIER

28e. PLACE OF INJURY - At home, farm, street, fectory, office 8 Could not be determined

1 Z CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner es stated. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.

96. SIGNATURE AND	TITLE OF CERTIFIER	
DRog	gen MO	

29c. LICENSE NUMBER D 35844 29d. DATE SIGNED (Month, Day, Year) 95 18 01

Randallstown MO

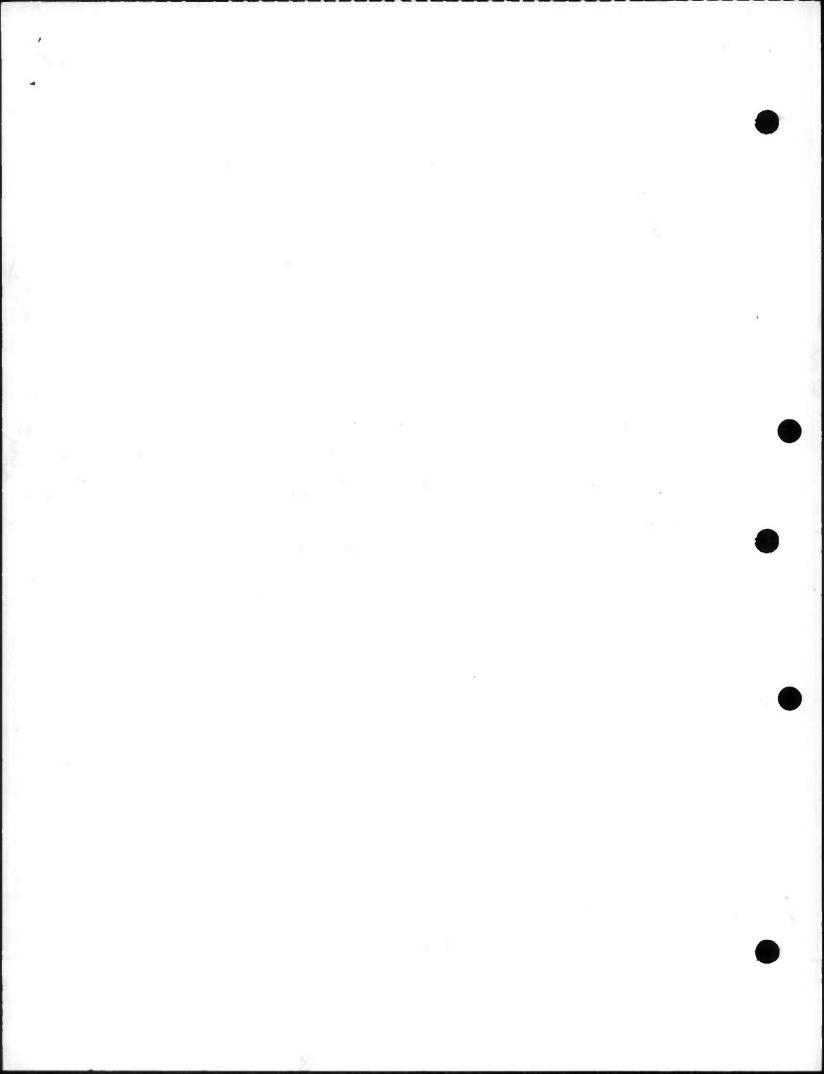
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) D. Koggen

Northwest Hosp. Center 5401 Old Ct. Rd.

9 1995

Hely d'Evoler Raylell

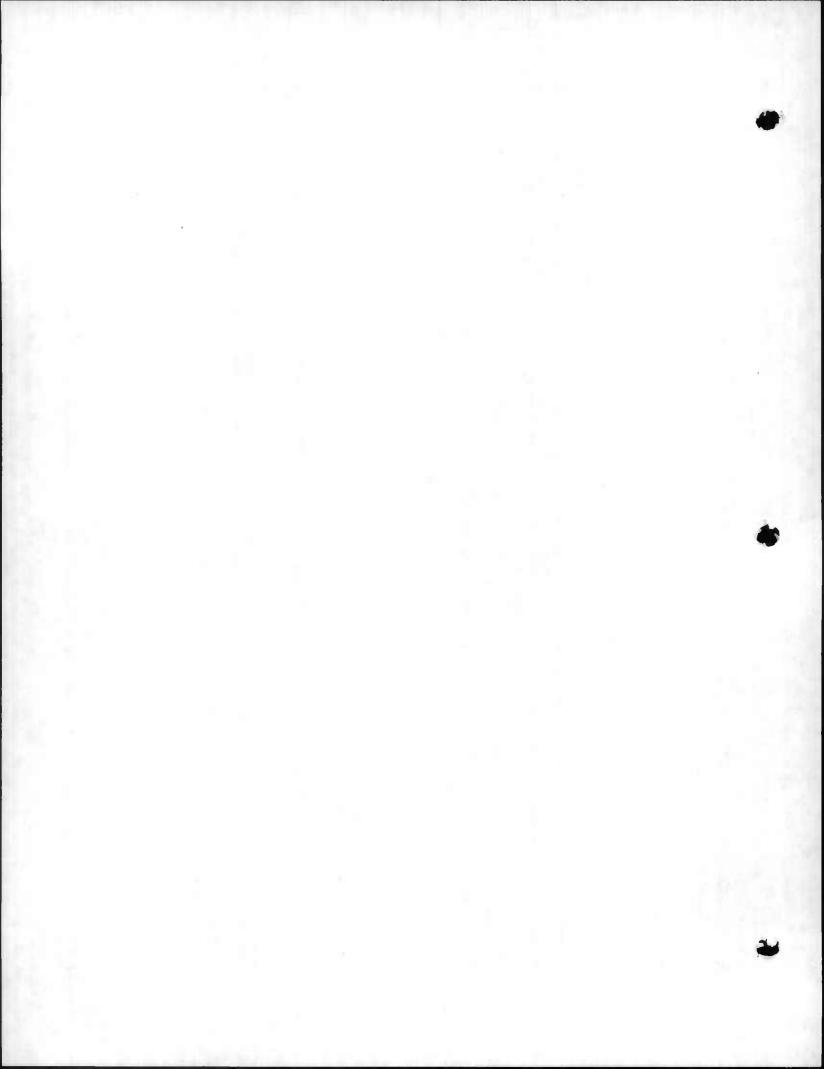
21137



VOID
CERTIFICATE #
95-01871

SEE

CERTIFICATE #

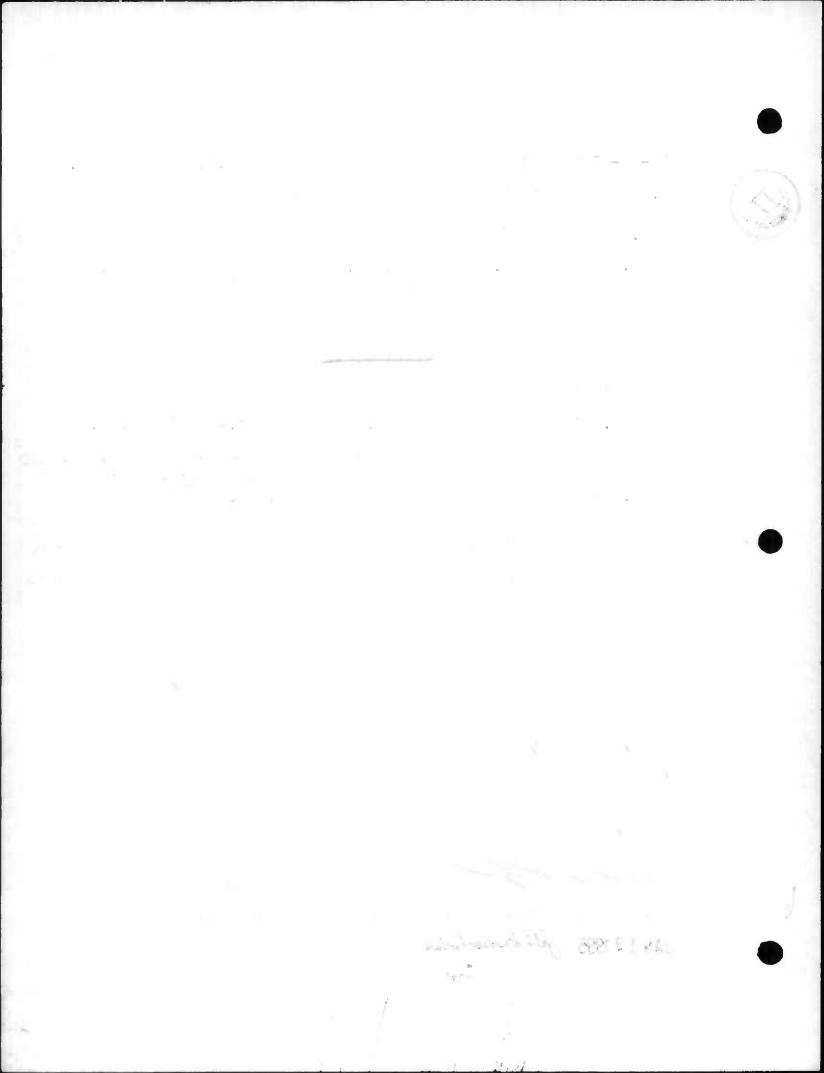


S-020	inding the second of the secon	. •	TO BE COMPLETED BY FUNERAL DIRECTOR	
BALTIMORE, MARYLAND 21215-0020	uurs after death. Page 6 may be retained by the hospital or after in by the funeral director, page 5 should be detached for use a removal.	redical examiner must be notified at once.	TO BE COMPLETE	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the buspital or attending the PUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bush within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
DIVISION	TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wit	IMPORTANT: If Item 28 is marke	TO BE COMPLETED BY F	

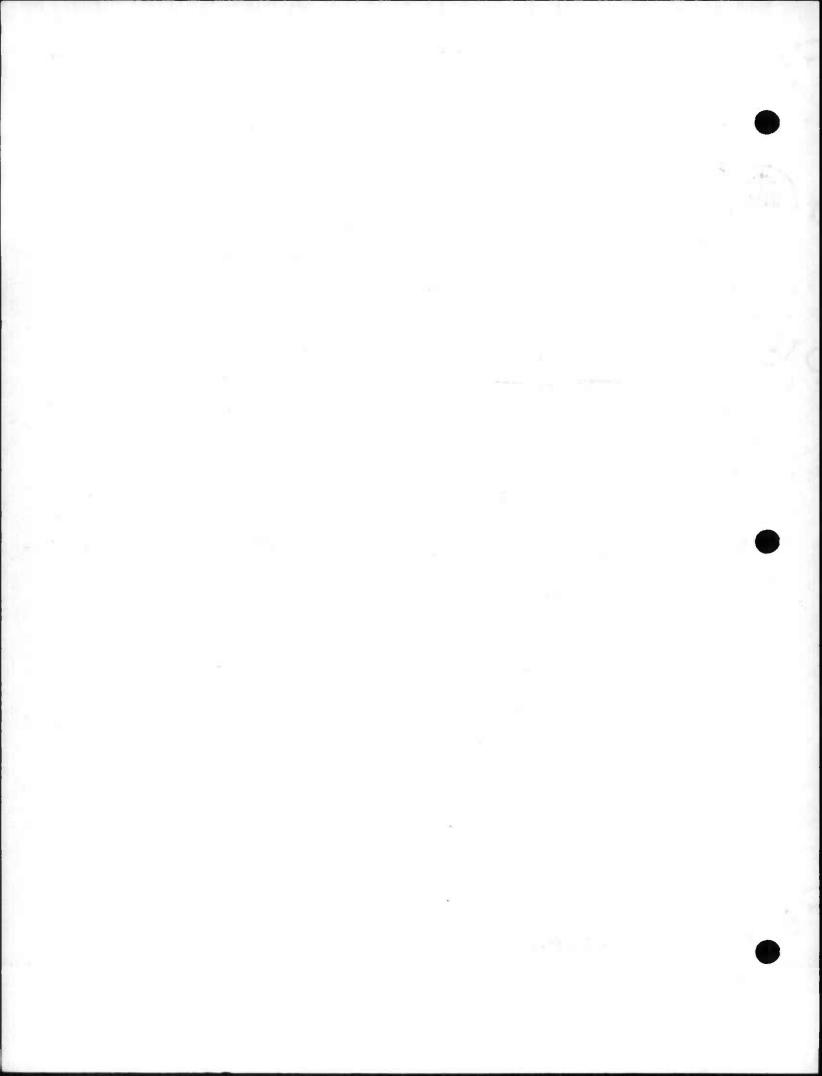
FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	MENT OF H	EALTH AND I		YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Podo	Iskaya	٠		2. DATE OF D	EATH DAY -	95	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-92-4822	1 M 2 Ø F 97	7 YRS. MO	UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 12 - 15	Year)	s. BIRTH Countr	PLACE (State or Foreign Y) RUSSIA
99. FACILITY NAME (If not institution, give str NORTHWEST HOSPITA RESIDENCE OF DECEDENT		96	RANDA	LLATOWN LSTOWN	EATH		BALTI	
10a. STATE 10b. COUNTY MARYLAND			OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 12 YES 2 NO
100. STREET AND NUMBER 2926 TANEY ROAD, A	APT.#2-B		101	21209		10g. (U.S	vhat country? .A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :		If yes, sp	ENDENT OF HISPAN active Cuban, Maxica 2 NO Specify	n, Puerto Rican,		14. RACE Black Speci	— American Indian, c, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16 completed) 16 College (1-4 or 5 +) 5+	G. DECEDENT'S USU (Give kind of work life. Do NOT use re-	done during mo tired.)	DN st of working		OF BUSINESS		
17. FATHER'S NAME (First, Middle, Last)	31	DONGLON		16. MOTHER'S NA				
	DOLSKY			MAR			HEVEL.	S
19a. INFORMANT'S NAME (Type/Print) MR. ALEXANDER MIK	KHAILOVICH			AD, APT.				09
20a. METHOD OF DISPOSITION 1 W Burlal 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	val from State comete. BAI	ACE AND DATE OF D ry, crematory or other LTIMORE H	plecel		16/95	20c. LOCATION RAND		wn, State OWN , MD .
21. SIGNATURE OF FUNERAL SERVICE LICE	after		SOL	D ADDRESS OF FAI LEVINSON REISTER	& BROS	S.,INC. RD.,BAL	TO.,M	D. 21215
iMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ilina.		4		or respiratory	arrest,	Approximate interval Between Onset and Death
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):						
Urenta C	HTN, A	themia SCVA	, D	M	1	WAS AN AUTOPS PERFORMED? YES 2 NO	SY 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (C		UNCERTAIN	4 L			
	HOSPITAL: 1 Inpatient 2 ER/Outpatie	01	THER:	5 🗆 Raaldenca	6 Other (Son	city)		
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF			28d. DESCRIBE	HOW INJURY	OCCURED	
1 Nstural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	2sa. PLACE OF INJURY — building, atc. (Specify)		M 1 🗆 Y	ES 2 NO	281. LOCATION City or Tow	(Street and Num	ber or Rural A	loute Number,
4 Homicide datarminad								
	IAN: To the best of my knowledge: On the besis of examination an) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	mo			29c. LICENSE NUM D35	844	29d, D	O1 -	(Month, Day, Year) 14-95
30. NAME AND ADDRESS OF PERSON WHO	Northwest	(ITEM 27) (Type, Prin	nter	540	1 01d	Ct Ro	1 R	andolls town
31. DATE FILED (MONTH 01 9") 1995	32 Jackson and Charles and	R. W.						

	2,23,30
FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN
STATE	DIALL OF MANITAND / DEFANIMENT OF REALITY AN

	1 - STATE REGISTRAR STATE OF MARYLAND / CE			OF HEALT		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Melvin E Richardson 57	R.				2. DATE OF DEATH DA	0.1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last		IF UNDER		ER 24 HRS.	7. DATE OF BIRTH	8.8	BIRTHPLACE (State or Foreign
	212-07-1129A 1 1 T 2 F 85	YRS.	MONTHS	DAYS HOURS		Mar. 6.10	109	Md .
H				TOWN OR LOCA		HTA	9c. COUNTY	
5	St. Agnes Hospital RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			ltimor	e		N	I/A
DIRECTOR	Md. N/A			R LOCATION				10d. INSIDE CITY LIMITS? 1 TYES 2 HO
	10e. STREET AND NUMBER		na.I	101. ZIP CO			10g. CITIZEH	OF WHAT COUNTRY?
FUNERAL	512 S. Smallwood St Baltimo				1223			5. A
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IH U.S. ARM FORCES? 1 YES 2 No. IF YES, GIVE WAR OR DATES		- 11	WAS DECEMBENT yes, specify Cut	an, Mexica	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.) ;		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	(Give (Give Completed)	 kind of v 	vork done d	CUPATION uring most of work	dng	18b. KIHD OF BUS	INESS/INDUST	
PE	Conege (14 or 5+)	Do NOT us		ACHINE S	НОР	~	3 (1 73	
OM	17. FATHER'S NAME (First, Middle, Last)	iolia	ret		THER'S HAI	ME (First, Middle, Maiden :		ployed
BE C	Albert Richardson					Cavev		
2						loute Number, City or Town		
	206. METHOD OF DISPOSITION 206. PLACE AI	HDDATE	F DISPOSI	TION (Name of			IMOTE	or Town, State
	1 Burlet 2 Cremation 3 Removat from State 4 Donation 5 Other (Specify)	natory or of	Pari	Ceme	terv	1-20-95	Bal	to. Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		5 J	L51 Ba	ltim	ore Nati	onal	
	G. Truman Schwab 23. PART I. Enter the diseeses, or complications that caused the dea	th. Do n	Ba ot anter	altimo	re.	Md. 2122 as cardiac or reapi	gratory arrest,	Approximata
	IMMEDIATE CAUSE (Finel							Interval Between Onset and Death
	resulting in death) e. Respirator Due To (DR AS A CONSEON	HENCE OF	7:	lore				24 hrs
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CR //	CO	rcinon	ncy (of the	ling	4 months
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	JENCE OF	7):		·			
	PART II. Other significant conditions contributing to deeth but not re	sulting i	n the unc	lerlying cause	given in i	Part I. 24e, WAS AH	AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL						PERFORM	1.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME						_ _ /	7	OF DEATH? 1 TYES 2 HD
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEAT 25. WAS CASE REFERRED TO MEDICAL 26. PLACE				CERTAIN			
SIC	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inputer 2 ER/Outpatient 3		OTHER		lesidence	8 Other (Specify)		
ВУ РНУ	27. MANHER OF DEATH 1 Hetural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIMI	OF	28c. INJURY AT WORK? 1 YES 2		28d. DESCRIBE HOW IN	JURY OCCURE	:D
	3 Suicide S Could not be determined 28. PLACE OF IHJURY — At hom building, etc. (Specify)	e, term, s	treet, facto	ry, office		281, LOCATION (Street or City or Town, State)	nd Number or Ro	urel Route Number,
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAH: To the beet of my knowledge, deet one) MEDICAL EXAMINER: On the basic of examination and/or interpretation.							use(e) end manner as stated.
TO BE	29b. SIGNATUBE-AND TITLE OF CERTIFIER				H28		29d. DATE SIG	NED (Month, Day, Year)
		27) (Typo, 7504		ofigact.	1 [Bultimore	ma	iryland
	JAN 1 9 1995							3



		111m0/1/ w.									93	U	1214
	1 - FOR STATE REGISTRAR	STATE OF MARY		DEPAR					MENTAL	HYGIEN REG. NO	E		
3	1. DECEDENT'S NAME (First, Middle, Last) RACHEL	RANDOZPH							2. DATE OF MONTH		W // /	YEAR	3. TIME OF DEATH 0912 A
	4. SOCIAL SECURITY NUMBER 217-12-0650	5. SEX 6. AC	T2	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF JAN.	7, 19	22	Country	PLACE (State or Foreign Y) RYLAND
or .	9a. FACILITY NAME (If not institution, give a				96. CITY, TOWN OR LOCATION OF DEATH				ATH		9c. COUN		
TO	UNIVERSITY RESIDENCE OF DECEDENT	HOSPITA	L		BALTIMORE (CI	TY		n	/a	
DIRECTOR	MARYLAND 106. COUNTY	n/a				LT]	MOR	E					10d. INSIDE CITY X LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	TMOD GOI	1D.M			101	ZIP CODI				_		WHAT COUNTRY?
JNE	1535 MOUNT	12. WAS DECEDENT EVE	R IN U.S. AR	MED	13. V	MAS DEC		217	IIC ORIGIN?	Specify Ver		TEL	
ВУ	1 Never Married 2 Married 3 Widowed XX Divorced	FORCES? 1 YES, GIVE WAR OF	S XX	40	- 10	f yes, sp			n, Puerto Ric			Speci	- American Indian, t, Whita, etc.
ETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	(G	CEDENT'S live kind of v	work done o			ng	16b. K	IND OF BU	SINESS/INDU	JSTRY	
COMPLE	Elementary/Secondary (0-12) 9 TH	College (1-4 or 5 +)		LECT		JUI	OGE			CITY	of E	BALI	IMORE
BE CO	17. FATHER'S NAME (First, Middle, Last) THOMAS -BU	JTLER Un	known	1					ME (First, Mic ZABET		Surname) BUTLE	R	
0	198. INFORMANT'S NAME (Type/Print) CHRISTINE	RANDOLPI		570					Poute Number				21206
	CRESTINE 20a. METHOD OF DISPOSITION KIXBurlal 2 □ Cremation 3 □ Ram		20b. PLACE	AND DATE (OF DISPOSI	ITION (Na	ame of		DATE	20c. LO	CATION — C	ity or To	wn, Stata
	4 Donation 5 Other (Specify) 21. Signature on Funeral Service Lic		SAC	RED		-	CEM.			BAI	_ I IMUI	₹Ŀ,	MARYLAND
	+ Olnesa	COAS	_		SC2/83				CH FF	H11	101	E.	NORTH AV
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A DUE TO (OR A DUE TO (OR A	MUC S A CONSEC A	OUENCE OF	DIAL FI:					c or reap	ratory arre	981,	Approximate interval Between Onset and Deatl 30 minute 24 hours
CERTIFICATION	CAUSE (Disease or Injury that initieted eventa resulting in death) LAST	DUE TO (OR A	S A CONSEC	OUENCE O	F):								SUHIJS
MEDICAL	PART II. Other significent condition HISTORY OX	s contributing to desti		resulting CEN		derlyln	g ceuse (given in		4s. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE	CONTRIBUTE TO	CAU	SE OF	DEAT		ES _	NO					
SIC!/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	hutantlant 3	. □ pos	OTHER	₹:			eck only one)				
PHYSICIAN:	27. MANNER OF DEATH 1 N Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea	TY .	28b. TIM		28c. INJ WC	URY AT ORK?		8 Other (NJURY OCC	URED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJU- building, stc. (S	JRY — At ho Specify)	ome, farm,	street, facto					ION (Street of Yours, State)	and Number o	or Rural F	Route Number,
COMPLETED	1	CIAN: To the best of my kr											and manner as stated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES A - 20 30. NAME AND ADDRESS OF PERSON WH	vales n	10				29c. LICI	U7	ABER 742		29d. DATE	SIGNED	(Month, Day, Year)
	ETZIK A. EZ 31. DATE FILED (Month, Day, Year)	VANS	72	S.	GRE	een	L 5	F, 8	BALD	mon	em	p:	21201
	JAN 1 9 195	37. REGISTRAR'S S	welver	Randa	Ц								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

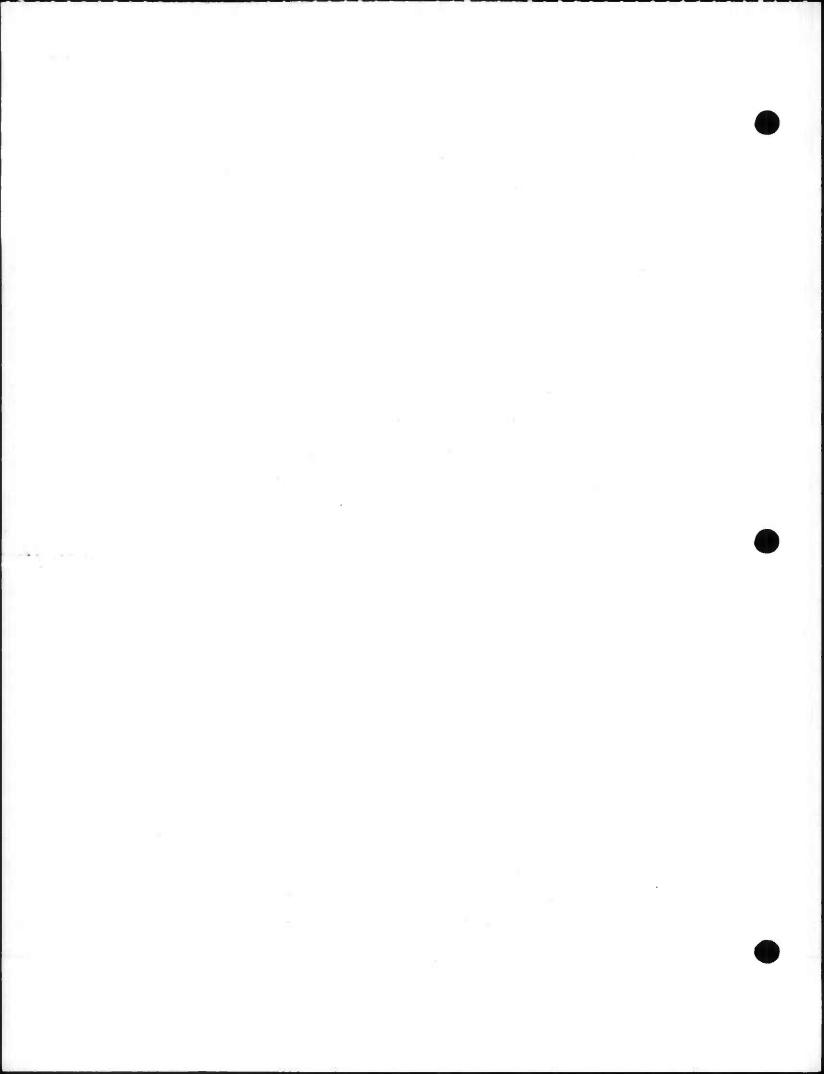
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH			EHIIF	ICALE	OF	DEAL	H	R	EG. NO.			
1	1. OECEDENT'S NAME (First, Middle, Last								2. DATE OF I	DA		YEAR	3. TIME OF OEATH
	Veronica	Katheri		chub				-	Januar	,	19	95	M
	4. SOCIAL SECURITY NUMBER 217-38-3233	5. SEX	6. AGE (In yrs. la	st birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, De	y, Ybar)	10/1	Count	HPLACE (State or Foreign ry) Cyland
	9e. FACILITY NAME (If not institution, give				Dr. OUTY	701101.0	21001710			L		1	9
œ		,					R LOCATIO		тн		9c. COU	INTY OF C	DEATH
DIRECTOR	5701 French Ave	nue (Resid	dence)		5	Syke	svil	le			Car	roll	County
EC	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN O	R LOCAT	ION		_	_			10d, INSIDE CITY
E	Maryland Car	noll Count	• • •										LIMITS?
	10a. STREET AND NUMBER	roll Count	- <u>y</u>		Syke	_	TIP CODE						1 TYES XXX NO
FUNERAL						101							WHAT COUNTRY?
W	5701 French Av							784				S.A.	
3	11. MARITAL STATUS	12. WAS OECEDENT FORCES? 1	EVER IN U.S. AF		13. V	WAS OEC	ENDENT OF	HISPANIC	ORIGIN? (S Puerto Ricar	pecify Yee	or No-	14. RACI	E — Americen Indien, k, White, etc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W			i	TYES	2 X NO	Specify:	T dello Tilcar	, 410.,		Spec	
		<u> </u>			1								White
E	15. DECEDENT'S ED (Specify only highest grad		10	ECEDENT'S Sive kind of a	vork done d	CUPATIO	N st of working	,	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+) life	. Do NOT us	e retired.)								
M P	12			Hom	emake	er				Dom	esti	.c	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAME	E (First, Middl	e, Meiden S	Surneme)		
BE	Thomas Wie	precht					I	Lenor	e Di	ppe1			
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS	(Street e	nd Number o	or Rural Ro	ute Number, C	alty or Town	, State, Zij	o Code)	
¥	Mr. B. Thomas Rad	chuba		5701	Frenc	h A	venue	Syk	esvil	1e,	MD 2	1784	
	20e. METHOD OF DISPOSITION		20b. PLACE				2		OATE			City or To	
	1 X Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	cemetery, cre	ematory or of	her plece)	.mo+	0.227	1 / 1	7/95				
	21. SIGNATURE OF SUNERAL SERVICE L	ICENSIE /	1 ODL II	igite			O AODRES			Sy	kesv	1116	MD
	+ Prim	d. Has	ght						L HOM	•			*
-	23. PART i. Enter the diseases, or	- 1 - 1	//	tab D		yke	svill	le. M	ID 217	84 (410)	-795	-1400
	ahock, or haart failure	List only one ceu	se on each line	eath. Do n	ot enter i	ina mo	de of dyln	ig, auch	aa cerdiac	or raspir	atory ar	reat,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Final	1		7		1	V	1)			Onset and Death
	disease or condition resulting in death)	· FT	AS TYTT	100	MAL	しし	ELL	A.	· 0+	hu	NC		24125
		OUE TO	OR AS A CONSE	OUENCE OF	7:								
Z	Sequentially list conditions,	b											
Ĕ	if any, leading to immediate	OUE TO	OR AS A CONSE	OUENCE OF	7):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
쁜	thet initiated events	OUE TO	OR AS A CONSE	OUENCE OF	7):								
E	resulting in death) LAST	d											
EDICAL CERTIFICATION	PART ii. Other algnificant condition	one contributing to	deeth but not	resulting i	n the unc	dectains	Cause of	unn in De	art I Dan	. WAS AN A	UTTOBAY	0.05	WERE ALTERNATION
S				counting .	ii the unc	zerrynry	cause gi	veir iii Fa	BITC 1. 248	PERFOR		240	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă									_ 10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
M					-				_	•	1		1 TYES 2 NO
z	DID TOBACCO USE CON	TRIBUTE TO CAI	USE OF DEA	TH YE	SXIN	10 [UNCE	RTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOODITAL	26. PLA	CE OF DEAT									
Si	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Numi		5X 8	idence 8	Other (Sp.	ecify)			
£	27. MANNER OF DEATH	28e, DATE OF I	NJURY	200. TIME		28c, INJ		2	8d. DESCRIE	E HOW IN	JURY OC	CURED	
	Natural 5 Pending	(microtti, cae	gc. mear)	INJ	M	1 Y	85 2 🗆	NO					
By	3 C Substitute —	28s. PLACE OF	INJURY — At he	ime, fami, s	treet, factor	ry. affice		2	RSf. LOCATIO	N (Street er	nd Number	or Rumi F	Soute Number
COMPLETED	4 Homicide 6 Could not be	building, e	etz. (Specify)			STATE OF THE PARTY OF			City or To	wn, State)			
9 1	29a. CERTIFIER				_								
4	Copies any Country and Phy	21/	knowledge, de										
8 1	2 MEDICAL ENAMIN	the beam of any	Amination and/or	Investigatio	n, In my op	inion, de	eth occure	d at the tin	ne, date end	place, end	due to ti	e couse(e	e) and menner se stated.
BE (790 SIGNATURE AND TITLE OF CHITIFE	四月 成	7 1	0			29c. LICEN	THE HUMB	ER		29d. DAT	E SIGNEO	(Month, Day, Year)
	Tana &	417	SAL	his			07	741	7			1116	, 195
2	30, HAME AND ADDRESS OF PERSON IN	NO COMPLETED CAUS	E OF DEATH (ITE	M 27) (7)04	Peny		٨		1		V	4	0
- 11	I Digital H (3 bb - 1	1 / 6	nn	(^ ^	١. سح	1	60-	1		_	h	0 - 24
Щ	DIMUM II. C	DRIFFITH	50	100	-71	IDE		UC	1	ירבוות	- 1	11)	21237
	31. OATE FILED (Month, Day, Well)	32. REGISTRAR	'S SIGNATURE	100	1	TOD	17	UC	10	יבות	- 1	10	21227



should

Pages 1, 2, 3

permit.

burial-transit Page 6 may be retained by the hospital or attending physician. attending physician and completely filted in by the funeral director, page 5 should be detached for use as the mtal Hygiene prior to burial, cremation, or removal. hours after death. signed by the attending ph Health and Mental Hygiene certificate has been in the State Dept. of ATTENDING PHYSICIAN:

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

medicai

the

event.

other

any

Shows

23

10

28 is marked

2

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED WOOD 1995

this c

After

after

ECTOR:

BALTIMORE, MARYLAND 21215-0020

Items: 23 part 1,27 per MEO G-720 2/2/95 reb FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH WENDELL STEWART IAN 95 10:28 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS MIN. 1X M 2 F 216-68-5661 37 FEB. 8 1957 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CTOR 1219 S.HANOVER STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY TY YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1219 SOUTH HANOVER STREET 21230 USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES X 1 XNever Married 2 Married Specify: B 3 Widowed 4 Divorced BLACK ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 12th GRADE LABORER BUREAU OF SANITATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at JOSEPH BE STEWART ROSETTA 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ROSETTA STEWART 911 LEADENHALL ST., APT.#201, BALTIMORE, MD. 21230 å 20a METHOD OF DISPOSITION
1 Durial 2 Cremation 3 C
4 Donation S Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must n 3 Removal from State ZION CEMETERY 1-19-95 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 913 W. BALTIMORE ST., BALTIMORE, 23. PART I. Entar the diseases, or complications that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallura. List only one cause on each line. intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition CARDIAC ARRHYTHMIA reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 10 PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAII ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 DYES 2 NO 1 FES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home X Residence 8 □ Other (Specify) XXYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO В 2 Accident Investigation 28a. PLACE OF INJURY — At home, ferm, street, fectory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datarmined LETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursd at the time, data and place, and due to the cause(a) and manner as stated.

Churke mo

July Windham Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

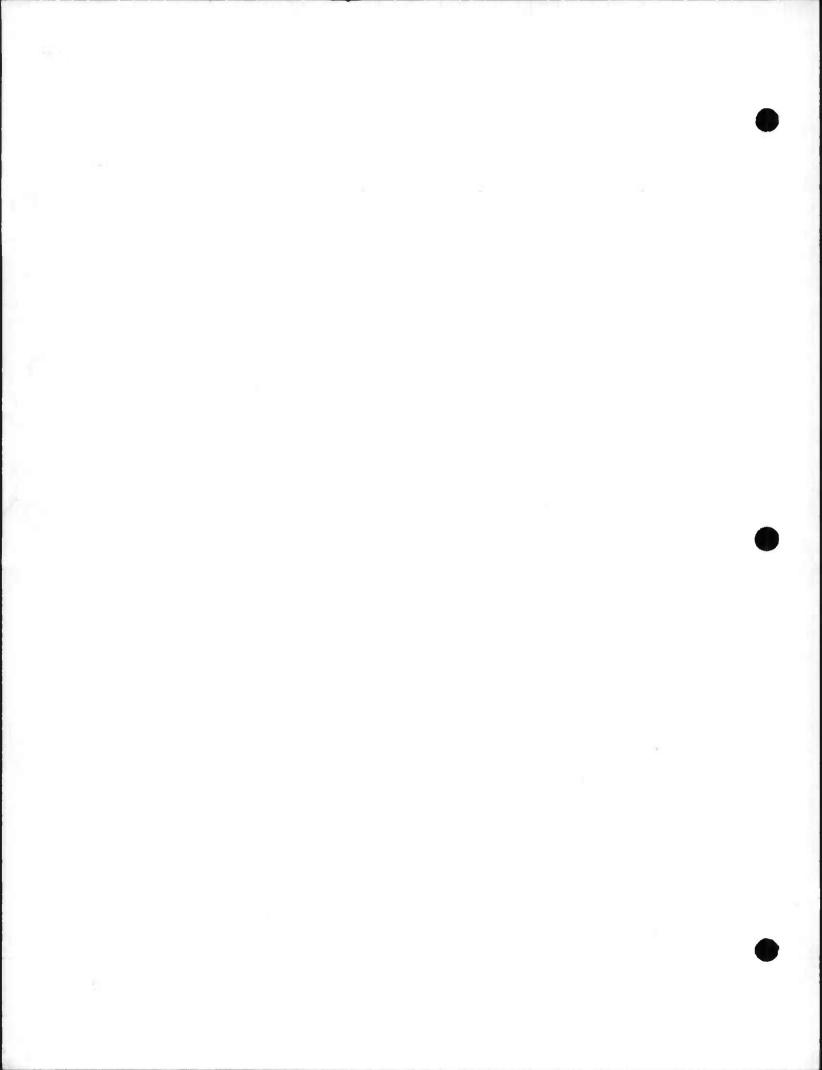
O.C.M.E.

Penn Street, Baltimore, Maryland 21201

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

JAN 16,1995



21215-0020	
MARYLAND	
BALTIMORE,	
09.	

DWISION OF VITAL RECORDS, P.O. BOX 6876
TO THE HISSON CHATTENDING PHYSICIAN: The law requires that the death certificate be executed

	8	
	nsit	
an	幸	
Sic	Ta	
E	3	
5	\$	
JQ.	S	
ITTE	60	
20	SS	
Te de	ō	
폂	8	
hos	ach	
he	det	
8	2	
2	五	
ainec	ž	
et	S	
2	9	
ay.	pa	
Ε	6	
9	ect	
20	õ	
ath. Page	20	
eath	Š	
ŏ	9	÷
afte	the	
Б	P	Fem
100	P	0
57	를	Ę,
II Z	À	atic
=	ete	em,
8	a	3
95	3	<u>=</u>
99	and	2
83	드	2
Q a	Sici	은
cal	É	9
E	0	Jie
8	ġ	ž
ath	tte	(a)
g	6	Мел
£	=	P
Jat	5	9
S	nec	哥
nine.	Sign	H
red	en a	0
3	å	ti.
90	has	å
£	9	ate
X	1,000	S
CI	Le:	흝
3	is c	ŧ
ď.	#	*
NG	ttel	eat
9	A	0
E	P	킾
<u></u>	2	10
8	A	õ
×	灵	ŀ
1	E	k
皇	J	Ŷ.
17.00	-	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

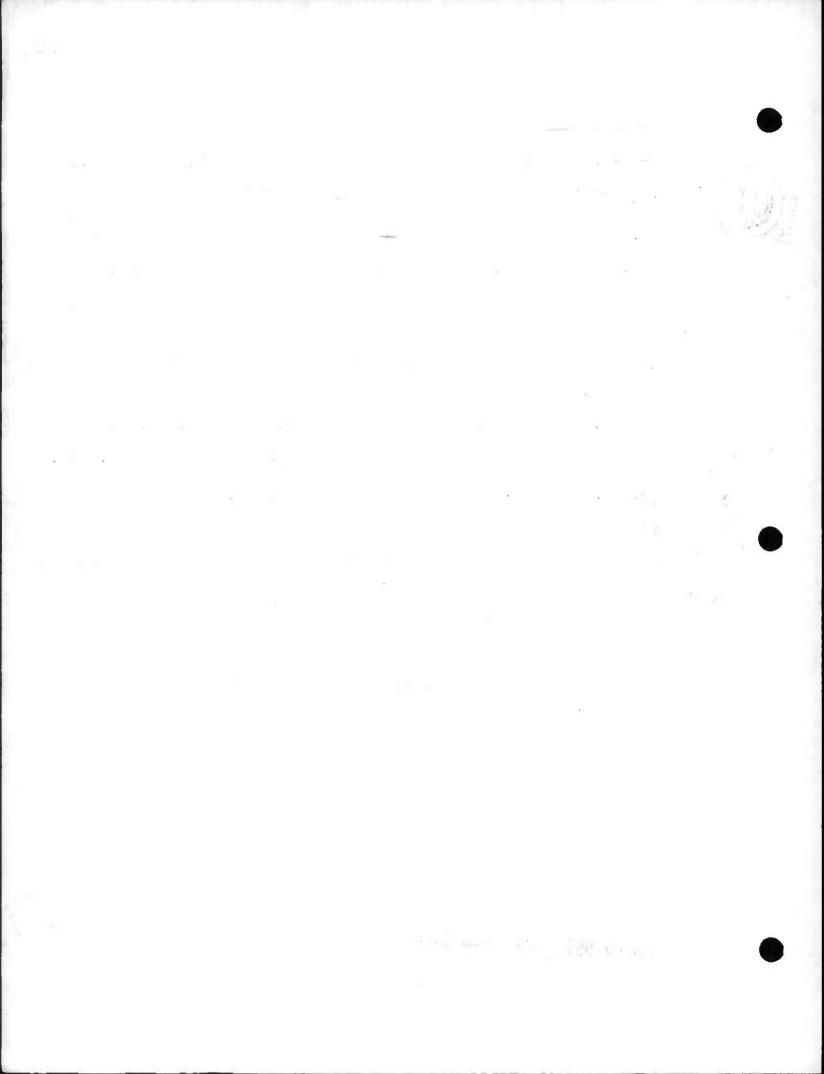
		1. DECEDENT'S NAME (First,	Adiririla (ant)			/ d	ICATE	JI L	DEATH	T	IEG. NO.		T	
	i	DOVOYNA 4. SOCIAL SECURITY MAIN		5. SEX	ad	ler	T			2, DATE OF MONTH	17	19	25	1.25 M
		220-24-4134	en	1 M 2 X F	65 AGE (III Y	s. last birthday) YRS.	MONTHS D		HOURS MIN.	7. DATE OF I	y, Year)	1000	Country	
3 should	- 8	9e. FACILITY NAME (If not in	stitution, give s	treet and number)	05		96. CITY, TO	WN OR	LOCATION OF DE	Februal ATH	ry 4,		Mar ITY OF DE	y l and
38	8	The Good San	narita	n Hospita	1		Baltimore							
35 1, 2,	ᇤ	RESIDENCE OF DEC	10b. COUNTY			10c. CIT							10d, INSIDE CITY	
P.	DIRECTOR	Maryland					LIMITS?						LIMITS?	
permit	AL	10s. STREET AND NUMBER						_	ZIP CODE			10g. CITIZ		HAT COUNTRY?
ansit	FUNERAL	3902 Frankt	ord A	venue		21206						Un	ited	States
urial-tr	J.	11. MARITAL STATUS 1 Never Married 2 X	Merried	12, WAS DECEDENT FORCES? 1 [YES 2	XNO			NDENT OF HISPAN Hy Cuban, Mexica			or No-	14. RACE Black,	— American Indian, White, atc.
as the burial-transit permit. Pages	BY	3 Widowed 4 Divo		IF YES, GIVE WA	R OR DATES	3	1 [NO Specify			Specify	White		
use as	ETED		EDENT'S EDUC highest grade		164	ia. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIN	D OF BUS	SINESS/IND	USTRY	
- Po		Elementary/Secondary (0	-12)	College (1-4 or 5+)		Ilfe. Do NOT u	se retired.)		•					
tacher sce.	COMPL	17. FATHER'S NAME (First, MI	ddle i ast)			Sales 18. MOTHER'S NAMI						tail		
2 %	ШС	Earl Tho		harnock						thy Au			ns	
5 should notified	TO B	19a. INFORMANT'S NAME (7)							d Number or Rural I	Route Number, (
age 5 age 5 be no	ř	Mr. Dale E		_	390	2 Fran	kfo	rd Avent	ue Ba	ltimo	ore,	Md.	21206	
funeral director, page 5 should be detached for ixaminer must be notified at once.		20a. METHOD OF DISPOSITI 1 Durial 2 Crematio 4 Donation 5 Other	ON n 3 ☐ Rame (Specify)	oval from Stata		CEAND DATE				/20/95		vision -6		
al dire		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE Mark		avoyna	22. NA	E AND	ADDRESS OF FA	CILITY		130113 1	Mr y re	Ario.
e funeral di al. examiner												1d. 21214		
signed by the attending physician and completely filled in by the Health and Mertal Hygiene prior burial, cremation, or removal. ws any Injury, or other traumatic event, the medical ex	ERTIFICATION	disease or condition — s. / En +1) Cut a manufacture of the to for as a operation of the total and t											48 hours 72 hours 72 hours	
signed by the attr Health and Mental ws any Injury,	EDICAL CE	PART II. Other significe	nt condition	e contributing to	leath but n	not resulting	In the unde	lying	cause given in		PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Σ	DID TOBACCO U	SE CONTE	DIRLITE TO CAL	ISE OF D	SEATU VI	S [] NC		UNCERTAIN					1 YES 2 NO
e Dept.	HAN:	25. WAS CASE REFERRED TO				PLACE OF DEA			UNCERIAII	<u>ч П] </u>				
rtificate h he State t or Item	YSICI	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatler	nt 3 🗆 DOA	OTHER: 4 Nursing	Home	5 🗆 Residence	8 Other (Sp	ecity)			
ECTUR: After this certificate has been a series of the state Dept. of a series of them 23 should be series of them 23 should be series of them 23 should be series of them 23 should be series of the	Y PH		Pending nvestigation	28e. DATE OF I (Month, Day		28b. TIM	JURY	WOR		28d. DESCRI	BE HOW II	NJURY OCC	URED	
ZB Is m	TED B	3 Sulcida 8 .	Could not be letermined	28e. PLACE OF building, a	INJURY — /I Ic. (Specify)	At home, farm,	street, factory,	offica		28f. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural Ro	oute Number,
¥ 5	PLETI	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of n	y knowledge	e, death occurr	ed at the time	date ar	nd placa, end due	to the cause(s) end man	ner as state	ıd.	
MERA	COMPL	one) 2 MEDI	CAL EXAMINE	R: On the beels of axe	mination end	d/or investigation	n, in my opin	on, des	th occured at the	lime, date and	placa, and	d due to the	cause(a)	and manner as stated.
TO THE WEEL BE IMPORTANTE	BE	296. SIGNASURE AND TITLE	Oh o	ind N	11)			2	POS	Sn 9	7	29d. DATE	SIGNED (Month Day, Year)
4	5	30 NAME AND ADDRESS OF												
7		JACK OBEID MD 5601 LOCH RAVEN BLVD. BALTIMORE MARYLAND 21239 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE												
"			95 A	ili Develso										
						-								

	90	ache		蜡	
	å	g		8	
	8	2		76	
ŀ	ž	9		ě	
	ij.	100		뀰	
	2	5		2	
	Ē	20		H	
	8 8	rect		Ē	
	E	9 18		ì	
	the same	Uner		B	
	10	2	700	8	
	Sa	6	Гет	dic	
	hou	led h	1, 04	Ē	
	17 U	ily fil	ation	ŧ.	
	with	nplete	сгеш	vent	
	uted	100	ırial,	9 3	
	exec	and	o be	та	
	8	ician	ior 1	ne.	
	icate	phys	e p	-	
	ertif	ing	Agie,	ŧ	
	ath o	tend	al H	0	
	e de	he at	Мел	ju.	
	at th	9	and	y in	
	s th	ned	alth a	98	
	quire	Dis L	Hee	OWS	
	W rec	peed	it. 08	S	
	e Gr	has	Dep	n 23	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-4 hours after death. Page in may be retained by the house	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me human director, page 5 should be certained.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	ICIA	certifi	the	. 0	
	HYS	his (with	ked	
	NG P	ter t	ath	шаг	
	NO.	R: Af	er de	69	
	ATTE	6	afte	28	
	OR	DIRE	DOURS	tem	
	TAL	3AL	2	=	
	OSPI	INEF	thin	INT	ĺ
	E H	EF	M P	FI	ĺ
	프	H C	e file	MPO	
	F	F	ă	=	

	ITEMS: 1. & 10c, PER	F H FUM G_719 1	/10/05 +	+			95	0/278
	-24%	STATE OF MARYLAND			EALTH AND I	MENTAL HYGIEN	Ε	
	REGISTRAR		ERTIFICA	TE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)	1145015 0 001111				2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH
	HAROLD SCHWAB 4. SOCIAL SECURITY NUMBER 5.	HAROLD G. SCHWA				Jan. 15	1995	05:30 A. M
			YRS, MONT	NDER 1 YEAR	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	HRTHPLACE (State or Foreign ountry)
	216-12-984'/ 9e. FACILITY NAME (if not institution, give street	A 0		CITY TOWN O	R LOCATION OF DE	May 30,1	.90'/ sc. county (Md.
DIRECTOR	St. Agnes Hospi				nore Ci			/A
1 2	10e, STATE 10b, COUNTY		10c. CITY, TOY	WN OR LOCAT	ION			10d. INSIDE CITY
ā	Md. N	/ A	N F	Baltir	nore			LIMITS?
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	409 S. Bentalou	StBalto.	. Md.		21223	5	U.	S. A.
5	11. MARITAL STATUS 12 1 Never Married 2 Merried	P. WAS DECEDENT EVER IN U.S. A	ARMED	13. WAS DECI	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No — 14, I	RACE - American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	3117		2 NO Specify			Specify:
	15. DECEDENT'S EDUCATO	N/A	DECEDENT'S USUA	I OCCUPATIO	M	16b, KIND OF BU	DIMESO (INDUST)	White
ETED	(Specify only highest grade con	npleted)	(Give kind of work di ife. Do NOT use retin	one during mos	st of working	166, KIND OF BU	SINESS/INDUSTI	HY.
7	N / A	N/A	Fire C	lanta	in	Hel +	imore	01+2
COMPL	17. FATHER'S NAME (First, Middle, Last)	H/A	1110	abua		ME (First, Middle, Maiden		OTCV
BE C	Harry F. Schw	ab			Cor	rinne Pr	riez	
10 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	RESS (Street er		Route Number, City or Tow		p)
۴	Harold G. Schwa	b. Jr.	395 St	atel	v DrF	asadena.	Ma.	21122
	20a. METHOD OF DISPOSITION 1) Buriel 2 Cremetion 3 Removal		E AND DATE OF DIS	POSITION (Net			CATION - City	
	4 Donetion 5 Other (Specify)	Lov		rk Ce	emetery	11-18-95	Bal	to. Ma.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	JEE .		22. NAME AN	Baltim	outy Nore Nati	onal	Pike
	G. Truman Sc	hwab	1	-		Ma. 2122		
	23. PART i. Enter the diseases, or com	plications that caused that t only one cause on each lie	daath. Do not a	ntar tha mod	de of dying, suci	h as cardiac or respi	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Fins)	. Only one cause on each in	ile.					intarval Between Onsat and Death
	disease or condition resulting in death)	ACUTE MYOCA	DDTAI TN	IEAD CT	TON			
		ACUTE MYOCA	EQUENCE OF):	VPARCI	LON			6 Hours
NO	Sequentially list conditions, b	CORONARY AR	TERY THE	ROMBOS	IS			6 Hours
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF):					
윤	CAUSE (Disease or injury that initiated events	ATHEROSCLER	OSTS OF:					Years
Ē	resulting in death) LAST	50 100 100 100 100						
빙								
ÄL	PART II. Other aignificant conditions c					Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
EDICAL	Fever of unknown	origin, hepa	tosplene	megaly	,	X YES 2	□ NO	COMPLETION DF CAUSE OF DEATH?
Σ	<u>lymphadenopathy</u> DID TOBACCO USE CO	pulmonary ed	ema	A 771 1 1/0	20 77 110			X YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	NIKIBUIE IO CAU	JSE OF DE			<u> </u>		
S	EXAMINER?	OSPITAL:		HER:	ACE OF DEATH (Che			
¥	27. MANNER OF DEATH	inpetient 2 ER/Outpetient	28b. TIME OF	Nursing Home 28c. INJL		6 Other (Specify) 26d. DESCRIBE HOW I	NILIBA OCCUBE	n
	1 Natural 5 Pending	(Month, Day, Yeer)	INJURY	WOR		est. Segorise non	NOON! CCCONE	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJURY - AI	home, ferm, street,			26f. LOCATION (Street &		iral Route Number,
TEC	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge,	death occurred at t	he time, data	end place, and due	to the causele) and mer	noer es etated	
WC		on the beele of examination end/o						rae(e) end menner ae stated.
	29b. SIGNATURE AND TITUE OF CERTIFIER	1 - ~			29c. LICENSE NUM			NED (Month, Day, Year)
BE	V/1/4	200	m				•	
임	30, NAME AND ADDRESS OF PERSON WHO CO	D//			D43453	5	Lan	16 1995

32. REGISTRAN'S SIGNATURE

DHMH-16 Rev 1/89



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ì	4	0		0	
	D D	Q P		9	ı
ζ	aine	hou		Iffe	
	5	5 5		5	
i	, g	age		9	
	E.	D., D		15	
2	9	rect		Ē	
	Z	P		ner	
ı	ath.	mer		E	
	ge	le fi	76	e e	
ā	afte	4	m0y	2	
	SINC	0	or re	Pe	
i	Ě	filled	m,		
	4	ely 1	natio	=	
į	WITH	plet	cren	le l	
	per	000	ial,	5	
,	CEC	and	ğ	a di	
	9	Ian	or 10	F	
ì	ate	ySic	prior.	1	
	tific	100	ene	the	
	e c	nigin	Hyd	0 7	
	eath	affe	TE I	У, п	
	b ed	the	Me	흐	
	at	2	and	y i	
)	Sth	peu	딒	3	
1	uire	Sig	Hea	MO	
	Je .	been	. 0	5	
	- W	Se	Dept	23	
	The	ate	ate	E	
	AN	tifica	e S	-	
	Sic	Cer	ti ti	d,	
	E	this	Wit		
	NG	ther	eath	E	
	END	R.	er d	50	
	ATT	65	s aft	28	
	OR	OIRE	OUL	Ten	
	M	AL	12	=	
	SPI	NER	hin	Ë	
	오	3	M	M	
	본	王	filed	0	
	,2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Σ	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA	IENT OF HEALTH A ATE OF DEATH	ND MENTA	AL HYGIEN		· - i
100	1. DECEDENT'S NAME (First, Middle, Lest)	E,	S	weeney	SP. MON	Tan.		75 04:00 M
ĝ	4. SOCIAL SECURITY NUMBER 212-07-3776 9a. FACILITY NAME (If not institution, give str	1 x M 2 □ F 76	YRS. MO	UNDER 1 YEAR F UNDER 24 YTHS DAYS HOURS I	win. (Moi	e of Birth	18	BIRTHPLACE (State or Foreign Country) Md Y OF DEATH
DIRECTOR	St. Agnes Hospita			Baltimore			a. coon1	N/A
	Md a 10s. STREET AND NUMBER	N/A		timore			I to Citize	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?
FUNERAL	The state of the s	12. WAS DECEDENT EVER IN	U.S. ARMED	2]	223	IN? (Specify Yes	τ	S.A.
BY	1 Nover Married 2 CAMerried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA	FORCES? 1 YES IF YES, GIVE WAR OR DAT W.W. II		If yes, specify Cuban, I	Specify:			Specify: White, etc.
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use re	done during most of working	16	Am owi	can Oi	
ON	17. FATHER'S NAME (First, Middle, Last)	2.7 41	das I amp		'S NAME (First	Middle, Maiden		1
BE C	Michael J	. Sweeney		Ar	ne Cli	nton		
10 B	19a, INFORMANT'S NAME (Type/Print)		196. MAILING AD	ORESS (Street and Number or			n, State, Zip Co	ode)
F	Doris M. Sweeney		2531 C	hristian St.	-Balti	more,	Md. 21	.223
	20a. METHOD OF DISPOSITION 1.36 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Ne	PLACE AND DATE OF D tery, cremetory or other W Cathedr	al Cemetery	1-21-9	TE 20c. LO	cation — cm altimo	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		3512 Frede	OF FACILITY			
	G. Truman Sc.	hwab		Baltimore,				
	23. PART I. Enter the diseases, or co shock, or haart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Severe Court To (OR AS A C	ch line.					interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Seps		moua				10 day
F	PART II. Other significent conditione	contributing to death but	t not reculting in the	ne undarlying cause give	on in Part I.	24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	NO UNCER	TAIN 🗆		v	OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH (C	heck only one) HER:				
ΙΥS	1 YES 2 NO	1 Inpatient 2 - ER/Outpat	tient 3 DDA 4	Nursing Home 5 - Resid	1			
ВУ РЬ	Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJURY AT WORK? M 1 YES 2 N		SCRIBE HOW I	NJURY OCCUR	ned :
	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Specif)	At home, farm, atree y)	l, tactory, offica	28t, LO City	CATION (Street a or Town, State)	and Number or	Rural Route Number,
COMPLETED		AN: To the best of my knowled On the basis of examination						euse(s) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER South For	9		29c. LICENS				ONED (Month, Day, Year)
-	SAMIH JAR JOL	ur st. a	ignes t	rospital		BALT	MORE	m,18,95
	31. DATE FILED (Month, Day, Year) JAN 1 9 1995	A REGISTRAR'S SIGNAT	Rardall					

.

v

• (6) (9)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should permit. F burlal-transit hours after death. Page 6 may be retained by the hospital or attending physician, use as the filled in by the funeral director, page 5 should be detached for ŏ cremation, and completely fi burial, cremation signed by the attending physician all Health and Mental Hygiene prior to shows a t. of t HOSPITAL OR ATTENDING PHYSICIAN: The law 23 has certificate h marked, or this c DIRECTOR: After the hours after death v 28

COMPL

once.

7

notified

þe

must

examiner

medical

the

event.

traumatic

other

50

any

Tem!

69

Hem

IMPORTANT: II

THE FUNERAL I

23

뿔

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

BE

9

95 01280 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SHEILA Katherine SHEPPARD January 16, 1995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR JF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 🕁 F DAYS HOURS YRS. 363-80-6830 49 Jan 4, 1946 Georgia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3901 Pinkney Road Baltimore RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO 10s. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3901 Pinkney Road - 8 Apt 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Merried 2 Married BY 1 YES 2 NO Specify Spec/fy 3 Wildowed 4 Divorced Black ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) College 2 Computer Operator Dept of Treasury/US Govt. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ulysses Stephens BE Ruthie Wright 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shirley Stephens 4504 Fairfax Road Baltimore, Maryland 21216 20e. METHOD OF DISPOSITION
1

| Burlel | 2 | Cremetion | 3 | Removal from 20b. PLACE AND DATE OF DISPOSITION (Name of Jan 23 20c. LOCATION - City or Town, State ☐ Donation 5 ☐ Other (Specify) Baltimoare County, MD King Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND AGORESS OF FACILITY Nutter Funeral Homes 2501 Gwynns Falls Parkway 21216 Baltimore, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List Dnly one cause on each line. Approximate failure. List Dnly one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Failure 1741 resulting in death) OUE TO (OR AS A CONSEQUENCE OF Immure Persiency Syndrome DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 TYES 2 THO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: 1 TES 2 NO Inpatient 2 Well/Outp 4 - Nursing Home 5 - Hesidence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 6 Could not be 4 Homicide

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDION EXAM basis of examination and/or investigation, in my opinion, death occured at the time, data and piace, and due to the cause(e) and manner as stated

296. SIGNATURE AND TITLE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRO'S SIGNATURE 9 1995

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or among TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the field within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0 DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Dey, Year)

JAN 1 9 1995

Piges 1, 2, 3 should

	Techizob 1-17-75 FIImG/19 W.	a.rei r/	n			70	, 0	1201	
	1 - FOR STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND					
	1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	AIE OF	DEATH	REG.				
	Denitrice H. Smith				2. DATE OF DEAT	H DAY 16	YEAR 95	3. TIME OF DEATH	1 m
		s. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI			PLACE (State or Foreign	_
	216-72-4577 1 D M 2 IXF 34	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Yell 2-24-6		Country	to. Md	
_	9a. FACILITY NAME (if not institution, give street and number)	96	b. CITY, TOWN (OR LOCATION OF DE	EATH	9c. COU	NTY OF D	EATH	
0	University Of Md Medical	Center	Ba1	timore					
ក្ត	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	100 CITY Y	OWN OR LOCAT	201					
DIRECTOR	MD		1timo					10d. INSIDE CITY LIMITS? TYPE YES 2 NO	
AL	10e. STREET AND NUMBER		101	. ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	3008 Seamon Ave			21225		п	SA		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	ARMED	13. WAS DEC	ENDENT OF HISPAR	NIC ORIGIN? (Specif	y Yes or No-	14. RACE	- American Indian,	_
ВУР	1 Never Married 2 Married FORCES? 1 YES 2 3 Widowed 4 Divorced FORCES?			2X NO Specifi	in, Puerto Rican, etc	-}	Black Specif	, White, stc.	
	3 Widowed 4 Divorced							Black	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of work	UAL OCCUPATIO	ON at of working	16b. KIND OF	BUSINESS/INC	USTRY		
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	etired.)	si or working		_			
4	12th	Cashie	r		Reta	11			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Ma				
BE	Milton Smith			Glady	s Thomp	son			
	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING AD	DRESS (Street a	nd Number or Rural	Route Number, City or	Town, State, Zip	Code)		_
2	Dina Johnson				alto. N		1229	9	
	20a. METHOD OF DISPOSITION 20b. PL	ACE AND DATE OF C	ISPOSITION /Na	me of	DATE 200	LOCATION —	City or Tox	yn State	_
	1 Develop 5 Other (Provided	y, crematory or other	place)		/ 20 /95		•		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Zion	22. NAME AN	D ADDRESS OF FA	CILITY	Dalto	· MC	1.	
	Duri O Dulatt				TT & SO Hghts			HOME,	IN
	23. PART I. Enter the diseases, or complications that caused the							Approximate	
	snock, or neart failure. Liar only one cabse on each	line.		ac or aying, auc		apiratory arr	wat,	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	\						Onset and Da	iath
ı	disease or condition resulting in death) a. Respirator	y tail	ure					0155	
_		TOTAL OF I		\					
ő	Sequentially list conditions, If any feeding to immediate DUE TO JOR AS A CO.	MEEDIENCE OFF	gan +	ailure					
E I								İ	
	CAUSE (Disease or Injury	NSECHENCE OF							
	that initiated events resulting in death) LAST	MAUNEY							
CERTIFICATION	d. Black	raum							
	PART II. Other algnificent conditions contributing to death but in	ot resulting in t	he underlying	ceuse given in	Part I. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDIN	IG8
3					PEF	FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE	Æ
3					— 1 1 Y YE	S 2 NO		OF DEATH?	3)
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	SATUL VEC		LINICEDTAN				1 TYES 2 NO	
AN		PLACE OF DEATH (UNCERTAIN	<u> </u>				
2	EXAMINER? HOSPITAL:	0	THER:						_
2	A TOTAL TOTA				6 Other (Specify)				
	(Month, Day, Year)	28b, TIME OF	WO	RK?	28d. DESCRIBE HO	- 1	;URED		
ă I	2 Accident Investigation 1-8-95			ES 2 NO	Pedestri		ruck		
- 8	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — A building, stc. (Specify)	it homa, tarm, atree	t, factory, office		281. LOCATION (St. City or Town, S	reet and Number tate)	or Rural Ac	oute Number,	
OMPLEIED									
로 [29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	, death occurred a	t the time, date	end place, and due	to the cause(a) end	manner as state	ed.		
5	one) 2 MEDICAL EXAMINER: On the basis of axamination and							and manner as stated	1.
ב ב	296, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN				Month, Day, Year)	_
ן מ	Conthair F. 1 Lune Min)		HOLITEL HOR		A DATE	/ /	10 ST	
2	30-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Time Pri	2()			1	116	173	
	Shock Trauma Genter (MIE		.4						
- 1		11131							

Total Daller

"Tell o " satisface mee" crand

THE CONTRACT OF STREET OF STREET

The same and the s

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

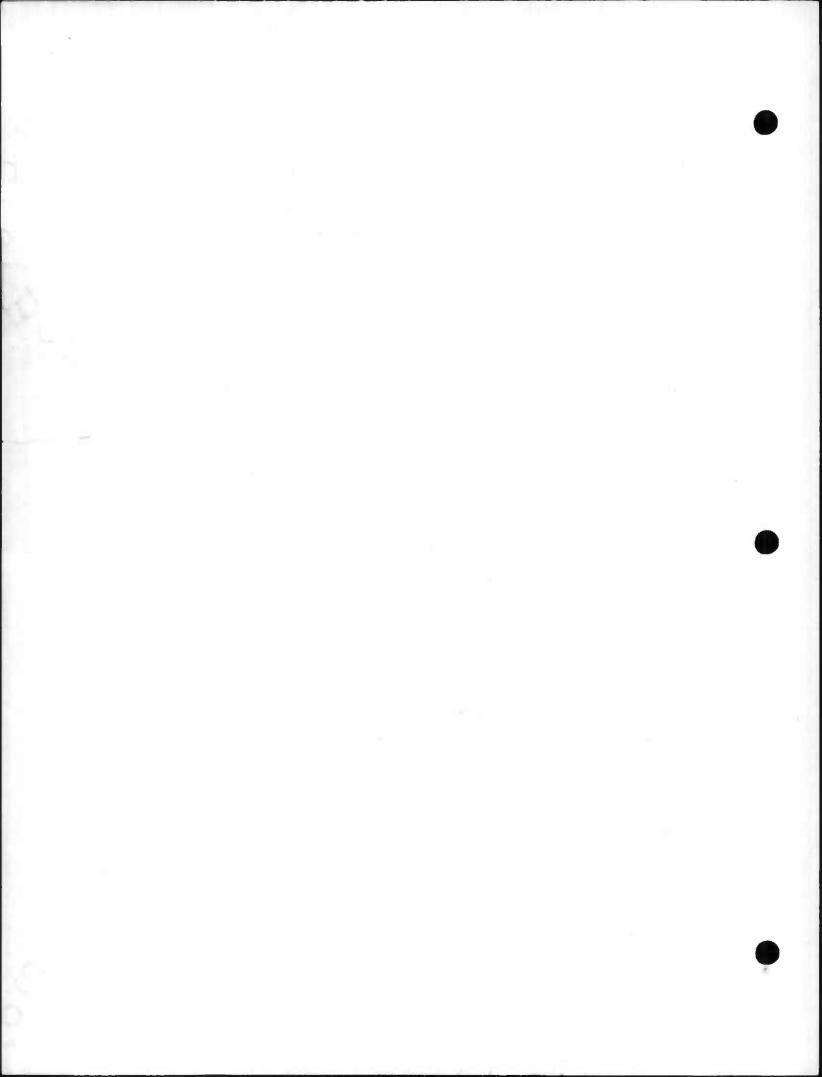
SCOUNT NAMED 1 S. THE OF SECRIT 1992 IN THE		1 - FOR STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIEN		
A SOCAL SCOUNTY NUMBER 1.74 - 1.65 - 3216 1. Mr x 2 1. Mr x 2 1. Mr x 2 1. Mr x 2 1. Mr x 2 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 1. Mr x 3 Mr x 3						2. DATE OF DEATN		AD .
Carroll County Gen. Hospital Westminster Carroll Respective of December 100 County Shaltimore No. STREET JON DIMONS. Shaltimore No. STREET JON DIMONS. 10 West GEORGEPT FOR SHALL ASSAULT SHALL ASSAULT SHALL SHAL		4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday)			7. DATE OF BIRTH	8.	BIRTHPLACE (State or Formion
STREET AND NAMED 10. WE PROBLET ROAD 11. MARTINE STATUS 11. WAS DECEMBED TO MERCHAND OF WAS COUNTRY 11. MARTINE STATUS 11. WAS DECEMBED TO MERCHAND OF WAS DECEMBED FOR THE ADMAND OF THE STATUS 12. WAS DECEMBED TO MERCHAND OF THE STATUS 13. WAS DECEMBED TO MERCHAND OF MERCHAND OF THE STATUS 14. MARTINE STATUS 15. WAS DECEMBED TO MERCHAND OF MERCHAND OF THE STATUS 15. WAS DECEMBED TO MERCHAND OF THE STATUS 16. MOST DECEMBED TO MERCHAND OF THE STATUS 17. MOST DECEMBED TO MERCHAND OF THE STATUS 18. MOST DECEMBED TO MERCHAND OF THE STATUS 18. MOST DECEMBED TO MERCHAND OF THE STATUS 19. MOST DECEMBED TO MERCHAND OF THE STATUS	Œ		44-3			ATH		7.7
STREET AND NAMED 10. WE PROBLET ROAD 11. MARTINE STATUS 11. WAS DECEMBED TO MERCHAND OF WAS COUNTRY 11. MARTINE STATUS 11. WAS DECEMBED TO MERCHAND OF WAS DECEMBED FOR THE ADMAND OF THE STATUS 12. WAS DECEMBED TO MERCHAND OF THE STATUS 13. WAS DECEMBED TO MERCHAND OF MERCHAND OF THE STATUS 14. MARTINE STATUS 15. WAS DECEMBED TO MERCHAND OF MERCHAND OF THE STATUS 15. WAS DECEMBED TO MERCHAND OF THE STATUS 16. MOST DECEMBED TO MERCHAND OF THE STATUS 17. MOST DECEMBED TO MERCHAND OF THE STATUS 18. MOST DECEMBED TO MERCHAND OF THE STATUS 18. MOST DECEMBED TO MERCHAND OF THE STATUS 19. MOST DECEMBED TO MERCHAND OF THE STATUS	CTO	RESIDENCE OF DECEDENT					Carr	011
1		Md. Baltimore	10c. CIT	Owings	Mills			1 YES 2 XNO
1	VERA	107 Wengate Road		101.				
Second S	ВҰ	1 Never Merried 2 Merried FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	If yee, spe	city Cuben, Mexice	n, Puerto Ricen, etc.)		Black, White, etc.
Second Color Seco	밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of v	vork done during mos	N st of working	16b, KIND OF BUS	SINESS/INDUST	RY
Second S	MPLE	12				U.S.	Postal	Service
No. MEALINO. ADDRESS (TIME and MALE) (ADDRESS (TIME and MALE) (ADDRESS (TIME) and MALE) (ADDRESS (TIME) and MALE) (ADDRESS (TIME) and MALE) (ADDRESS (TIME) and MALE) (ADDRESS (TIME) and MALE) (ADDRESS (TIME) and MALE) (ADDRESS (TIME) and MALE) (ADDRESS (TIME) and MALE) (ADDRESS (TIME		Geooge M. Schreyer					Surneme)	
Donation 5 Other (Specify) Stranger Mills, Md.								
22. NAME AND ADDRESS OF FACILITY EICHAPT LENTER THE FURSEL SERVICE LICENSE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervited services or condition. MMEDIATE CAUSE (Final diseases or condition. IMMEDIATE CAUSE (Final diseases or condition. Bequentially list conditions, if any, leading to immediate cause. Enter INDREALING INTERVITED AND G. Sequentially list conditions, if any, leading to immediate cause. Enter INDREALING INTERVITED AND G. Sequentially list conditions. BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): The intervited devents are subting in death) LLAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C DUE TO (OR AS A CONSEQUENCE OF): D		4 Donation 5 Other (Specify)	20b. PLACE AND DATE Cometery, crematory of Maryland	of Disposition (Nativer place)	Cem. Ja	DATE 20c. LO n. 20, 1995	CATION — CHY Owings	or Town, State Mills, Md.
Approximate shock, of heart failure. Lite only one cause on each lina. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF): Sequentially list conditions. If any, inading to immediate cause. Enter VINDERIVING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): 24e. WAS AN AUTOPSY PROMOSO ANALABLE PRIOR OF CAUSE OF DEATH YES NO UNICERTAIN NO CONSCIENCING OF CAUSE OF DEATH YES NO CONSCIENCING OF CONSCIENCING OF CAUSE OF DEATH YES NO CONSCIENCING OF CAUSE OF DEATH YES NO CONSCIENCING OF CAUSE OF DEATH YES NO CONSCIENCING OF CAUSE OF CONSCIENCING OF CAUSE OF CONSCIENCING OF CAUSE OF		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	A	Eckha	o ADDRESS OF FAR	eral Chape	1	21117
MMEDIATE CAUSE (Final diseases or condition) Sequentially list conditions, If any, leading to immediate any leading to immediate any leading to immediate any leading to immediate any leading to immediate any leading to immediate any leading in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS		23. PART I. Enter the diseases, or complications that co	rused the death. Do n	ot enter the mod	da of dying, auci	nstown Rd. haa cardlec or respi	ratory arrest,	Approximate
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONS	3	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	IC FAI		_			
PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert I. 248. WAS AN AUTOPSY PROMOS ANALABLE PRIOR TO COMPLETED CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 286. PLACE OF DEATH (Check only one) 286. DEATH (Shorted and Number of Rural Route Number O	NO	Sequentially list and liston	TATIC	NNG	CA			
PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert I. 248. WAS AN AUTOPSY PROMOS ANALABLE PRIOR TO COMPLETED CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 286. PLACE OF DEATH (Check only one) 286. DEATH (Shorted and Number of Rural Route Number O	CAT	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF	-):				
PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert I. 248. WAS AN AUTOPSY PROMOS ANALABLE PRIOR TO COMPLETED CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 286. PLACE OF DEATH (Check only one) 286. DEATH (Shorted and Number of Rural Route Number O	ERTIFI	that initieted eventa DUE TO (OR	AS A CONSEQUENCE OF	7):				
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN YES 2 NO UNCERTAIN		PART II. Other algnificent conditions contributing to dec	eth but not resulting I	n the underlying	ceusa given in	Pert I. 24s. WAS AN		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH YES PLACE OF DEATH (Check only one) 25. NAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO THER: 4 Northing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2								COMPLETION OF CAUSE
Second S		DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH YE	S \square NO \square	LINCEPTAIN			1 TYES 2 NO
Second S	CIA	25. WAS CASE REFERRED TO MEDICAL		H (Check only one)	OTTELKIAII	<u>, n</u>		
Second S	IVSI	1 YES 2 DKNO 1 Nopetient 2 ER		4 - Nursing Home				
3 Suicide 4 Homicide 6 Could not be detarmined 286. PLACE OF INJURY — At home, farm, street, fectory, office 286. LOCATION (Street end Number or Rural Route Number, City or Rown, Stele) 296. CERTIFIER (Cheek only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) and manner as stated. 296. CERTIFIER (Cheek only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) end manner as stated. 296. LICENSE NUMBER 29d. DATI SIGNED (Month, Day, Year) 29d. DATI SIGNED (Month, Day, Year) 135 3 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 Natural 5 Pending (Month, Day, Y	bar) 286, TIMI	URY WOF	RK?	28d. DEŞCRIBE NOW II	NJURY OCCURE	ED
296. CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) and manner se stated. (Cheek only 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner se stated. 296. SIGHNUBER AND TITLE OF DEBTIFIEST 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Yeer) 310. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Prim) 311. DATE FILED (Month, Day, Year) 312. REGISTRAR'S SIGNATURE		3 Suicide 6 Could not be 28e. PLACE OF IN building, etc.	JURY — At home, farm, s (Specify)	treet, fectory, office		281. LOCATION (Street e City or Town, Stete)	nd Number or R	ural Route Number,
296. LICENSE NUMBER D35 398 296. DATE SIGNED (Month, Day, Year) 309. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) COUNTY GTEN HOPETTE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	PLE	(Cheek only 100 CERTIFYING PHYSICIAN: To the best of my						
28. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	CO	2 MEDICAL EXAMINER: On the basic of exami	nation end/or investigation	n, in my opinion, de	eth occured at the	time, date end place, en	d due to the car	use(e) end manner as stated.
FUND KRUPER MS CARROLL COUNTY GIEN HOLPITH	00	Jama Luce M	N		D353	G8	29d. DATE SIG	SNED (Month, Day, Year)
		HAND KENTER MY	F DEATH (ITEM 27) (Typo,		NTY (SIEN :	roppi	THE
JAN 1 9 1995 Fella Develor Rarlell								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho has been completely for the state of the state been completely for the state of the stat	age 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
--	---

TOTAL THE PROTECTION OF LOCATI		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEI			
THE THIRD IS A SECTION ST. **SPORT STORY** NAMES OF COUNTY TAKEN ON THE STORY AND ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS OF STORY ADDRESS ADDRESS OF STORY ADDRESS ADDRESS ADDRESS OF STORY ADDRESS OF STORY ADDRESS ADDRESS OF STORY ADDRESS ADDRESS ADDRESS ADDRESS OF ST		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			
BOOL SECURITY NAMED IN A STATE OF STRIPLY OF STRIPLY S		Francis A.	Stem. Sr.							
THE NAME AND REASONS AS A COUNTY OF STATE AND ADDRESS OF PATRIX STATE AND REASONS AS A COUNTY OF STATE AND ADDRESS OF PATRIX STATE AND REASONS AS A COUNTY OF STATE AND ADDRESS OF PATRIX STATE AND ADDRESS OF PATRIX STATE AND REASONS AS A COUNTY OF STATE AND ADDRESS OF PATRIX STATE AND REASONS AS A COUNTY OF STATE AND ADDRESS OF PATRIX ST				,		IF UNDER 24 HRS.	2. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign	
No. MCCUTT NAME of or interface, por series and number) Syke syvile Syke syvile Catfolia Syke syvile Catfolia Syke syvile Catfolia Syke syvile No. Medic of periodia or interface of periodia or interface o		215 16 0527	1 🖾 M 2 🗆 F							
TO STREET AND NUMBERS 7 38 7 Gaither Road 11. MANTER STRATUS 11. MANTER STRATUS 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 13. WAS DECEMBET STRUCKINGS 14. DO THE STRUCKINGS 15. DECEMBET			treet end number)		9b. CITY, TOWN C	R LOCATION OF D		4		
TO STREET AND NUMBERS 7 38 7 Gaither Road 11. MANTER STRATUS 11. MANTER STRATUS 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 13. WAS DECEMBET STRUCKINGS 14. DO THE STRUCKINGS 15. DECEMBET	TOR	Sykesville RESIDENCE OF DECEDENT	Elder-Care		Sy	kesvil	1e	-45	Carroll	
TO STREET AND NUMBERS 7 38 7 Gaither Road 11. MANTER STRATUS 11. MANTER STRATUS 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET FROM N. U.S. ANABED 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 12. WAS DECEMBET STRUCKINGS 13. WAS DECEMBET STRUCKINGS 14. DO THE STRUCKINGS 15. DECEMBET	Ä			10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
The street and numbers The street and street in the street The street and street in the street The street and street The street The street and street The st		Md. Car	roll	s	vkesvi	11e				
OUTDOUR OF CONTRIBUTE TO CAUSE (Final Management of Control Co	AL	10a. STREET AND NUMBER						10g. CITIZEN OF	WHAT COUNTRY?	
OUTDOUR OF CONTRIBUTE TO CAUSE (Final Management of Control Co	H	7387 Gaither F	Road		21	784		II.S.A		
OUTDOUR OF CONTRIBUTE TO CAUSE (Final Management of Control Co	S	11. MARITAL STATUS			13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No- 14. RA	CE — American Indian.	
OUTDOUR OF CONTRIBUTE TO CAUSE (Final Management of Control Co	7							47.55		
The another transfer of the property of the conditions of the cond		3 Widowed 4 Divorced				- CANO aposi	,·			
The another transfer of the property of the conditions of the cond	<u> </u>			6a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BU	USINESS/INDUSTRY		
The another transfer of the property of the conditions of the cond	Ш			life. Do NOT use	retired.)	it or working	Md.	Dept. F	orest &	
The another transfer of the property of the conditions of the cond	AP.	н. S.	N	Mainten	ence S	upervi	sor	F	arks	
The another transfer of the property of the conditions of the cond	ō	17. FATHER'S NAME (First, Middle, Last)						n Sumeme)		
Ruby J. Stem 7387 Gaither Rd. Sykesville, Md. 21784 Ruby J. Stem 7387 Gaither Rd. Sykesville, Md. 21784 Donaten S Diem Species Diem		Guy Stem				Sadie	William	c		
Ruby J. Stem 7387 Gaither Rd. Sykesville, Md. 21784 20b. METHOD OF DISPOSITION 18 Burst 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Cremetion Removal from State 4 Donation 6 The Right 2 Removal from State 4 Donation 6 The Right 2 Removal from State 4 Donation 6 The Right 2 Removal from State 4 Donation 6 The Right 2 Removal from State 4 Donation 6 The Right 2 Removal from State 4 Donation 6 The Right 2 Removal from State 4 Donation 6 The Right 2 Removal from State 5 Remo				19b, MAILING A	DDRESS (Street e					
NOTION TO THE CONTRIBUTE TO CAUSE (Disease or conditions) Between the contributing to death but not resulting in the underlying cause given in Part I. 22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS CAUSE (Disease or Injury this initiated events resulting in death) 25. WAS CAUSE REFERENCE TO MEDICAL 26. WAS CAUSE REFERENCE TO MEDICAL 27. RAME AND ADDRESS OF PRACTIVE AT THE PROPRIED TO MEDICAL 28. WAS CAUSE REFERENCE TO MEDICAL 29. WAS CAUSE REFERENCE TO MEDICAL 20. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. WAS CAUSE REFERENCE TO MEDICAL 27. WAS CAUSE REFERENCE TO MEDICAL 28. WAS CAUSE REFERENCE TO MEDICAL 29. WAS CAUSE REFERENCE TO MEDICAL 20. WAS CAUSE RE	임	Ruhy J. Stem							21704	
1 Burdel 2 Cremetion 3 Reproceding Commentery or other placed			206 0							
22. PART I. Enter the Diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest. Approximate Interval Biseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest. Approximate Interval Biseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest. Approximate Interval Biseases or Conditions of the Conditions of			oval from State camete	ery cremetory or other	or place!		1			
P.O.BOX 195 Sykesville, Md. 21784			E D e	nezer	Cemete	ry Jan	. 18, 19	95 Winf	ield, Md.	
Approximate factors that design that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, dyhear failure. List only electars on each line. IMMEDIATE CAUSE (Final disease, or complications) that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, dyhear failure. List only electars on each line. IMMEDIATE CAUSE (Final disease or condition and the subject of the cause of the conditions of the cause of conditions and death of the cause of conditions. DUE TO (OR AS A CONSCOURNCE OF): Sequentially list conditions. DUE TO (OR AS A CONSCOURNCE OF): Cause Enter UNDERLY of the initiated events resulting in death) LAST DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR AS A CONSCOURNCE OF): Cause Enter UNDERLY of the cause of lighty that initiated events resulting in death) LAST DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR AS A CONSCOURNCE OF): Cause Conscient of the cause of lighty that initiated events resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant condition		4/2	VI. 11		22. NAME AN	U ADDRESS OF FA	Haight F	uneral	Home	
22. PART I. Enter the flateaceae, or complications above, of heart failure. List only upse cause on each line. IMMEDIATE CAUSE (Final disease or condition as a constant of the cause of t		Harry TU.	HOUNDY.		P.O.	Box 19	5 Sykesy	ille. M	ld. 21784	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NO NO NO NO NO NO		Interval Between Onset and Death disease or condition resulting in desth) Tremonic Interval Between Onset and Death days								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NO NO NO NO NO NO	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF): C. Due TO (OR AS A CONSEQUENCE OF):								
M 1 YES 2 NO	ا بر	PART II. Other significant condition	s contributing to death but	not resulting in	the underlying	csuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
M 1 YES 2 NO	M						_ /		1 TYES 2 NO	
M 1 YES 2 NO	Ž		CONTRIBUTE TO C	AUSE OF	DEATH Y	ES NC				
M 1 YES 2 NO	5		HOSPITAL ·			ACE OF DEATH (Ch	neck only one)			
M 1 YES 2 NO	YSi			ent 3 DOA	Nursing Hom	5 - Residence	6 - Other (Specify)			
M 1 YES 2 NO	H						26d. DESCRIBE HOW	INJURY OCCURED		
3 Sulcide 4 Homicide 5 Could not be determined 286. PLACE OF INJURY — At home, farm, atreet, lectory, office 5 City or Nown, Stete) 296. CERTIFIER (Check only one) 296. CERTIFIER (Check only one) 297. CERTIFIER (Check only one) 298. CERTIFIER (Check only one) 298. CERTIFIER (Check only one) 298. CERTIFIER (Check only one) 298. DEACE OF INJURY — At home, farm, atreet, lectory, office City or Nown, Stete) 298. LOCATION (Street and Number or Rural Route Number, City or Nown, Stete) 298. LOCATION (Street and Number or Rural Route Number, City or Nown, Stete) 298. LOCATION (Street and Number or Rural Route Number, City or Nown, Stete) 298. LOCATION (Street and Number or Rural Route Number, City or Nown, Stete) 298. LOCATION (Street and Number or Rural Route Number, City or Nown, Stete) 298. LOCATION (Street and Number or Rural Route Number, City or Nown, Stete) 298. LOCATION (Street and Number or Rural Route Number, City or Nown, Stete) 299. CERTIFIER (Check only one) 290. SIGNATURE AND TITLE OF CERTIFIER M. D. SIGNATURE AND			(, 2.2),							
296. SIGNATURE AND TITLE OF CERTIFIER M.D. 296. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V., M EVOY 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V. M EVOY 32. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5		2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, ferm, street, lectory, office 26l. LOCATION (Street and Number or Rural Route Number,							I Route Number,	
296. SIGNATURE AND TITLE OF CERTIFIER M.D. 296. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V., M EVOY 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V. M EVOY 32. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5	E	4 Homicide determined					Only Or IOWII, Steel	"1		
296. SIGNATURE AND TITLE OF CERTIFIER M.D. 296. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V., M EVOY 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V. M EVOY 32. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5	29e. CERTIFIER 1 P CERTIFYING PHYSICIAN; To the best of my knowledge death occurred at the time date and place and the time									
296. SIGNATURE AND TITLE OF CERTIFIER M.D. 296. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V., M EVOY 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V. M EVOY 32. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5	M								(a) and minimum in the same	
296. SIGNATURE AND TITLE OF CERTIFIER M.D. 296. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V., M EVOY 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. V. M EVOY 32. LICENSE NUMBER D 3 3 6 8 / D 1 / 16 / 9 5	8			or mireangenon,	ту ортион, о					
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) M. V., M. E. VOY M. V. O'EVOY 71784	ш	296. SIGNATURE AND TITLE OF CERTIFIER	MD					29d. DATE SIGNE	D (Month, Day, Year)	
M.K. M°EVOY 550 T590 College Ave 21784		111/1/2010	11.10.			D336	8/	1/16	7175	
31. DATE FILED (Month, Only, 1667) 32. REGISTBAR'S SIGNATURE	F	M. K. MOEVOY	O COMPLETED CAUSE OF DEAT			line		2178	4	
		JAN 1 9 1995		YRE	-0					



retained by the hospital or attending physician. 5 should be detached for use as the burial-transit MARYLAND 21215-0020 Раде 6 тау be nours after death.

funeral director, page 5 should

ion, or removal.

cremation,

burial,

prior to

the after

been signed by that, of Health and N

has be Dept.

certificate I

this c

After ti

DIRECTOR hours after

FUNERAL WITH 72

1995

SE REGISTRAR'S GIGNATURE

completely

and

permit. Pages 1, 2, 3 should

	Z
	law requires that the death certificate be executed within 24
	-
-	-
_	. 62
0	\$
_	P
-	93
20	77
2	- 25
	8
×	-
	- 23
)	-
20	2
-	23
	M
	t
~	g)
	Q
1	5
_	60
-	45
"	-
~	22
	-
I	ၽ
_	-
J	-
	92
_	5
11	2
_	- 23
I.	=
	3
	60
-	40.5
-	E
_	-
	-
30	5
	=
	\simeq
=	50
¬	~
-	0
7	
-	9
-	5
_	0
_	Z
n	3
-	E
>	ed(
	QC
7	Ö
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	4
	DEPITAL OR ATTENDING PHYSICIAN: The Ia
	吳
	張
	18
	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) REG. NO 2. DATE OF OEATH 3. TIME OF DEATH a ulor Q5 O 0/20 6. AGE (In yrs, lest birthday) a. BIRTHPLACE (State or Foreign IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 XM 2 🗆 YRS. JUNE 20. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH VETERAN RESIDENCE OF DECEDENT DIRECTOR HOSPITAL BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? GLENDENING 21 USA 11. MARITAL STATUS SINGLE
1 Never Married 2 Merried 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) CHEF GRADE INKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnen notified at HARRI BE 19e. INFORMANT'S NAME (Type/Print) 9b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MULBERRY ST. BALTO, MD. 21223 must be 20s. METHOO OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State FOREST CEMETERY 1-19-95 DWINGS MILLS, MD Donation 8 Other (Specify) medical examiner 22. NAME AND ADDRESS OF PARILTY JR. FUNERAL HOME 21. SIGNATURE OF FUNERAL MERVICE LICENSEE 913W. BALTIMORE ST., BACTO. MD. 2/223 23. PART I. Finer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart failura. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onsat and Death the disesse or condition_ DUE TO (OR AS A CONSTIQUENCE OF): V CISTURES reaulting in death) Injury, or other traumatic event, Oticemia CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? PERFORMED? marked, or Item 23 shows any 1 - YES 2 - NO 1 🗌 YES 2 🔯 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO N UNCERTAIN | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 109 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined item 28 29e. CERTIFIER 1 🗵 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. (Check only one) MPORTANT: 11 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 195 ON 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HIMORD UA-Med JAN 1 9

JA CEC 31. DATE FILED (Month), Day, Year) JAN 191995

D WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOPKINS

JOHNS

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	I+om20b Eilm710	1/10/05 1/					95	01285
	Item20b,Film719 FOR 1. STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR		F HEALTH AND			
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE	PEAIN	REG. NO),	3. TIME OF DEATH
	STEVEN	Т	RIPLIN			MONTH D	6. 1995	AR
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign
	219-64-9033 98. FACILITY NAME (If not institution, give st		39 YRS.	MONTHS DAY	HOURS MIN.	JULY 16,	C	ountry)
000	A STATE OF THE PARTY OF THE PAR				VN OR LOCATION OF D		9c. COUNTY (OF DEATH
DIRECTOR	THE JOHNS HOP	KINS HUSPITA		BAL	TIMORE CI	TY		
S	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
ä	MARYLAND			GLE	N BURNIE			LIMITS? X YES 2 NO
7	10e. STREET AND NUMBER				10f. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
FUNERAL	12910 MANOR ROAD)			21057		1-1-1	
I S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS		NIC ORIGIN? (Specify Ye	US	A . RACE — American Indian,
	1 Never Married 2 X Married	FORCES? 1 YES	2V NO	It yes	, specify Cuben, Mexico	nn, Puerto Rican, atc.)	1	Black, White, atc.
B	3 Widowed 4 Divorced	II TES, GIVE WAR OR DAI		'''	YES 2X NO Specif	y:		Specify: SLACK
8	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU		
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	vork done during se retired.)	most of working			
. ₫	8th GRADE		CONST	RUCTIO	N WORKER	der I		
COMPL	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumamel	
	VIRGER	TRIPLIN			CLARA		FIELDS	
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Stre		Route Number, City or Tow		
2	KIZSIE TR	RIPLIN				LTIMORE, M		
3	20a. METHOD OF DISPOSITION						CATION — City of	
	1 Burlel 2 Cremetion 3 Remo	oval from State come	ery, crematory or of	ther place M t	.Zion Ce	m 21		
	21. SIGNATURE OF FUNERAL SERVICE LICE		INO GREE		AND ADDRESS OF FA		ALTIMOR	E, MARYLAND
	(Wal	Ma.		JOSE 1913	PH H. BRO W. BALTI	WN JR. FUN MORE ST.,	ERAL HO BALTIMO	ME, P.A. RE, MD. 21223
	23. PART I. Enter the diseases, or co	omplications that caused ist only one cause on each	the death. Do n	ot enter the	mode of dying, suc	h as cardlec or resp	iratory arreat,	Approximata
	IMMEDIATE CAUSE (Final	in the cause on each	n line.					Interval Between Onset and Death
	disease or condition resulting in death)	Pholem	onia					41000
	reading in death)	DUE TO (OR AS A	ONSEQUENCE OF	T):	4			reaus
z		Acquir	deln	mum	dehiceno	y Synd	200446	19 4000
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO COR AS A C	ONSEQUENCE OF	7:	<u></u>	9 09.00	vives	17003
3	CAUSE (Disease or Injury					9		!
E	that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	7):				
E	resulting in death) LAST							
Ö	DATE II ON A MARKET							
MEDICAL	PART II. Other algnificant conditions	contributing to death but	not reaulting i	n the underly	ing ceuse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ĕ	Candidas	esophaget	15			1 TYES 2	NO	COMPLETION OF CAUSE OF DEATH?
M		, 0						1 TYES 2 WNO
	DID TOBACCO USE CONTR	BUTE TO CAUSE OF	DEATH YE	S NO	UNCERTAI	N D		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEAT	H (Check only o	ne)			
Si		HOSBITAL: 1 Impatient 2 ER/Output	lent 3 DOA	OTHER: 4 Nursing H	Iome 5 - Realdence	6 Other (Specify)		
Ę	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE)
ΒY	1 Netural 5 Pending 2 Accident Investigation	(1101111, 22), 1021)			YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Specify	At home, farm, s	treet, factory, o	ffice	28t. LOCATION (Street	and Number or Ru	ral Route Number,
I	4 Homicide determined		,			City or Town, State)		
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSIC	DAN: To the best of my knowled	lgs, death occurre	d at the time	ete and place and divi	to the covered and	mar an atair d	
E		: On the beals of examination (sele) and manner or stated
-	29b. SIGNATURE AND TITLE OF CERTIFIER			,	_			
BE	ON OF CENTIFIER	·OMD			29c. LICENSE NUI	MBER	29d. DATE SIGI	NED (Month, Day, Year)
2	30 MAME AND ADDRESS OF	W/110					- 1/16	195

HOSPITAL

MD

BALTIMORE

1 ,

\overline{a}	
6.4	
0	
_	
10	
40	
-	
O	
-	
N	
_	
1	
-	
-	
_	
_	
OC.	
-	
MARYLAND 21215-0020	
-	
2	
1.1	
ш	
C	
BALTIMORE	
\circ	
\simeq	
5	
(Illinoise	
-	
-	
_1	
=	
Q.	
00	
ш	
	•
0	1
76	
9	
~	
8	
10	
9	
\sim	
0	
3OX 68760	
~	

TO BE COMPLETED BY FUNERAL DIRECTOR

	-
	-1
	-
-	4
\sim	- 1
9	8
2	4
~	Š
~	3
×	-
	ž
\sim	4
_	ć
~	100
\cup	3
'n.	- 7
_	7
'n	P
~	9
=	*
	3
Э.	4
· 5	6
\sim	-
_	- 5
X.	6
. 1	į
-	-
	ć
>	1
	č
de l	Ü
\supset	3
_	0
_	9
O	1
-	à
ŊΡ	7
2	1
=:	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DINCIPAL The last conclose that the danger conclose the danger configuration has more and
-	ч
	f
-	٩i

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be marked to use as the burial-transit permit. Pages 1, 2, 3 should be marked to use as the burial-transit permit. Pages 1, 2, 3 should be marked to use as the burial-transit permit. Pages 1, 2, 3 should be marked to use as the burial-transit permit. Pages 1, 2, 3 should be marked to use as the burial-transit permit. Pages 1, 2, 3 should be marked to use as the burial-transit permit. Pages 1, 2, 3 should be marked to use as the burial-transit permit. TO THE FLORENCE ANTERIORIS PHYSICIAN: The law requires that the death certificate be executed with. The flowers after death. Page 6 may be retained by the hosp TO THE FLORENCE IN the florence of the page 5 should be detached filled in by the funeral director, page 5 should be detached filled without a death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT IT THE 28 IS MARKED OF ITEM 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1 - STATE REGISTRAR		DINIE OF MA	CI	ERTIF		F DEATH	MEMI	REG. NO.	C		
1. DECEDENT'S NAME (First, M	Middle, Last)							E OF DEATN			3. TIME OF DEATH
TAN	IES	TAYLO	R				MON 1	- 16		95	11:25 A M
4. SOCIAL SECURITY NUMBER			AGE (In yrs. las	t birthday)	IF UNDER 1 YE			E OF BIRTH		A BIRTH	IPLACE /State or Foreign
219-01-86	89 1	□XM 2 □ F	91	YRS.	MONTHS DAY	/S HOURS MIN.	03	14h, Day, Year)	03	Countr	ν) VA
9e. FACILITY NAME (If not insti	titution, give street	and number)			9b. CITY, TOY	VN OR LOCATION OF E				INTY OF D	
MARYLAND	GENERA	L HOSP	•		BALT	IMORE					
10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY
MD.				BAL	TIMOR	E					t X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
607 PENN						21201				USA	
11. MARITAL STATUS t Never Merried 2 M 3 Wildowed 4 Divorce	lerried	P. WAS DECEDENT E FORCES? 1 IT IF YES, GIVE WAR	YES 2 JA	MED 40	If yes	DECENDENT OF HISPA , specify Cubsn, Mexic YES 2 NO Spec	an, Puerto	IN? (Specify Yes Rican, atc.)	or No	14. RACE Black Speci	- American Indian, c, White, etc.
15. DECED (Specify only h	DENT'S EDUCATI	ON npleted)	/G	ive kind of w	USUAL OCCUP	ATION most of working	16	b. KIND OF BUS	INESS/INI	OUSTRY	
Elementary/Secondary (0-1:	-	College (1-4 or 5+)	life.	Do NOT use	retired.)						
UNK				LA	BORER						
17. FATNER'S NAME (First, Midd WI		TAYLOR				18. MOTNER'S N		Middle, Malden			
190. INFORMANT'S NAME (Type MARY FAI		RNER				AVE . BAI				212	01
20e. METHOD OF DISPOSITION	N				FDISPOSITION		DA			City or To	
10 Buriel 2 ☐ Cremation	3 Removal Specify)	from State	cemetery, cre	matory or off ZION	CEME	TERY 1-1	19-9	5 LA			MD •
21. SIGNATURE OF FUNERAL S	SERVICE LICENS	et /			22. NAM	AND ADDRESS OF F	ACILITY				
1	1111	Dry.		=	AL 63	BERT P. 8 N, GII	AYV. AOM.	IE F/	HР. FT	A. 212	17
23. PART I. Enter the dise	éeaea, Dr com	plications that co	used the de	eth. Do ni	ot enter the	mode of dying, su	ch ss car	rdlec or reaple	ratory an		Approximats
iMMEDIATE CAUSE (Final disease or condition resulting in desth)	art failure. List	only one cause	Dn each ilne			N PN					onset and Death
reauting in destin)	a	DUE TO (OR	AS A CONSEC	DUENCE OF):	77 770	EU	MIO W	14.	,	direitowii
12000-0022-00-00-00-00-	- A										
Sequentially list condition if any, leading to immedia	ate	DUE TO (OR	AS A CONSEC	DUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury											
that initiated events resulting in deeth) LAST		DUE TO (OR	AS A CONSEC	DUENCE OF):						
rosanting in dootily Ends	d										
PART II. Other aignificent	t conditions co	ontributing to de	ath but not r	eauiting in	the underi	ying cause given in	Pert i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 - YES 2	X) NO		DF DEATH?
DID TOBACCO USI	E CONTRIB	LITE TO CALIS	E OE DEA	TH VE		□ UNCERTAL	NI 🖂				1 TYES 2 NO
25. WAS CASE REFERRED TO I		OIL TO CAUS			N (Check only o		IN L				
EXAMINER?	H	OSPITAL:	11-15-47		OTHER:						
27. MANNER OF DEATN		Inpetient 2 ER		28b. TIME		INJURY AT		er (Specify) SCRIBE NOW IN	LILIPY OC	CUBER	
1 Natural 5 Pe		(Month, Day, Y		INJU	IRY	WORK?	200. DE	SCHIBE NOW IN	IJUHY UC	JUNED	
3 Suidide	veatigation	28e. PLACE OF IN	JURY At ho	ne ferm st			281.10	CATION (Street o	ad Momba	. a. O	to the March of
_ 0 00	termined	building, etc.	(Specify)		, actory, c		City	CATION (Street a. r or Town, State)	na reumber	or nurai n	oute Number,
290. CERTIFIER 1 X CERTIF	YING PHYSICIAN	: To the heat of my	knowledge de	th convers	f of the time of	late end place, end du	44.45				
											end menner es stated.
29b. SIGNATURE AND TITLE OF	F CERTIFIER		·			29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
mi The	5	h				8921	3		•	1161	95-
30. NAME AND ADDRESS OF P											
Muhamma	ad Was	eem, M.	D. c/	o Ma	rylar	nd Gener	al H	Hospit	al		
JAN 1 9 199	5 Julia	and the second	BANGUIAE								

Pages 1, 2, 3 should

inding physician.	as the bunal-transit permit. I		
PATENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physician.	FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page.		otified at once.
ofter death. Page 6 may be	y the funeral director, page .	noval.	TIME II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e executed within hours	an and completely filled in b	I within 7 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	umatic event, the medi
s that the death certificate b	ned by the attending physici	lith and Mental Hygiene prio	any injury, or other tra
HYSICIAN: The law requires	his certificate has been sign	with the State Dept. of Hea	ked, or item 23 shows
THE OR ATTENDING F	FUNERAL DIRECTOR: After 1	within 7 hours after death	INNE III item 28 is mar

95 01287 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN JAA 12 30 HILDA TURNER Veronica 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 - F 218-09-7522 YRS. 75 Aug 20, 1919 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c COUNTY OF DEATH DIRECTOR Stella Maris Hospice Towson Baltmore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 X YES 2 NO Baltimore FUNERAL 10a. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1509 North Pulaski Street 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Bleck, Whita, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES 2 NO Specify. BY Specify: 3 Widowed 4 Divorced Bl.ack ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify or Elementary/Secondary (0-12) College (1-4 or 5+) COMPL High School C & P Telephone Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harvey Turner Genevieve Douglas BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alice Swanson 2521 Jonathan Road Ellicott City, Maryland 2104 20s, METNOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata Arbutus Memorial Park 4 ☐ Donation 6 ☐ Other (Specify) 18 Baltimore County, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart feliure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) BREAST CANCER 6 mos CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO BONE METASTASES COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO X PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** OTHER: T YES 2 NO 8 Other (Specify) HOSPICE 1 Inpetiant 2 ER/Outpetiant 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(Check only

(C 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29b. SJGNATURE AND TITLE OF CERTIFIER 29d. DATE, SIGNED (Month, Day, Year) BE enda

aul

Jalia d'Audion Sidne

31. DATE FILED (Month, Day, Year) 9 1995

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print

kulins

KENDALL FAULKNER 2300 DULANEY VALLEY ROAD TOWSON, MD 21204

25643

FOR

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) ANTONIO		VAZQ		1 04/74	UARY 1	7, 199	year 3.	TIME OF DEATH 9:35 P M	
TOR	4. SOCIAL SECURITY NUMBER 139-40-5808	1 🖔 XM 2 □ F	AGE (In yrs. last birthday 46 YRS.	MONTHS DAYS	IF UNDER 24 HF HOURS MH	8. 7. DAT	7. DATE OF BIRTH JUL. 3, 1948 F			O RICO
	99. FACILITY NAME (If not institution, give street end number) THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 90. COUNTY OF DEATH 11/ a									
DIRECTOR	100. STATE 10b. COUNTY MARYLAND	n/a Harf	ord 10c. CITY, TOWN OR LOCATION BALTIMORE			erdee	n	V	d. INSIDE CITY LIMITS? YES 2 NO	
COMPLETED BY FUNERAL	100. STREET AND NUMBER 50 ABERDEENDEEN AVENUE Aberdeen Ave 21001 100. CITIZEN OF WHAT COUNTRY UNITED STATES									
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. ARMED YES 2 NO 13. WAS DECEMBENT OF HISPAN 11 yes, specify Cuban, Mexico 1 YES 2 NO Specify NO Specify NO NO NO NO NO NO NO N			vicen Puerl	n Puerto Bicen etc.) Black			American Indian, hite, etc. UERTO ICAN	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1.2. H			DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working fe, Do NOT use retired.) LABORER			16b. KIND OF BUSINESS/INDUSTRY			Ligh
BE CO	17. FATHER'S NAME (First, Middle, Last) PABLO VASQUEZ 16. MOTHER'S NAME (First, Middle, Melden Sumeme) CECELIA RODRIQUEZ									
5	190. INFORMANT'S NAME (Type/Print) CECELIA VASQUEZ 190. MALLING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 50 ABERDEEN AVENUE, ABERDEEN, MARYLAND 21001									
	20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION — City or Town, Surface CALVARY CEMETERY 1-21 CHERRY HILL,									
Maren M. Koger WM. C. MARCH FH BALTIMO									MD 2	AVENUE 1202
CERTIFICATION	23. PART I. Enter the diseasea, or complications that ceused the deth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								Approximate interval Between Onset and Death B Y / S 2 Weeks	
MEDICAL	PERFORMED? 1 YES 2 NO OF								RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
YSIC	EXAMINER? 1 YES 2 D NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. OEŞCRIBE HOW INJURY OCCUREO									
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Yown, State)									Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) end menner se stated. EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated.									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Robert Machall MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Robert Marshall, MD The Johns Hopkins Hospital Towar 110 Balt, MC 31. DATE FILED (Mooth Day York)									nth, Day, Year)
	31. DATE FILED (Month, Day, Year)		D The Joh S SIGNATURE	ns Hopk	ns Hospi	tol T	ower 11	o Bat	t., mo	21287
		46 -								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020		Ų,
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25 ho	e law requires that the death certificate be executed within es hours after death. Page 6 may be retained by the hospital or		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning	in by the funeral director, page 5 should be detached for use as the burlandaring	until mer Page 1, 2, 3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.			
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	Item1 1-19-95 Fil	.mG719 W.	H.Per F	/ <u>H</u>						9	5	01289
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT OF	HEALTH DEAT	AND M	ENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Anne	Elizabe		WAL				2. DATE	of DEATH		YEAR	3. TIME OF DEATH 7:40 am
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Inc		IF UNDER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH Day, Year)		8. BIRT	NPLACE (State or Foreign try)
	213-18-6497 9s. FACILITY NAME (If not institution, give s		82	YRS.	9b. CITY, TOWN				26,			Md.
TOR	Saint Joseph Hospi	tal			9b. CITY, TOWN OR LOCATION OF DEATH Towson, Maryland 8c. COUNTY OF D Baltim							
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LOCA	TION						10d, INSIDE CITY
AL D	Md. Bali	timore				ervil				1 ☐ YES 2 🛣 NO 10g. CITIZEN OF WHAT COUNTRY?		
VER/	1403 Warwick Dr.					210				U.S.A.		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		If yea, a	CENDENT OF Hecify Cuban	, Mexican,	ORIGIN' Puarto R	? (Specify Yes ican, atc.)	or No-	14. RAC Blac Spec	
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ON		16b.	KIND OF BUS	SINESS/IN	DUSTRY	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) Illia	(Give kind of work done during most of working like. Do NOT use retired.)								
OM	17. FATHER'S NAME (First, Middle, Last)		House Wife Own Ho									
BE	Michael	Gillo					rgar				Rola	nd
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Nancy Walker	Mosner	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 13100 Jarrettsville Pike Phoenix, Md. 21131								1101	
	20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Reme			ANDDATE	OF DISPOSITION IN		e PI	DATE				Dwn, Stata
	4 Donation 5 Other (Specify)	ENSEE	Morel	and N	Memorial 22. NAME A	Park	1/20	0/95	Bal	timo	re.	Md.
	M. 2643	100			Ruck	Towso	n Fui	nera	1 Home			
	immediate Cause (final disease or condition resulting in death) s. CARCINOMA OF THE URINARY BLADDER WITH OSSEOUS 2								Approximats interval Between Onset and Death 2 YRS.			
z	DUE TO (OR AS A CONSEQUENCE OF): METASTASES											
ERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ACUTE 8	A CONSEQUENCE OFJ: RONIC RENAL FAILURE A CONSEQUENCE OFJ:								1 MON	
O	PART II. Other significent condition	. Contributing to	death but not r	neultino I	In the underfula	a seuse el	una la Da	200				
N: MEDICAL	DID TOBACCO USE CONTR				RTAIN	_	PERFOR	MED?	240	L. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 3 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			N (Check only one)							
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	Inpetiant 2 =	INJURY	DOA 26b. TIM	4 - Nursing Hon		T-		(Specify)	JURY OC	CUREO	
ВУР	Natural 6 Pending Investigation	(Month, D	my, Ybar)			RK?					OUNED	
ETED I	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, a	itreet, factory, offic	•	2		TION (Street a r Town, State)	nd Number	r or Rural I	Route Number,
2	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
NO.		R: On the beals of a	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER							i) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER The strong of a strong of the str	D. 14	Leon	, 7	m.D.	29c. LICEN	ISE NUMBE					200000000000000000000000000000000000000
	one) 2 MEDICAL EXAMINER	W- M	Levn SE OF DEATH (ITE	M 27) (Type,	M.L.	29c. LICEN	SO8	ER		29d. DAT	E SIGNED	(Month, Day, Year)

DHMH-16 Rev 1/89

,

The second second

BALTIMORE, MARYLAND 21215-0020

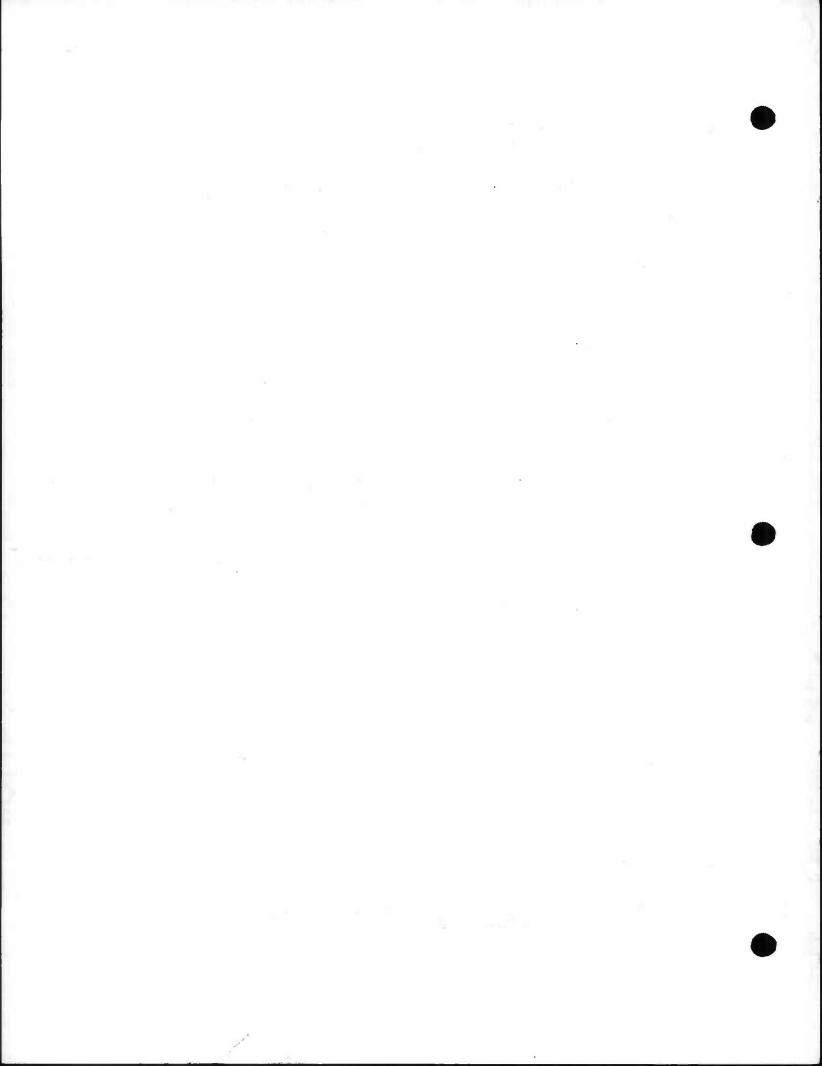
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. The hospital or retained by the hand the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	SINIE UF MANT		ICATE OF	HEALIH AND	MENIA	REG. NO.	_			
	1. DESIDENT'S NAME (First, Middle, Last)	Wilson				2. DATE	OF DEATH	Y 0	YEAR	3. TIME OF DEATH	
	SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	- 7		PLACE (State or Foreign	
	220-90-93/17	1 M 2 F	34 YRS.	MONTHS DAYS	HOURS MIN.	(Mont	11. Day. Your)	0	Country	MD	
	9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF D		70 0		ITY OF DE		
OR	BAYVIEW MEDIC	AL CENTER		BA	LTIMORE						
يظ	RESIDENCE OF DECEDENT 106. STATE 106. COUNT	v	40-017	Y, TOWN OR LOC							
DIRECTOR	MD			LTIMOR					İ	IOd. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		D11		Of. ZIP CODE		-	10a CITI	ZEN OF W	1X XYES 2 NO	
FUNERAL	26 S. EXETER	ST. APT 1	OV		212	0.2		rogi orri			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	or No-	II S	American Indian.	
ВУ F	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE		If yes, s	pecify Cuben, Mexic S 2XXNO Speci	en, Puerlo fy:	Ricen, etc.)		Specifi	ACK	
	15. DECEDENT'S EDU	CATION	18e. DECEOENT'S	USUAL OCCUPAT	ION	168	. KIND OF BUS	INESS/IND		ACK	
E	(Specify only highest grade	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during n se retired.)	post of working						
AP.			UNEM	PLOYED						-	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First,	Middle, Malden	Surname)			
BE (WILLIE	WILSON			BET	ΤY			YO	UNG	
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural						
	BETTY WILLIAN 200, METHOD OF DISPOSITION		26 S		ER ST A						
	1 November 2 Cremetion 3 Rem	noval from State	Ob. PLACE AND DATE emetery, cremetory or o	ther plece)		OAT		CATION		rn, State	
	4 Donellon 5 Other (Specify) 21. SIGNADIFIE OF FUNERAL SERVICE LIKE		IT. ZION	CEMET	ERY NO ADDRESS OF FA	500 / 40		SDO		MD.	
	The soil al)	/ Iman	tio'			F				HOME	
\dashv	23 PART V Enter the discuss of	MIIII	ue							MD21123	
	23. PART Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or help failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. POP (ESSIVE MULTICAL LEVER OF LAND PARTY 5 MONE) TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant condition	a contributing to death	but not reaulting	in the underlyi	ng cause given in	Part I.	24s. WAS AN A PERFORI	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME									1	1 TES 2 1 NO	
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CAUSE				N□					
Š	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:)						
ΙΥS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I ER/Ou	-	4 Nursing Ho	me 5 🗌 Residence						
ВУ РР	1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)		URY W	JURY AT ORK? YES 2 NO	28d. OE	SCRIBE HOW IN	JURY OCC	UREO		
	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)									oute Number,	
E	4 Homicide determined			<u> </u>							
COMPLETED		CIAN: To the best of my kno								and manner so stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER			sprinoti,	29c. LICENSE NU		piace, enc				
O BE	Joycal.	Vineta	2		D45	746		DATE	12	Month, Day, Year)	
일	30. MANIE AND ADDRESS OF PERSON WH	INCT - IN D	. Johns	Hopkin	Heard	1				1	
	31. DATE THEO Mong of 1995	A STEER BURNER	while	HOPUM	> 1105011	q!		_			



TO THE PLATE ONE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNCE CELL OF THE DONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNCE CELL ON A PRINT A PRINT A PRINT OF HOURS AND A PRINT OF PRINT OF THE PRINT OF HOURS AND A P

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH 3. TIME OF DEATH				
	JEREMIAH THOMAS WILLIAMS										JAN 17 1995		
	4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	1995	8. BIRTHP	LACE (State or Foreign	
	217-34-8776	56	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) July 7, 19	120	Country)	rv1.and		
	9a. FACILITY NAME (If not in		treet and number)			9b, CITY	, TOWN	OR LOCAT	ION OF DE			NTY OF DE	
E C	4710 Bonnie		D	ilcos	vill	0			Dall	dmana			
ਹੋ	4710 Bonnie								.е			Dd I. U	imore
DIRECTOR	10a. STATE	10b. COUNT			10c. CI1	18c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
0	Maryl;and Baltimore							svil			1 _ YES 2 _NO		
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COD			10g. CITIZEN OF WHAT COUNTRY?		
R	4710 Bonnie	Brae	Y					212				USA	
	1√2 Never Married 2 □	Married		YES 2	NO	- 1	If yes, sp	ecify Cubi	nn, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	n or No —	14. RACE - Black,	– American Indian, White, atc.
BY	3 Widowed 4 Divo	erced	IF YES, GIVE V	WAR OR DATES			1 [YES	2 🗌 NO	Specify			Specify	B1.ack
COMPLETED	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BU	SINESS/INI	DUSTRY	Diack
ᄪ	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worki	ng				
鱼					5	Secur	itv	Guai	cd				
Į į	17. FATHER'S NAME (First, M	liddle, Last)							B. MOTHER'S NAME (First, Middle, Melden Surname)				
BE (Joe William	ıs						E	lla N	Jash			
0	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRES	S (Street o	nd Numbe	r or Rurai I	Route Number, City or Tow	n, State, Zip	Code)	
-	Gwendola Ta	liafer	cro	4	4710 I	3onni	e Bi	cae I	Road	Pikesvi:	11e,	MD 2	21208
	20a. METHOD OF DISPOSIT 1 □ Burlel 2 [X Crematic	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ramoval from State cemetary, cre					ITION (Na		_	DATE 20c LC	CATION -	City or Tow	o State
	4 Donation 5 Other	(Specify)			Cre	nator	V			19 Ca	tonsv	rille,	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	14-		22.	NAME A	D ADDRE	SS OF FA	Nutter	Fune	ral H	omes, Inc
	Mar	Krail	N.3-	netter		Ba	ltir	nore	Mar	ills Parkwayland 21:	216		
	23. PART i. Enter the d	leeeses, or o	complications the	1 ceused the	deeth. Do	not enter	the mo	de of dy	ing, auci	as cerdiec or reap	iratory sn	rest,	Approximate
	IMMEDIATE CAUSE (Fir		List only one cat	rae on sech ii	ne.								Interval Between Onset and Death
1	disease or condition	→	DUE TO	IL CAR	CINO	MA							
Z	Sequentially list conditi	ione C		FUCED			rec	100)				
Ĕ	if any, isading to imme-	diate	DUE TO	(OR AS A CONS	EOUENCE O	F):							
CERTIFICATION	CAUSE (Disease or inju		C. DUE TO	(OR AS A CONS	EQUENCE O	D.							
Ë	that initieted eventa reaulting in death) LAS	т	002 10	(OR AS A COMS	SECUENCE O	r):							
Ü			d						-				
	PART II. Other algnifice	nt condition	s contributing to	deeth but no	t resulting	in the ur	derlyin	ceuse :	given in	Pert I. 24s, WAS AN			WERE AUTOPSY FINDINGS
MEDICAL	WA	STNC	SYLON	ama						1 TYES	1		COMPLETION OF CAUSE OF DEATH?
											N		YES 2 NO
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DE	ATH Y	ES 🔲	NO [UNC	ERTAIN	10			7
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	28. PL	ACE OF DEA								
λS.	1 TES 2 NO		1 Inpetlant 2	ER/Outpatlant	3 DOA	4 Nur		• 5 R	eldenca	8 Other (Specify)			
PHYSICIAN:	27, MANNER OF DEATH		28a. DATE OF (Month, D		28b, TIN	IE OF JURY	28c. INJ WO	URY AT		28d. DESCRIBE HOW	NJURY OC	CURED	
BY		Pending Investigation				М	1 🗆 1] NO				
ED		Could not be	28a. PLACE O building,	F INJURY — At I etc. (Specify)	home, farm,	street, fact	ory, offic			281. LOCATION (Street and City or Town, State)	and Number	or Rural Roo	ute Number,
	4 Howilcide	datermined											
7										to the cause(s) and made			
COMPLET	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	xamination and/o	or investigation	on, In my o	pinion, d	eath occur	red at the	time, date and place, er	d due to th	ne cause(a) a	and menner as stated.
BEC	290. SIGNATURE AND THE	of Pertine						29c. LICI	ENSE NUN	BER	29d. DAT	E SIGNED (A	Month, Day, Year)
	CK	1111	1	CI				03	977		•	1-18-	95
۵ ا	30. NAME AND ADDRESS OF												
	DAVID	MHEE	LOP 2º	1 5. 6	AS GEONE	£ 57		24	MIN	ORE MP	SI	201	
	31. DATE FILED (Month, Day,	Year) dili	32. REGISTRA	S SIGNATURE									
	JAN 1 9 1995	James	- Marian										1



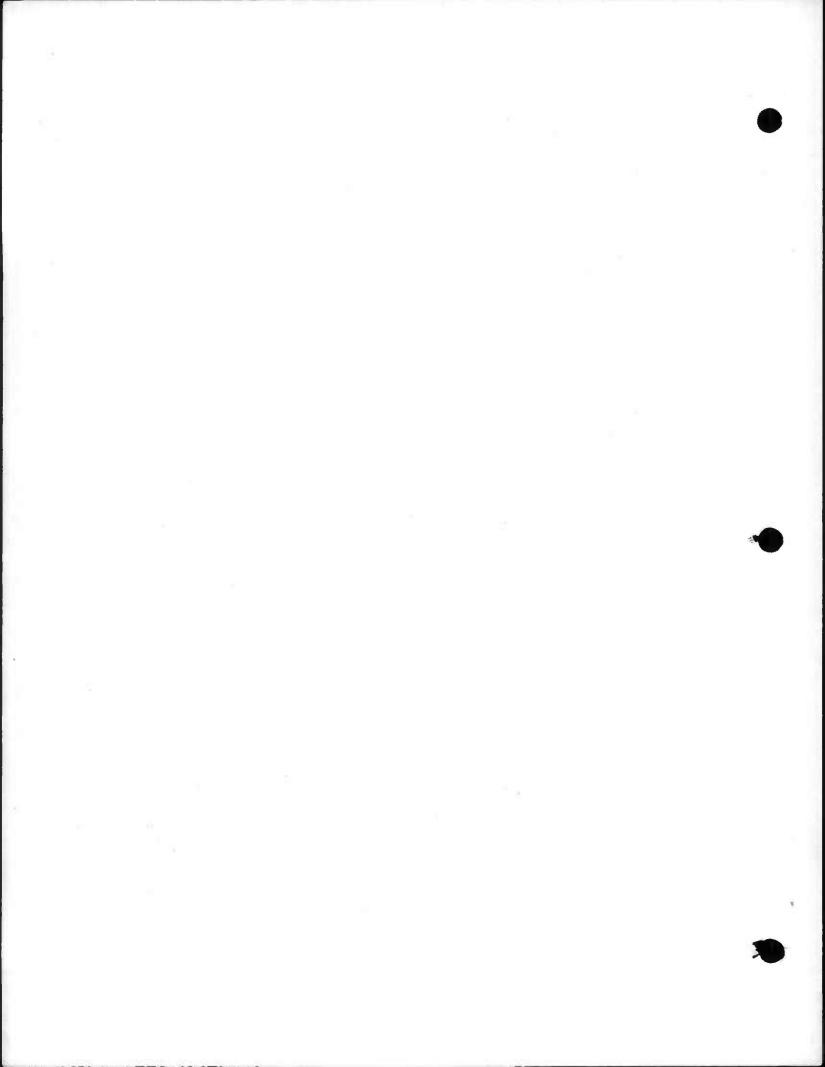
•

_	Post
	N
90	Author
BOX 68760	an amounted with
\tilde{c}	2
	a law marriese that the death continued as
S, P.O.	danth
ă	the.
OR	that
L RECORDS,	ractificae
	100
A	The
Ā	CICIAN.
0	20
SION OF VITAL	TEMPINE BLYCICIAN The
	-91

BALT	urs after death.
<u> </u>	Ď
•	after
	SUDO
	<u></u>
	C
00	with
7	8
MISION OF VITAL RECORDS, P.O. BOX 68760	ATENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours
×	9
õ	e
	Pica
o.	certi
<u> </u>	=
Ď.	dea
ă	he
Y	3
\circ	5
S	ire
#	regu
_	JAM.
•	9
=	
>	SIA
F.	S
	F
Z.	9
2	0
n	臣
5	K
3	8

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF	F HEALTH AND OF DEATH	MENTAL HYGIE		
		1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH		year 3. TIME OF DEATH
		ELIZABETH	G.	WEB			JANUARY	11, 199	
P		4. SOCIAL SECURITY NUMBER 215-22-5225	1 M 2 X X	(In yrs. lest birthday,	MONTHS DAY	YS HOURS MIN.		1925	B. BIRTHPLACE (State or Foreign Country) N. CAROLINA
3 should	Œ	9e. FACILITY NAME (If not institution, give st				WN OR LOCATION OF C		9c. COUNT	Y OF DEATH
23	CTOR	THE JOHNS HOPKIN	S HUSPITAL		I BALII	MORE CITY			n/a
permit. Pages 1,		MARYLAND 10b. COUNTY	n/a	10c. CI	BALT	CIMORE			10d. INSIDE CITY LIMITS? 1 TYES 2 NO
it per	RAL	100. STREET AND NUMBER 1719 N. BRAD	FORD STRE	E-m		101. ZIP COOE 212.	1 2	UNIT	EN OF WHAT COUNTRY?
020 physician. burial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS	OECENDENT OF HISPA			
MARYLAND 21215-0020 s retained by the hospital or attending physician s should be detached for use as the burial-tran notified at once.	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes	N. specify Cuben, Mexic YES 1 NO Speci	en, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify: BLACK
1215 r atten	TED	15. OECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT' (Give kind of	work done during		16b. KIND OF E	BUSINESS/INDU	STRY
YLAND 21215-00 by the hospital or attending be detached for use as the at once.	COMPLET	Elementary/Secondary (0-12) 6 TH	College (1-4 or 5 +)	Iffe. Do NOT	use retired.) MESTIC			n/a	
AN the hos detach	OM	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meid		
4 YL d by a	BE C		RRIS				ISABEL	HAZEI	
RE, MAR ay be retained page 5 should the notified	10	19e. INFORMANT'S NAME (Type/Print) OSCAR WEBB		195. MAILIN	G ADDRESS (Stre 19 N.	BRADF	Poute Number, City or TORD STR	own, State, Zip C EET, F	BALTO, MD #13
IMORE, Page 6 may be I director, page		20a NETHOD OF DISPOSITION 1	val from State 20b	PLACE AND DATE		N (Name of			ty or Town, State
ALTIMOF leath. Page 6 m funeral director. xaminer must		4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT		ARRISO		REST VACI		OWING	SS MILLS, MD
2 9 2 9		- Janessa &	70×			I. C. MAI			E. NORTH AVE
E E		23. PART I. Enter the diseases, or conshock, or heart failure. L	implications that caused list only one cause on e	the death. Do ech line.	not enter the	mode of dying, suc	ch as cardlec or res	piratory arres	Interval Between
# € 5 2		IMMEDIATE CAUSE (Finel disease or condition	Bone	Maure	242 N	Verrosi	٤		Onset and Death
3760 tred within completely ial, cremati event, the		resulting in death)	DUE TO (OR AS A	CONSEQUENCE	OF):	Vecro st	J		0,,,,
ecu ecu	No.	Sequentially list conditions,	Sepsis	CONSEQUENCE					one welk
O be clan lor traum	AT	If any, leading to immediate cause. Enter UNDERLYING	Seltin	// C)+):				one week
	Ĕ	CAUSE (Disesse or Injury that initiated events		CONSEQUENCE					
0 4 5 7 6	CERTIFICATION	resulting in death) LAST	Pulm	onan	y Es	mboli			fur weeks
the of th	A	PART II. Other aignificant conditions	contributing to deeth b	ut not resulting	In the underly	ying ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
RECOR requires that een signed by of Health an	MEDIC						1 XYES		COMPLETION OF CAUSE OF DEATH?
	WE	DID TOBACCO USE CONTR	IDLITE TO CALIER O	F DEATH V	T	- INICEPTAL			1 TYES ZY NO
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE			иП		
VITAL CIAN: The land intrincate has he State Deported to the 23	YSIC	EXAMINER?	HOSPITAL:	etient 3 DOA	OTHER: 4 Nursing I	Home 5 - Residence	8 Other (Specify)		
11. 3 8 4 1	H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TH		INJURY AT WORK?	28d. DESCRIBE HOW	/ INJURY OCCU	RED
SION OI TENDING PHYS DR: After this dest death with	84	2 Accident Investigation	28e. PLACE OF INJURY	— At home form		YES 2 NO	284 LOCATION /Com	t and Mumber of	2-12-14-1
C	田田	4 Homicide 8 Could not be	building, etc. (Spec	elly)	ander, ractory, c	onice .	28f. LOCATION (Stree City or Yown, Ste	(and Number of	rural rioute number,
0 5 0	COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	ledge, death occur	red at the time, o	date end piece, end du	to the cause(s) and m	enner ee stated	
N S S S S S S S S S S S S S S S S S S S	OM								ceuse(e) end menner ee stated.
THE PUME	BE.	296. SIGNATURE AND TITLE OF CERTIFIER MAULLI R	Horton n	no sen	or fart	29c. LICENSE NU	MBER L1753		SIGNEO (Morith, Day, Year)
17	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA			of Bal	himsel		21287
10		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE	0.00	DOLL	Trourt		
		JAN 1 9 1995 July	i Studier Rand	alle					



ı		
•	9.0	,
20720)	
ũ	9	
Ľ	2	
č	š	
> 0		
C)	
α	3	
C)	
	•	
U	Ó	
Ċ	í	
SUBCUSE	ė	
ř	Š	
7	۲	
ä	1	
ä	4	
ч	٠	
-	ı	
g	Ø	ř
۴	•	á
		1
		1
ė		
ú	L	
	-9	м

DIVISION

						95	01293
FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL HYGIEN	E	
1. DECEDENT'S HAME (FIRST, MORSE, Last) R050/10 (9 W	olf			2. DATE OF DEATH MONTH D	y 9	3. TIME OF DEATH
035 30 5040	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last Settiday) F LINDER 1 YEAR F UNDER 24 HIS. 7. DATE OF BIRTH (Month, Day, Mar) MAY 8, 1917 WAS						
9a. FACILITY NAME (If not institution, give since SINAI HOSPITAL	if and number)		96. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
MESIDENCE OF DECEDENT							
MARYLAND 106, COUNTY			Y, TOWN OR LOC LTIMORE				10d. INSIDE CITY LIMITS? 11 YES 2 NO
6810 PARK HEIGHTS	AVE.,APT.#4	109		21215			J.S.A.
1 Never Married 2 Married 3 Widowed 4 Divorced	II. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	a & NO	if yes,	ECENDENT OF HISPAN apacify Cuban, Maxica ES 2 NO Specifi		or No- 14.	BACE — American Indien, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 12th.		164. DECEDENT'S (Given kind of v site. Do AOT us	work done during a se retired.)	TION most of working	16b. KIND OF BU	OVERNA	
		SECRE	THILL				TEMI
	ERMAN			18. MOTHER'S NA	ME (First, Middle, Melden HOE	Sumame) BERGER	
CHARLES WOLF			VINOGR		Ploute Number, City or Tow YAKOV, ISR		de)
25e. METHOD OF DISPOSITION 1 XBurlet 2 ☐ Cremation 3 ☐ Remove 4 ☐ Denetion # ☐ Other (Specify)	of from State SE	AARET Z	of disposition (Neme of IGREGATION	DATE 20c. LO		or Town, State DALE, MD.
21. SIGNATUREFOR FUNERAL SERVICE LIGHT	illuan		SOI		N & Bros., I		,MD. 21215
22 PART L'Enter the diseases, or con shock, or heart fellure. Lie IMMEDIATE CAUSE (Finel	nplications that ceused at only one ceuse on ee	the deeth. Do r ch line.	not enter tha n	node of dying, auc	h aa cerdiac or respi	ratory arrest	, Approximate Interval Between Onset and Dast
disease or condition resulting in death)	Pneum DUE TO (OR AS A	onia					Weeks
Sequentially list conditions,	Metastatic DUE TO (OR AS A	B	rost	Eancer	•		years
If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury							
that initiated eventa resulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF	F):				
PART II. Other algoriticent conditions of	failure, T	t not resulting I	in the underly	ng ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTRIE	LITE TO CALLET OF	DEATH VE	C D NO	- INICERTAIN			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			S NO		л П		
EXAMINER?	IOSPITAL:	8. PLACE OF DEAT	OTHER:	ome 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c. I	NJURY AT	28d. DESCRIBE HOW II	NJURY OCCUR	EO
1. Netural 5 Pending Investigation	(Month, Day, Year)	INJ		VORK? YES 2 NO			
2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office 28t. LOCATION (Street and Number or Rural Route Number, building, etc. (Specify)							

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner es atsted.

2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ASZ4023ZI-MG

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON JAN 1 9 1995

28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)

37 REGISTRAR'S GRAFURE

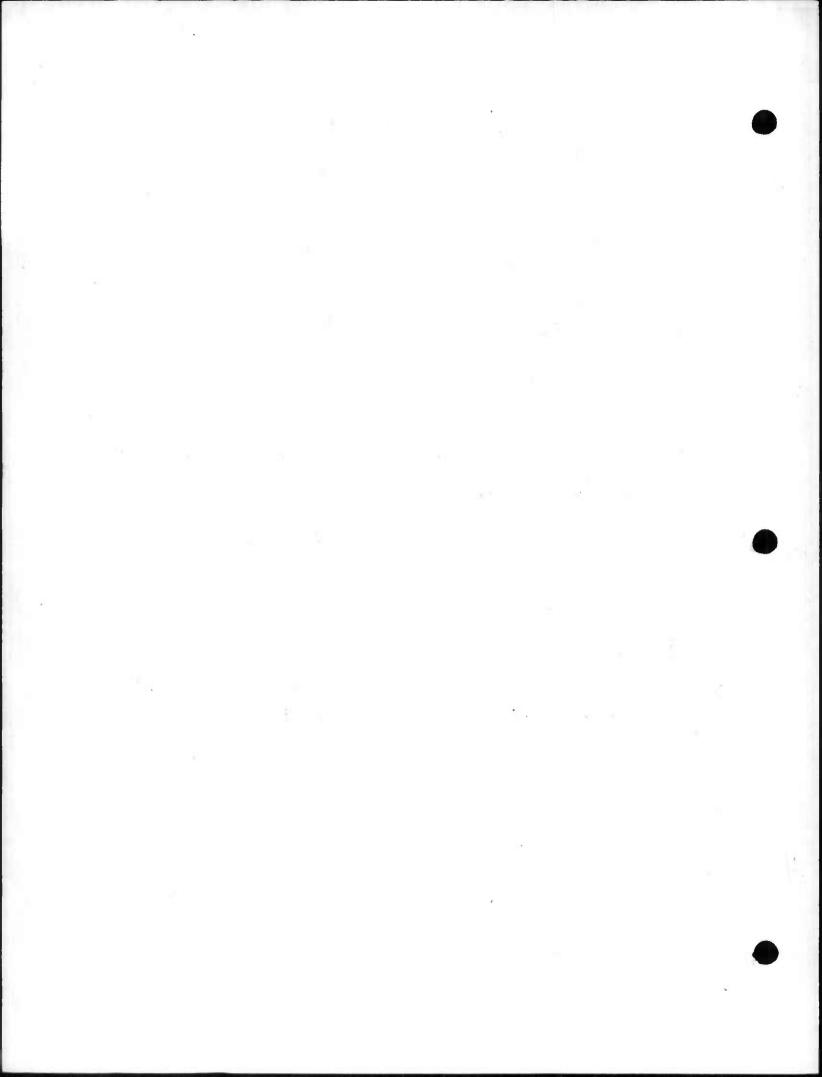
4 Homicide 29e. CERTIFIER

28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)

BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should on the safth and Mental Hydiere prior to burial, cremation or removal.	medical examiner must be notified at once
DIVISION DE VITAL RECORDS, P.O. BOX 68760	TAL OR ATTENDED THE THE THE PROPERTY OF THE DESCRIPTION OF THE PROPERTY OF THE	RAL DIRECTOR: with this certificate we begin by the attending physician and completely filled in by the funeral of 72 hours after death common or removal.	if from 28 is marked, or from 22 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	F HOS	HE FUNE	DRTAN

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)	SALYK	YARD	SLAVA	2. DATE OF DEATH	AY 9 YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 099-26-5880	1 🗆 🗷 2 🖳 F	35 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/7/191	O Uk	raine				
TOR	9a. FACILITY NAME (If not institution, give a Church Home Horestone)		•	Baltimore	DEATH	9c. COUNTY OF	DEATH				
DIRECTOR	Md.	Y		timore			16d. INSIDE CITY LIMITS? 1-YES 2 NO				
FUNERAL	603 S. Ann S	7		101. ZIP CODE 21231		U.S.	A .				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES ZXXNO Spec	an, Puerto Rican, etc.)	CE — American Indian, lock, White, atc.					
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use n	k done during most of working etired.)	500000000000000000000000000000000000000	SINESS/INDUSTRY					
COMPL	17 FATHED'S NAME (First Middle Least)	2	Postal		Y.M.(
TO B	19a. INFORMANT'S NAME (Type/Print)	ico w Dicy	19b, MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Tow	n. State. Zip Code)					
1 2	Zoya Hayuk		10872	Sandringham	Road, Cocl	keysvil	IE'NG.				
J. Snc	Zova Havuk 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE Of DISPOSITION DATE Commetted Commett										
i i	4 Donation 8 Other (Specify)	DENSEE /	t. Blidle	22. NAME AND ADDRESS OF F	ACILITY	boundbr	OOK, N.J.				
Exa	1/Accessor	Lilly & Zeiler Inc. 1901 Eastern Ave									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
or other traumatic event, the medical examiner must be notified at once. ERTIFICATION TO BE COM	IMMEDIATE CAUSE (Final disease or condition a. Alpsia slanday to unay tract a feeler onset and Death										
200	DUE 10 (OR AS A CONSEQUENCE OF):										
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
any injury,	PART ii. Other algnificant condition	na contributing to death	but not resulting in	the underlying cause given in			Ib. WERE AUTOPSY FINDINGS				
	-				PERFOI		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AN: ME	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH YES N			1 NES 2 NO				
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIPAL:		28. PLACE OF DEATH (C	THE RESIDENCE OF STREET						
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT	28d. DESCRIBE HOW	NJURY OCCURED					
TED TED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, atre	et, factory, office	281, LOCATION (Street City or Town, State)		f Route Number,				
O BE COMPLE	and a			at the time, data and place, and du			e(s) and manner eg stated,				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	m MAL	1-1Ch	29c. LICENSE NI	MBER S	29d. DATE SIGNE	ED (Month, Day, Year)				
-	Broader	O COMPLETED CAUSE OF D	Ball	hore M	n d	well !	Hoznat				
	JAN 1 9 1995	32. REGISTRAR'S SIG									



REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3. TIME OF DEATH Grant Arrington 2 tor TINO 95 pm 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign Country) IF UNDER 24 HRS. Month, Day You 87 HOURS n/a 1 M 2 | F 1907 Virginia 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 Caton Manor Nursing Center Baltimore N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
VLIMITS?
1 YES 2 NO MARYLAND BALTIMORE n/a FUNERAL 10e, STREET AND NUMBER 3330 Wilkens Ave 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21229 U.S.A. urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TES 2 NO BY Specify: 3 X Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest a Charles Newbert Oyster Elementary/Secondary (0-12) College (1-4 or 5+) Ovster Shucker House 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Grant Arrington, Sr. notified at RoseLee Arrington BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or To 2 FRANKLIN ST, BALTIMORE, MARYLAND LILLIE MAE SMITH 3600 9 20a METNOD OF DISPOSITION
1/2 Burlet 2 Crymetton 3 Removat from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, VOSHETYP MEMORIAL 1-19 DUNDALK, MD GARDENS examiner 21. DIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral March Funeral Home East 1101 E. North Avene?Baltimore, MD 21202 filled in by the f the 1 medical 23. PART I. Inter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximate interval Between 0 IMMEDIATE CAUSE (Final **Onset and Death** the disesse or condition cremation, Altero Selestic Ca DUE TO (OR AS A CONSEQUENCE OF) completely resulting in deeth) traumatic event, burial, and CERTIFICATION Sequentially list conditions, the attending physician a Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS this certificate has been signed by the with the State Dept. of Health and rived, or Item 23 shows any in AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? Ho Cas PERFORMED? unma 1 YES 2 NO 1 [YES 2 | NO PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence S Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED Natural DIRECTOR: After the hours after death v BY 1 YES 2 NO _ Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 69 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be determined 4 Homicide 28 Item 29a. CERTIFIER
(Chack only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated FUNERAL I 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated, IMPORTANT: 296. SIGNATURE AND HITES OF CERTIFICH 29d. DATE SIGNED (Month, Day, Year) 29c/NCENSE NUMBER BE 異性層 MA all 1)175 37 1-18-95 2 8 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Royal Ave DR DARSHANS. SALUjA 1600 W. MOUNT 32 REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

A. P. D. 1398 A. Burner.

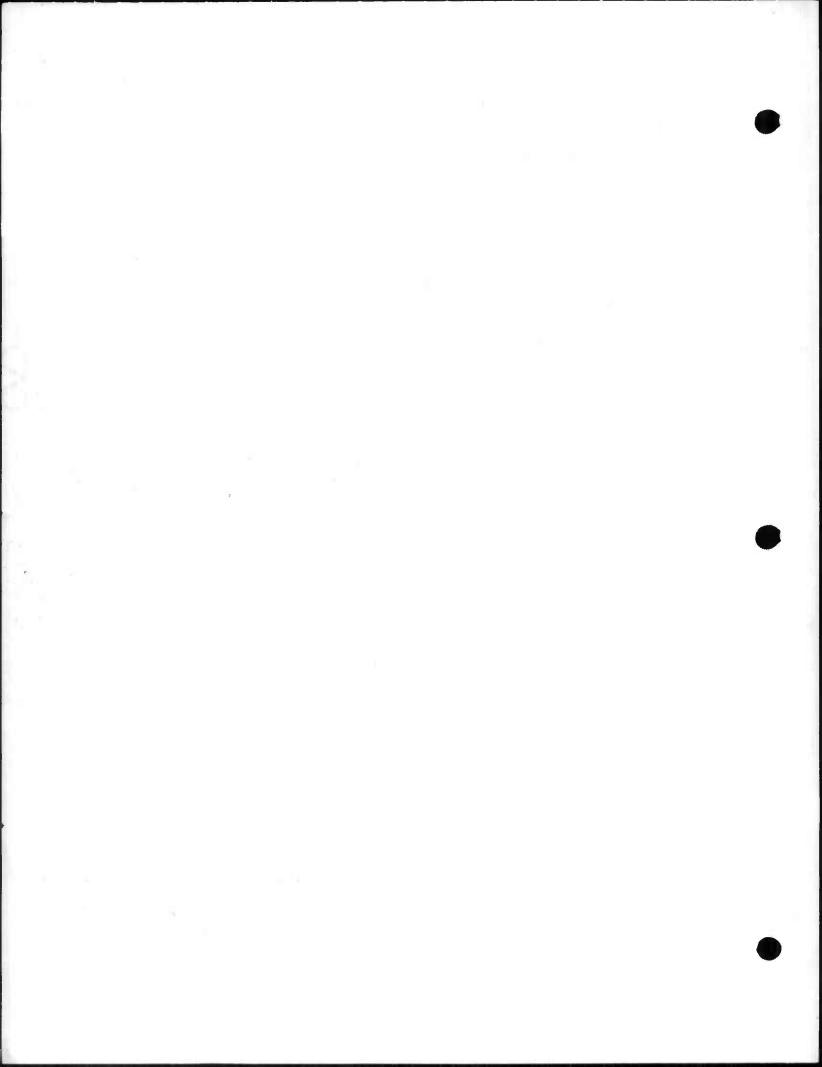
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

2. DATE OF DEATH

		TIEGIOTIAN		- CL	-NIII	ICAIL	FUEATH	REG. NO).			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF D	EATH	
		PAIII.	н.			ATTC	HOUSE			5 2:38	D M	
		4. SOCIAL SECURITY NUMBER	_	. AGE (In yrs. les	t hirthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH			P.M	
			1 M 2 D F			MONTHS DAY		(Month, Day, Year)		BIRTHPLACE (State o	r Foreign	
모		092-24-1842		62	YRS.			DEC 26,	1932	N.Y.		
should		9e. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, TOW	N OR LOCATION OF D	EATH /	9c. COUNT	Y OF DEATH		
8	DIRECTOR	CHURCH HOSPITA	L			BALT	IMORE CI	TY				
1, 2,		RESIDENCE OF DECEDENT										
	B	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION			10d, INSIDE C	YTY	
Pages	뜻	MD.								LIMITS?		
崔		1.10			10	ALTIMO	DRE			1 YES 2	□ NO	
permit.	₹	10e. STREET AND NUMBER					101. ZIP CODE		10g. CITtZE	N OF WHAT COUNTRY	r	
is is	FUNERAL	6385. ELLI	GOOCE	AUF.			21221	1	1	1.5.A.		
215-0020 attending physician. se as the burial-transit	3	11. MARITAL STATUS	12. WAS DECEDENT I		MED	12 346 0		NIC ORIGIN? (Specify Ye				
List of the last	正	1 Never Married 2 Married	FORCES? 1	YES 2 N	0	If yes,	specify Cuban, Maxico	an, Puerto Rican, etc.)	N or 140— 14	I. RACE — American II Black, White, etc.	ndian,	
the b	BY	3 Wildowed 4 Divorced	IF YES, GIYE WAF	R OR DATES		1 🗆 Y	ES 2 NO Specif	Ty:		Specify;		
as th										WHITE		
	ED	15. DECEDENT'S EDU: (Specify only highest grade				USUAL OCCUPA work done during		16b. KIND OF BU	ISINESS/INDUS	TRY		
21 21 70 u	됴	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)	most of working	1	A			
	4	12	4	L	ARA	NEL		HOME	CONS	TRUCTION	U	
AND the hospital detached to	COMPLET	17. FATHER'S NAME (First, Middle, Lest)			1001							
A a a a	ö	1/	011-		_		18. MOTHER'S NA	AME (First, Middle, Maider	Surname)			
1 6 6 A	BE	HERBEH C	· ALLS /	HOUSE			HAZ	EL KODI	GELS			
MAR retained 5 should		19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street	et and Number or Rural	Floute Number, City or Tox		orde)		
	2	DOROTHY I. E	ELLIC	6	275	Dunk.	. 0) 5	ACT AUN-	44 11	VIUD	<-2	
			7 - 7 - 7		1/2	CYUPTIE	7 10). 6	MOI AUKO	KAIN	1. 170	5,72	
CC E 5 2		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram	oval from State			OF DISPOSITION	(Name of			y or Town, Stata		
FOR e 6 ma ector, p		4 Donation 3 Other (Specify)		HU C	TEL	REE	K CEM.		WA	- 211-24	1	
ALTIMO death. Page 6 huneral directo 		21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE /		,,		AND ADDRESS OF FA	CILITY -	44.0	-)~		
ALTIN death. Pag e funeral dia li.	- 1		11	00			-11	13144	טדוופ	2124		
A ge a ge		Thomas 1	- XHRA	ede H		1.5%	SEDA F.H.		HUDSON			
BA rs after of removal.		23. PART I. Enter the diseases, of c	complications that o	munad the de	eth Do -	10///		2021	ישכט טין	3,		
E LE		ahock, or heart fallure.	List only one ceuse	on each line	intii. Do i	iot enter tha r	node or dying, suc	on as cerdiac or reap	eratory arrea		imate Batween	
filled i		IMMEDIATE CAUSE (Final	•								and Death	
atio #		disease or condition	Curlin	no a	/9.	1 11	classes.					
within 24 within 24 operation, cremation,	- 1	resulting in death)	DUE TO (O	RAS A CONSEC	HENCE de	5.	·wag					
OX 6876C be executed withint 2.4 hours after sician and completely filled in by the rich to burial, cremation, or removal traumatic event, the medical			502 10 (0	II AS A CONSEC	DENCE WI	r).						
687 pecuted and com burial, satile en	CERTIFICATION	Sequentially list conditions,	b									
× 5 5 5 5	Ĕ	If any, leeding to immediate										
BOX ficate be e physician ne prior to	3	cause. Enter UNDERLYING										
	Ē	CAUSE (Disease or injury that initiated events	DUE TO (OI	R AS A CONSEO	UENCE OF	F):						
P.O. E	E	resulting in death) LAST								İ		
요 등 등 등			d									
S, F e death the atte Mental	- 11	PART II. Other algorificant condition	a contribution to de	ath but not re	aulilaa l	le éte conduction	lan annas atuas ta	S				
	B	Culti digililicati Collation	a continuating to de	setti but not re	sauring i	in the underly	ing cause given in	Part I. 24s. WAS AP PERFO		24b. WERE AUTOPSY AVAILABLE PRI		
	8							1 TYES	2 CZPNO	COMPLETION C		
CO III III III III III III III III III I	<u>u</u> I									OF DEATH?		
B of the last	>	DID TOPACCO LICE CONTI	DIDLITE TO CALL	CE OF DEAT	FIL VE					1 🗍 YES 2 [NO	
記る時間	SIGIAN:	DID TOBACCO USE CONTI	RIBUTE TO CAU					иП				
Z E HI E	3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL	26. PLAC	E OF DEAT	H (Check only on	ie)					
5 3 3 5	S	XXVES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 X E	R/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 Rasidenca	6 Other (Specify)				
W 00 8 2 6	¥∥	27. MANNER OF DEATH	26a. DATE OF IN		28b. TIMI		NJURY AT	28d. DESCRIBE HOW	IN HIRV OCCU	NEO.		
DIE	H	1 Natural 5 Periding	(Month, Day,	Year)		URY	WORK?	200. DESCRIBE NOW	INJUNT OCCUP	4EO		
279 6 6	6	2 Accident Investigation					YES 2 NO					
D S T T		3 Suicide 6 Could not be	26a. PLACE OF II building, ato	NJURY — At hor	na, tarm, a	streat, factory, of	fica	26t. LOCATION (Street	and Number or	Rural Route Number,		
20 世 皇 司 82	<u> </u>	4 Homicide detarmined		. (opeony)				City or Town, State	,			
OR A DIRECT Nouns Illem	<u> </u>	29a. CERTIFIER										
의 전 전 전 표	립	(Check only 1 CERTIFYING PHYSI						to the cause(a) and ma				
HOSPITAL FUNERAL WITH 72 TANT: II	COMPL	one) 2 MEDICAL EXAMINE	R: On the beale of exen	ningtion and/or is	rveetigatio	n, in my opinion	, death occured at the	time, data and place, as	nd due to the c	ause(a) and manner a	a stated.	
5 5 5 8	Ö	29b. SIGNATURE AND TALE OF CENTIFIES		-					_			
黑 黑 至 5	H H	State State	101	/			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Yes	nr)	
TO THE HOSPIT TO THE FUNER De filed within 7 IMPORTANT:			U W				O.C.M.	Ε.	▶ JA	N 14, 19	95	
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)						
- 1		0 1 0	/								1201	
- 1	1.	Daniel K La	on ler	1	II P	enn S	treet, E	Baltimore	, Mar	yrand 2	TZUT	
- 1	- 41	JAN 2 0 1995	A REGISTRAP	SIG ATTRE								
	JI.	IAM 9 ATUUL WI										

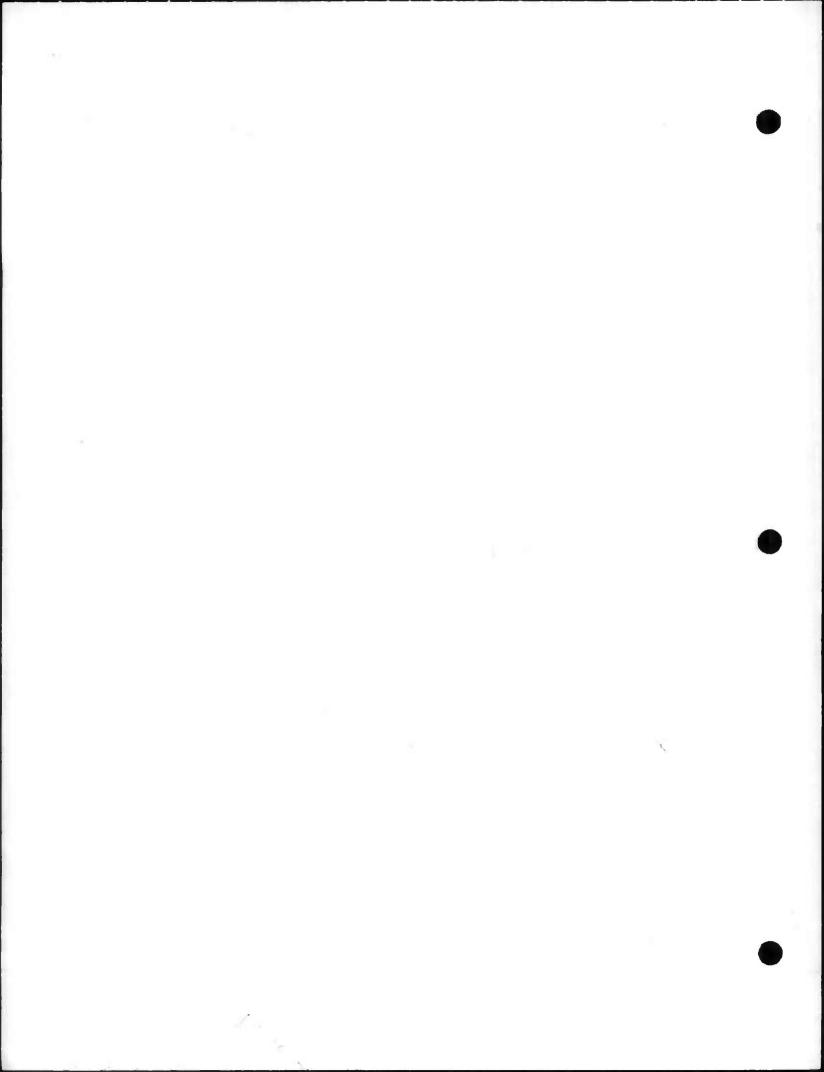


DHMH-16 Rev 1/89

1 - STATE

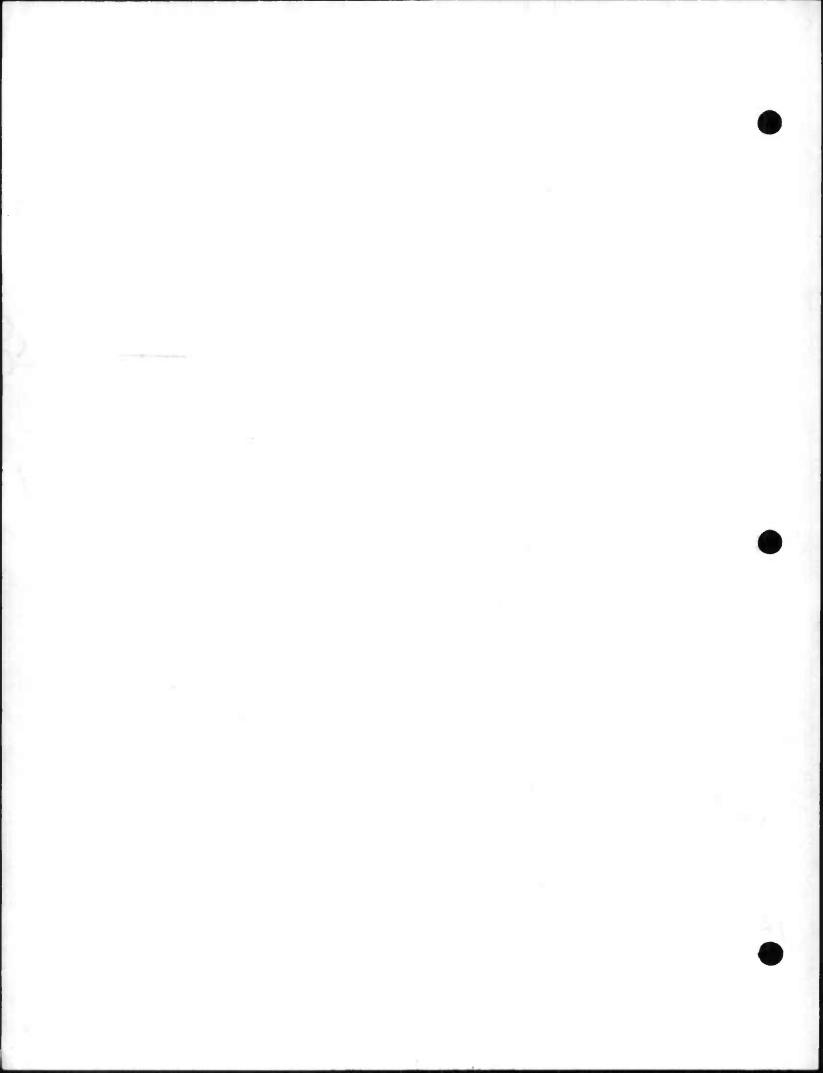
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			JEHILL	CALE	JE DEA!	H	RI	EG. NO.			
		1, DECEDENT'S NAME (First, Middle, Last) Hazel Dec	in An	de	Y50	n		-	DATE OF D	EATH DAY	95	9.38 PM	
		4. SOCIAL SECURITY NUMBER 527–12–2532	5. SEX 8. AG	se (in yra. 86	lest birthday)	IF UNDER 1 YE	AR IF UNDER :	24 HRS. 7 MIN.	Month, Day		B. BIRTI Count	HPLACE (State or Foreign	
prince		9a. FACILITY NAME (If not institution, give s			YRS.	Sh CITY TO	WN OR LOCATIO			4,1909		Texas	
2, 3 sh	DIRECTOR	Sinai Hospital				90. GITT, 10	Balti			96. 0	COUNTY OF D	EATH	
es .	EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CITY	TOWN OR L	OCATION					10d. INSIDE CITY	
mit. Pag		Maryland					Baltimo					LIMITS?	
020 physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	4604 Main Avenue					101. ZIP CODE				U.S.A.		
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-tran mosal.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2		if yes	DECENDENT OF I, specify Cuban YES 2 XNO	ı, Mexicen, i	ORIGIN? (Sp Puerto Ricen,	ecity Yea or No., etc.)	s or No 14. RACE — American Indian, Black, White, atc. Specify: White		
215 aften se as	ED	15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S I	JSUAL OCCU	PATION g most of working		16b. KIND	OF BUSINESS	HNDUSTRY	***************************************	
JD 21 ospital or thed for u	BE COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	1	ille. Do NOT use	retired.)	y most or working	,					
MARYLAND 2121 retained by the hospital or attuined by the hospital or attuined for use abuilting at once.		17. FATHER'S NAME (First, Middle, Last)		r,	18. MOTH	ER'S NAME	(Firet, Middle,	, Maiden Suman	ne)				
, MAR, be retained be 5 should a notified	TO B	19a. INFORMANT'S NAME (Type/Print) Arthur Drager (A	Attorney)		196. MAILING 5 Ligh	t Stre	et and Number o	or Aural Aou	ore, M	ly or Town, State Varylan	, zip code) ad 2120	02	
MORE e 6 may t rector, pag		20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	20b. PLAC cometery, C	EANDDATEO	F DISPOSITION ner place) erd Ce	onetery	-18 ⁻ 9	5 SATE	20c. LOCATION	•	ty, Maryland	
BALTIMORE, A hours after death. Page 6 may be filled in by the funeral director, page on, or removal. he medical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LIC		1		Lero	E AND ADDRESS	RUSSE	ell C	Witzke	Fune	ral Homes	
B) after of moval.		23. PART I. Enter the diseases, or o	complications that care	and the	death Do no	<u>11630</u>) Edmon	dson	Avenu	<u>ie Cato</u>	nsvil	le Maryland	
B, 24 hours after filled in by the ion, or removal the medical		shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on	each II	na.		and a south	ng, such a	is cardiac (or respiratory	arrest,	Approximate Interval Between Onset and Death	
3760 fred within 24 completely fille ial, cremation, c. event, the		resulting in death)	DUE TO (OR AS	S A CONS	BEOUENCE OF	PIX	eum	snia	<u></u>			hour	
68 and co buria	NOI	Sequentially list conditions, if any, leading to immediate	L'Erebre DUE TO (OR AS	S A CONS	SCU BEOUENCE OF	Jar	ac	uda	ent			Imonth	
O. BOX certificate be e ding physician tygiene prior to	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	cDUE TO (OR AS	R A CONS	EQUENCE OF			·					
S, P.O. BOX death certificate be e attending physician ental Hygiene prior te	CERTIFICATION	that initiated events resulting in death) LAST	d										
the deal of the deal of Menta		PART II. Other significant condition	s contributing to death	but not	t resulting in	the under	ying cause gi	Iven in Pa	rt I, 24a.	WAS AN AUTOP	SY 24b.	. WERE AUTOPSY FINDINGS	
CORD signed by th Health and N ws any Inj	EDICAL	-								PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Σ	DID TOBACCO USE CONTI	RIBLITE TO CALISE	OF DE	ATH VE		LINICE	ERTAIN	_			1 TYES 2 NO	
he law has be bept.	IAN	25. WAS CASE REFERRED TO MEDICAL		_	ACE OF DEATH			KIAIN					
F VITAL RESIGNANT The law requestion to the State Dept. of the State D	Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpatiant		OTHER:	Home 5 - Rea	idence 6	Other (Spe	c(fv)			
O SH SH SH	BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year	7)	26b. TIME	OF 28c.	INJURY AT WORK?	20		YRULNI WOH 3	OCCURED		
VISIC VITENDI CTOR: A after 6	ED	2 Accident 3 Sulcide 4 Homicide Could not be datarmined	25a. PLACE OF INJU- building, atc. (S)	RY — At I pecify)	home, larm, at	reet, factory, o	office	26	BI. LOCATION City or Tow	(Street and Nun	nber or Rural F	loute Number,	
ite a s	PLE	29a. CERTIFIER (Check only	CIAN: To the best of my kno	owledge, o	death occurred	at the time.	data and place, a	and due to	the cause(a)	and manner as	stated		
ANT	COMPLET	000) 2 MEDICAL EXAMINE	R: On the basis of axeminat) and manner as stated.	
TO THE HARBE	8	200. SIGNATURE AND TITLE OF CENTIFIER	obs				29c. LICEN	37	192	8 ≥ 29d. I	DATE SIGNED	(Month, Day, Year)	
	5	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF D	DEATH (IT	EM 27) (Type, I	Prince 7	-:+) x	2)1	P	MAN	271713	
×		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		(4)	19/03	01/2		24//	MORE	18110	21213	
		JAN 2 0 1995 A	ulin Davales to	ardall	l								



, P.O. BOX 68760	avacation with
ø	-
~	- 4
2	Š
_	- 3
≚	at attraction the death and first
\circ	- 1
m	900
	4
0	-
າໍ	
_	- 7
ูก	. 4
Š	- 5
₹	-
÷	- 2
J	
\circ	- 8
ш	- 7
VISION OF VILAL RECORDS	he law received
1	3
7	-
_	É
_	N- T
>	- 5
L	- 5
↸	- 5
_	- 3
Z	25
5	- 2
≅	1
n	P.
=	r.
-	

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / D	EPAR RTIF	TMENT OF H	HEALTH AND	MENT	AL HYGIEN			
18	1. DECEDENT'S NAME (First, Middle, Last) Harry M. Auman	Sr.					2. DAT	2. DATE OF DEATH MONTH Jan. 12, 1995			TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 204-03-5369	1 💢 M 2 🗆 F	AGE (In yrs. last bi	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Mar	ch 24,	1919	ACE (State or Foreign	
TOR	99. FACILITY NAME (# not institution, give st 4911 Wilbur Avenu RESIDENCE OF DECEDENT				Baltimo	OR LOCATION OF D	EATH		Y OF DEA	гн	
DIRECTOR	Maryland N/A		1		, town on Locat ltimore	TION					Od. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	4911 Wilbur Avenu				101	21205				N OF WHA	AT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Number Married 4 Divorced	Never Merried 2				ecify Cuban, Mexico 2 X NO Specification	nn, Puarto	IN? (Specify Yes Rican, atc.)	e or No-	Bleck, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEOENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	(Give	kind of w NOT us	USUAL OCCUPATION FOR MORE PROPERTY OF THE PROP	DN st of working		state	Juven	ile	
BE CON	17. FATHER'S NAME (First, Middle, Last) Bernard Auman			16. MOTHER'S NA Freida			Surname)				
TO E	190. INFORMANT'S NAME (Type/Print) Harry M. Auman Jr.					nd Number or Rural Drive, E					
	20s. METHOD OF DISPOSITION 1 Buriel 2 \(\Omega\) Cremetion 3 Remo 4 Donation 5 Other (Specify)	Green Mount Crematory 1/18/95 Baltimore,									
	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213										
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOURNCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other algnificant conditions	contributing to dea	nth but not resu	ilting li	n the underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: M	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			_	S NO D	UNCERTAI	NA		_	1	□ YES 2 M NO
HYSI		HOSPITAL: 1 Inpatient 2 ER 28s. DATE OF INJU		DOA		e 5 Presidence	_	er (Specify)	HILIDA OCCIN	100	
D BY	1 Natural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be	(Month, Day, You	JURY — At home,	INJU	JRY WO	RK? /ES 2 NO	28f. LO	CATION (Street a	and Number or		Number,
OMPLETE	4 Homicide determined 29e. CERTIFIER (Check only one)	CIAN: To the beat of my	knowledge, death	occurre	d at the time, data	and place, and due	to the ca	suse(a) and mer	nner as atated.		
BE CON	295. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month).									onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27	n (Type.	Print)	042	600	<i>)</i> .	1	18-	15.



1 - STATE REGISTRAR

REG. NO

BALTIMORE, MARYLAND 21215-0020

-	
0	4
9	
00	
9	
687	
×	
0	
B0)	
_	
o.	
o.	
α.	
S	
0	
7	
Ľ.	
RECORDS,	
0	
ĭ	
-	
ш.	
VITAL	
ď	
_	
=	
>	
0.0	
_	ļ
\circ	
NO N	
=	1
O	i
75	i
<u> </u>	
>	ì
DIVISION	
	1
	4
	1

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Theodore Bethune Jan 17 1995 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (Stete or Foreign (Month, Day, DEC. 14 217-78-3537 32 DAYS HOURS MIN. 1 XX M 2 F MARYLAND 1962 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR n/a Mercy Hospital Balto RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE n/a 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 7227 COURT 21237 and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit. SAUERS USA retained by the hospital or attending physician, 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black. White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried BY **Black** 3 Widowed 4 Divorced COMPLETED 15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) ST. GEORGIANNA TOWNHOMES College (1-4 or 5+) CONSTRUCTION WORKER once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM BETHUNE W **JESSIE** BRIGGS BE notified 19e. INFORMANT'S NAME (Type/F 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Yown, State, Zip Code 9 **BRIGGS** SAUERS ieSSIE 7227 COURT, BALTIMORE, MD 21237 Раде 6 тау be 2 20s, METNOD OF DISPOSITION

Y. Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must VOSHELL Memoria 1 GARDENS 1-21 DUNDALK, MARYALND examiner 22. NAME AND ADDRESS OF FACILITY hours after death. March East F/H 1101 E. North Avenue medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock or heart folium. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disesse or condition resulting in death) traumatic event, CERTIFICATION Sequentially list conditions, Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or injury other that initiated events resulting in death) LAST 6 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL been signed by the that shows any 1 - YES 2 (10 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH has be Dept. YES ☐ NO ☐ UNCERTAIN ☐ PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one certificate h the State [Hem EXAMINER? HOSPITAL: OTHER: 1 YES 2 1 Inpetient 2 ER/Outpetient 3 DOA ng Nome 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, DIRECTOR: After this o Natural Accident 1 YES 2 NO 87 Investigation 28e. PLACE OF INJURY — At homs, farm, street, factory, office (3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) -00 8 Could not be COMPLETED 4 Nomicide 28 29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(e) and manner ee stated. FUNERAL within 72 t = TO THE HOSPITO TO THE FUNERA De filed within 7 2 MEDICAL EXAMINER: On the basis of examination snd/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and memor ex stated. 296. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **BE** 2 30. NAME COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	E.	
4	٢	
4	5	
;	2	
:	2	
	2	
(5	

TO THE HOSPITAL OF ATTENDING PROCESS. The attending physician and completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIFFECTOR ATTENDED

	1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	INN M			2. DATE OF DEATH MONTH DAY							
i	10	SEX 6. AGE (In yrs.	. last birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS.	JAN 7, 1		THPLACE (State or Foreign					
	215-70-6414 1	□M2×F 37	YRS. MONTH	S DAYS HOURS MIN.	09-09-57	Cou	TIMORE, MD.					
_	9a. FACILITY NAME (If not institution, give street	and number)	9b. C	TY, TOWN OR LOCATION OF D		9c. COUNTY OF						
СТОВ	HARBOR HOSPITAL C	ENTER	1	BALTIMORE								
DIREC	10a. STATE 10b. COUNTY			N OR LOCATION			10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER		ISAL	TIMORE		1 📉 YES 2 🗌						
FUNERAL		ROAD		2/225	-	10g. CITIZEN OF WHAT COUNTRY?						
P.C.		. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yes of	s or No— 14, RACE — American Indian, Black, White, atc.						
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	37	1 YES 2 NO Speci		Specify: ARF. AMER						
ED	15, DECEDENT'S EDUCATE (Specify only highest grade corr		DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BUSI							
СОМРІЕТЕВ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	is during most of working f.)			1					
) MP	12 17. FATHER'S NAME (First, Middle, Last)	7		48 MOTHER'S N	AME (First, Middle, Maiden S	Eastern.						
	RUDOLPH BROW	N SR.		BEULA		umame)						
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural		State, Zip Code)						
F	LaKEISHA BULLOCK			IND ROAD. BAL	TIMORE, MAR	YLAND 2	1225					
	20b. PLACE AND DATE OF DISPOSITION 1A) Burlal 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, cremetory or other place) CEDAR HILL CEMETERY 1/12/95 BROOKLYN, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENS		1	2. NAME AND ADDRESS OF FA	CILITY		- 4					
	ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 212											
	23. PART i. Enter the diseeses, or com shock, or haert fallure. List	plications that caused the	desth. Do not en	er the mode of dying, suc	ch ss cardiec or respire	atory srrest,	Approximats Interval Batwean					
	IMMEDIATE CAUSE (Finel disease or condition) Onset and Death											
	disease or condition resulting in death) a											
z	Budd-Chiari Gndrome											
ATIO	Sequentisity list conditions, if sny, leeding to immediate											
FIC.	CAUSE (Disease or injury that initiated events Due TO JOR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in desth) LAST	1	1	5								
AL C	PART ii. Other significent conditions co	ontributing to death but no	ot resulting in the	underlying couse given in	Part I. 24a, WAS AN A	LITOPSY 2	No. WERE AUTOPSY FINDINGS					
					PERFORM 1 YES 2	ED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE					
MEC							OF DEATH?					
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB				N 🗆							
SICI/		QSPITAL: Inpatient 2 ER/Outpatient	LACE OF DEATH (Che	ER:								
ΗX	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME OF	26c, INJURY AT	8 U Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO								
	3 Suicida 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At building, atc. (Specify)	homa, ferm, street, f	ectory, office	281. LOCATION (Street an City or Town, State)	d Number or Rura	l Route Number,					
E	29a. CERTIFIER CERTIFYING PHYSICIAN	Y: To the best of my knowledge,	death occurred at th	a time data and place, and du	to the course's) and man							
COMPLETED	anal .	In the basis of examination and					e(a) and manner ee stated.					
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NIII	MRER	204 DATE SIGNS	ED (Month Omr Mar)					
TO B	decabrer			AS244	-16/16-20	1/-7-	95					
-	30. NAME AND ADDRESS OF PERSON WHO CO	CABRERA	TEM 27) (Type, Print)									
	JAN 2 0 1995 Juli	31 REGISTRAR SOGNATUR	E									

ACTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or runneal manual be notified at once. AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

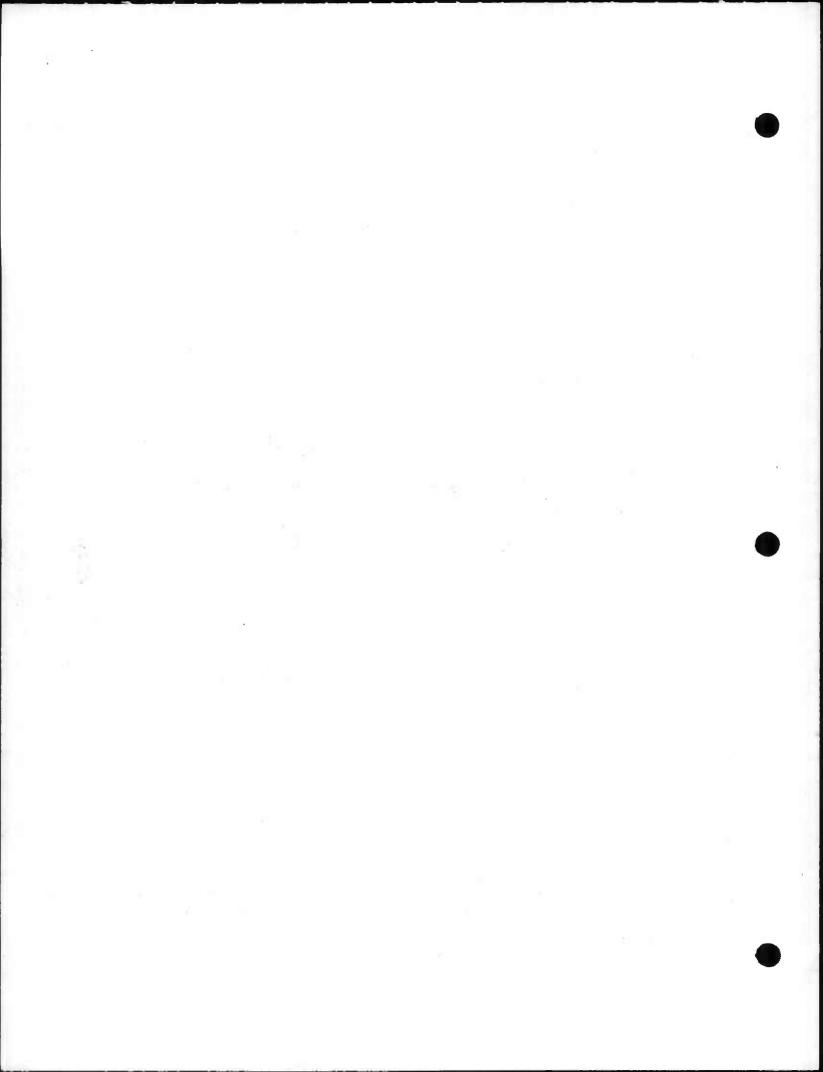
DIVISION OF VITAL RECORDS, P.O. BOX 68760

223

1		FOR STATE REGISTR	AR
	1. D	ECEDENT'S	NA
		1 3 11 A	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		OLI	HILLO	AILU	F DEATH	REG. N	Ο.				
	1. DECEDENT'S NAME (First, Middle, Last)				_		2. DATE OF DEATH			3. TIME OF DEATH		
	1.111 A	BI	UCHANAN				JANUARY	17 1	1995	2:57 Pm		
	4. SOCIAL SECURITY NUMBER	1100	AGE (In yrs. lest b	//	UNDER 1 YEAR		7. DATE OF BIRTH		C. BIRTI	HPLACE (State or Foreign		
	215-34-1472	1 🗆 M 2 📉 🗶	88	YRS.	NTHS DAYS	HOURS MIN.	09-12-190	6	NOR	TH CAROLII		
_	Se. FACILITY NAME (If not institution, give s	treet and number)		98	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	NORTH ARUNDEL HOS	N I	GLEN BURNIE ANNE ARUNDEL									
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT											
		10d. INSIDE CITY										
	MARYLAND AN		1 YES 2 NO									
FUNERAL	1012 SHORELAND	ROAD				10f. ZIP CODE 21060)		J.S.	WHAT COUNTRY?		
ξļ	11. MARITAL STATUS	12. WAS DECEDENT E		NIC ORIGIN? (Specify Y								
	1 Never Married 2 Married	nn, Puerto Rican, etc.)	ea or No-	Blace	ACE — American Indian, lack, White, etc.							
3 M Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 MNO Specify:										Specify: WHITE		
3	15. DECEDENT'S EDU (Specify only highest grade		16a, DECE	DENT'S US	UAL OCCUPA	TION	16b. KIND OF B	USINESS/IN	DUSTRY			
4	Elementary/Secondary (0-12)	College (1-4 or 5+)				most of working						
COMPL	8	N/A	HOM	IEMA:	KER		OV	N HC	ME			
3	17. FATHER'S NAME (First, Middle, Lest) NEALY WHITSO	N					ME (First, Middle, Maide	n Surneme)		(IINKNOUN)		
빏						(UNKN	/			(UNKNOWN)		
<u> </u>	19a. INFORMANT'S NAME (Type/Print) PHILIP E. BUCH A	ANAN					Route Number, City or To			AD 21060		
			_				D, GLEN	BUKI	ATE / L	MD.21000		
	20a, METHOD OF DISPOSITION 1 (A Burial 2 Cremation 3 Rem	oval from State	20b. PLACE AN			Name of 1/ EMORIAL		CEN				
П	4 Donation 8 Other (Specify)	PEWGEE	GPEN	HAV			i					
-	1	2 7	0		22. NAME	AND ADDRESS OF FA	ENUE, S.	TON	FUN	ERAL HOME		
	mies	Julie	10		GLEN	BURNIE	MARYLA	ND 2	1061			
	23. PART I. Enter the diseases, or o abook, or heert failure.	complications that call let only one cause	sused the deat	h. Do not	enter the n	node of dying, suc	ch ae cerdiac or rea	piratory ar	reet,	Approximate		
	IMMEDIATE CAUSE (Final	Liat Only One Cause	On each line,	-		0 -//	0- 1			Onset and Death		
disease or condition										Culset and Death		
		Pa	omi	Nu	0	Sila	leial			45 day		
	resulting in death)	DUE TO (OR	LWWW.	PUL ENCE OF):	a (Sila	leial			4 5 day		
N	resulting in death)	. <	DOA	ence of):	alu	Sila	leial		4	45 day		
ALION	Sequentielly list conditione, if any, leading to immediate	DUE TO (OR	DOA	ENCE OF):	alu	Sila	leial		4	45 day		
ICALION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	DO A	ydi ge on:	alu	Sila	leial		4	45 day		
HIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	DOA	ydi ge on:	a (Sila	leial		4	415 day		
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR	AS A CONSEQUE	ydr gwyle ory: ENCE Ory:	a (Sila	leial		4	415 day		
- 11	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR	AS A CONSEQUE	ydr gwyle ory: ENCE Ory:	a (Ing cause given in		N AUTOPSY	246	HIS day		
DICAL CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR	AS A CONSEQUE	ydr gwyle ory: ENCE Ory:	alu	Ing cause given in		PRMED?	/d	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
EDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR	AS A CONSEQUE	ydr gwyle ory: ENCE Ory:	a lur	ing cause given in	PERFO	PRMED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUE	ence or:	hea	ut fai	PERFO 1 - YES	PRMED?	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI	DUE TO COR	AS A CONSEQUE ath but not res	uiting in the YES	NO Check only on	ut -{ai	PERFO 1 - YES	PRMED?	/d	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI	DUE TO (OR	ath but not res	ulting in the YES	NO Check only on	ut -{ai	PERFO 1 - YES	PRMED?	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR	ath but not res	Ulting in the Control of the Control	NO Check only on THER: Nursing He	UNCERTAN	PERFO 1 - YES	PRMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
FRISICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending	DUE TO COR	ath but not res	ulting in the YES OF DEATH (4)	NO Check only on THER: Nursing He	UNCERTAIL Ome 5 Residence	PERFC 1 YES N Specify)	PRMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DI PRISICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR	ath but not res	Ulting in the VES OF DEATH (I DOA 4 DOA 1 NJURY	NO Check only on THER: Nursing He Nursing He 28c.	UNCERTAIL UNCERTAIL Dome 5 Residence NJURY AT VORK? YES 2 NO	PERFC 1 YES N	PRMED? 2 NO INJURY OC	CURED	WERE AUTOPSY FINDINGS AMALELE PRIOR TO COMPARE OF DEATH? 1 YES 2 NO		
LED BI FRISICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation	DUE TO COR	ath but not res	Ulting in the VES OF DEATH (I DOA 4 DOA 1 NJURY	NO Check only on THER: Nursing He Nursing He 28c.	UNCERTAIL UNCERTAIL Dome 5 Residence NJURY AT VORK? YES 2 NO	PERFC 1 YES N	PRMED? 2 NO INJURY OC	CURED	WERE AUTOPSY FINDINGS AMALELE PRIOR TO COMPARE OF DEATH? 1 YES 2 NO		
LED BI FRISICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO COR	ath but not res	Ulting in the Control of the Control	NO Check only on	UNCERTAIL UNCERTAIL	PERFC 1 YES N	INJURY OC	CURED r or Rural P	WERE AUTOPSY FINDINGS AMALELE PRIOR TO COMPARE OF DEATH? 1 YES 2 NO		
DI FRISICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO COR	ath but not res E OF DEATH 26. PLACE (VOutpetient 3 URY réar) LJURY — At home (Specify)	Ulting in the Company of the Company	NO Check only on THER: Nursing He 28c. II M 1 1	UNCERTAN	PERFC 1 YES N	INJURY OC	CURED or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No		
C COMPLETED BI PRISICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO COR	ath but not res E OF DEATH 26. PLACE (VOutpetient 3 URY réar) LJURY — At home (Specify)	Ulting in the Company of the Company	NO Check only on THER: Nursing He 28c. II M 1 1	UNCERTAN	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(a) and motime, date and place, a	INJURY OC end Number phore as ater	CURED or or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NS Route Number,		
DE COMPLETED BI PRISICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO COR	ath but not res E OF DEATH 26. PLACE (VOutpetient 3 URY réar) LJURY — At home (Specify)	Ulting in the Company of the Company	NO Check only on THER: Nursing He 28c. II M 1 1	UNCERTAIL UNCERTAIL UNCERTAIL One 5 Residence NJURY AT VORK? YES 2 NO Item Item and place, end due Item and place, end due Item and place, end due Item and place, end due Item and place, end due	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(a) and motime, date and place, a	INJURY OC end Number phore as ater	CURED or or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No		
DE COMPLETED BI PRISICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO COR	ath but not res SE OF DEATH 26. PLACE Woutpatient 3 URY (Specify) knowledge, death instion end/or invi	L YES OF DEATH (1 OF INJURY) OF COURTED AS A COURTED AS A COCURTED AS	Check only on THER: Nursing Ho Lack only on THER: Nursing Ho Lack on THER: Mind I Company And I Comp	UNCERTAIL UNCERTAIL UNCERTAIL One 5 Residence NJURY AT VORK? YES 2 NO Item Item and place, end due Item and place, end due Item and place, end due Item and place, end due Item and place, end due	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(a) and motime, date and place, a	INJURY OC end Number phore as ater	CURED or or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NS Route Number,		
DE COMPLETED BI PRISICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	DUE TO CORD CONTRIBUTE TO CAUS HOSPITAL: 12 Inpetient 2 ER 28a. DATE OF INJ (Month, Dey.) 28a. PLACE OF INJ building, etc.	ath but not res SE OF DEATH 26. PLACE (Voutpatient 3 2 URY / fear) knowledge, death instion end/or invo	Ulting in the Company of the Company	Check only on THER: Nursing He Late 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERTAIL UNCERTAIL UNCERTAIL UNCERTAIL UNCERTAIL DOME 5 Residence NJURY AT VORK? YES 2 NO Itea Ite and place, end due death occured at the 29c. LICENSE NUI D26	PERFC 1 YES N 1 YES N 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State) to the cause(a) and mutime, date and place, a MBER 3 0 7	INJURY OC and Number and dus to the state of the state	r or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No Route Number, (Mogth, Day, Year)		
MILETED BI FRISICIAN: MEDICAL	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER CONDITIONS 30. NAME AND ADDRESS OF PERSON WHO	DUE TO CORD CONTRIBUTE TO CAUS HOSPITAL: 12 Inpetient 2 ER 28a. DATE OF INJ (Month, Dey.) 28a. PLACE OF INJ building, etc.	ath but not res SE OF DEATH 26. PLACE (Voutpatient 3 2 URY / fear) knowledge, death instion end/or invo	Ulting in the Company of the Company	Check only on THER: Nursing He Late 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERTAIL UNCERTAIL UNCERTAIL UNCERTAIL UNCERTAIL DOME 5 Residence NJURY AT VORK? YES 2 NO Itea Ite and place, end due death occured at the 29c. LICENSE NUI D26	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(a) and motime, date and place, a	INJURY OC and Number and dus to the state of the state	r or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No Route Number, (Mogth, Day, Year)		



REG. NO.

2. DATE OF DEATH

Jan

7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 0 permit. Pages 1, 2, 3 should TOWN OR LOCATION OF DEATH DIRECTOR MOre Saltimo mor FUNERAL 10f. ZIP CODE 1216 use as the burial-transit man WAS DECEDENT EVER IN U.S. ARVED nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Curan, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES Morried 2 Merried BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTR (Specify only higher (Give kind of work done ife. Do NOT use retired.) the funeral director, page 5 should be detached for ntacySecondary (0-12) e (1-4 or 5 +) be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 9 200. METHOD OF DISPOSITION must 2 Cremetion 3 □ 4 Donation 6 Other (Specify) medical examiner Enter the diseases, or complications that ceused the des shock, or heart fellure. List only one ceuse on each line. tions that ceused the death. Do not enter the has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to burial, cremation, or remo IMMEDIATE CAUSE (Finel ando c other traumatic event, the disease or condition recuiting in deeth) SION OF VITAL RECORDS, P.O. BOX 68760. TENDING PHYSICAN: The law requires that the death certificate be executed with TO (OR CONSEQUENCE OF): CERTIFICATION Sequentially llet conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 23 shows any Injury, PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem this certificate h HOSPITAL OTHER 1 YES 2 NO 1 | Inpstient 2 | ER/Outpstient 3 | DOA 5 Neeldence 6 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked 1 Natural 5 Pending Investigation 1 YES 2 NO TOR. Atter 1 other death BY 2 Accident 26e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 69 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED ě 28 4 Homicide Ben 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the cause(s) end manner ee stated. (Check only one) TO THE MORTANE TO THE MORTANE IMPORTANT. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITUE OF CERTIFIER D 35685 BE 2

O COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SUBNATURE

2435 W

STATE REGISTRAR

SOCIAL SECURITY

DECEDENT'S NAME (First,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

01302

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreig

9c. COUNTY OF DEM

10g. CITIZEN OF WHAT COUNTRY?

rainia

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 | NO

Approximate Interval Between

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month,

Onset and Death

DHMH-16 Ray 1/89

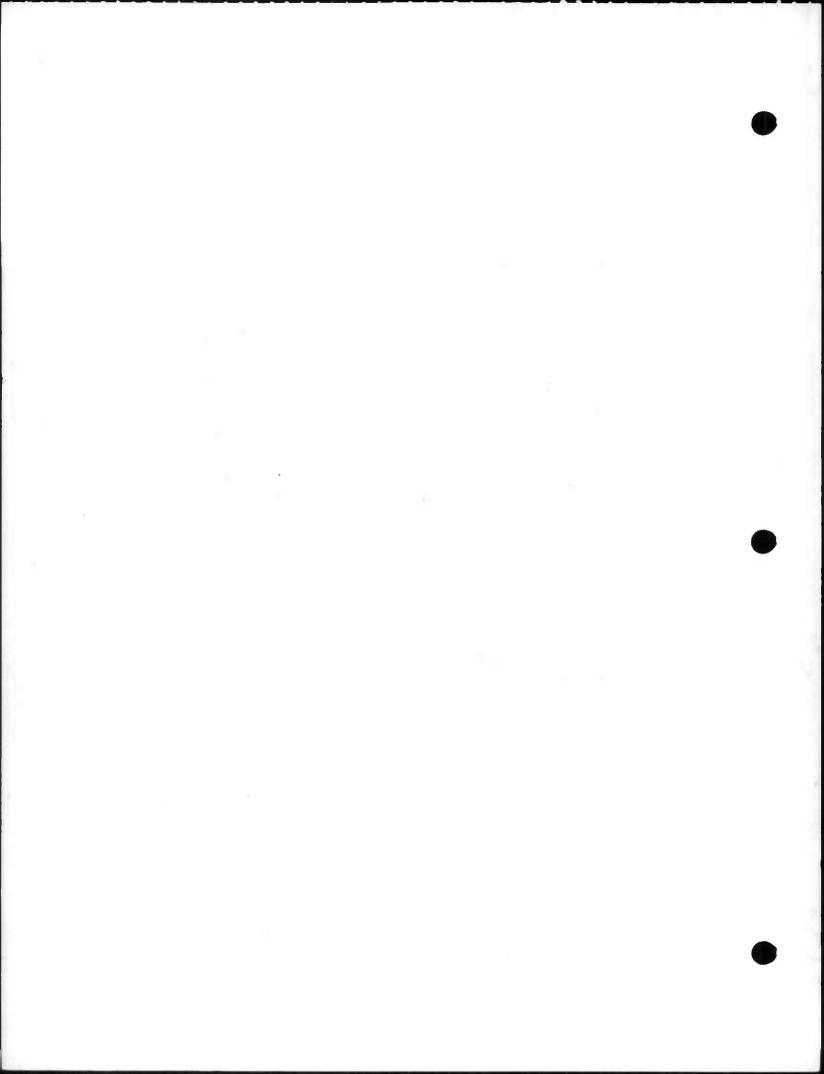
r r 171.54 my fresh Pilithone and like it later of the living of a new A

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERTIF	ICATE	OF	DEATH		REG. I	NO.				
1	1. OECEDENT'S NAME (First, Middle, Last)	DEDNA	DTNE	505	01111				DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
		BERNA			OWY				_1	16	95	7:20 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs.	iest birthday)	IF UNDER I	YEAR DAYS	IF UNDER 24 HRS HOURS MIN.	7 (Month, Day, Year)	Count	HPLACE (State or Foreign try)		
	219-18-2476	/\	69	THO.					-20-1			ŸLAND		
~	9a. FACILITY NAME (If not institution, give str						OR LOCATION OF	DEATH		9c. CO	UNTY OF C	DEATH		
2	HOPKINS BAY VIEW HOSPITAL BALTIMORE													
S	10a. STATE 10b. COUNTY		-	10c CIT	Y. TOWN OF	LOCAT	ION					10d, INSIDE CITY		
DIRECTOR	MARYLAND		BALTIMORE					LIMITS?						
5	10e. STREET AND NUMBER				DITE		. ZIP CODE			40 00		1/\(\) YES 2 \(\) NO		
FUNERAL	624 S. MILTON	AVENUE		21224						WHAT COUNTRY?				
3	11. MARITAL STATUS	12. WAS OECEDENT E	VER IN U.S.	ARMED	13. W		ENDENT OF HISP	ANIC O	RIGIN? (Specify		JSA La Bac	F — American Indian		
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 THE FORCES? 1 THE FORCES? 1 THE FORCES? 1 THE FORCE STATE OF THE STATE OF THE FORCE STATE OF THE STATE OF THE FORCE STATE OF THE STATE O	YES 2 OR DATES	Х ио	lf.	yes, sp	2 NO Spe	lcan, Pu	erio Ricen, etc.)		Spec	E — American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EDUC	ATION	18a. I	DECEDENT'S	USUAL OC	CUPATIO	PN		18b. KIND OF	BUSINESS/IN		TIE		
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	- 7	(Give kind of v life. Do NOT us	vork done du se retired.)	uring mo	st of working	- 1						
릴	8 YEARS	,		SECR	ETAR	Y			B.C.	B. S	5.			
ő	t7. FATHER'S NAME (First, Middle, Last)			_			18. MOTHER'S	NAME (F	irst, Middle, Maid	len Surname)				
BE	CASPER GRUSZCZ	ZYNSKI					MARY	ΚU	CHTA					
8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Run	Il Route	Number, City or	Town, State, Z	ip Code)			
임	MR. TIMOTHY BOR	ROWY	(524 S	. MI	LT	ON AVE	. B	ALTO.	MD.	212	24		
	20s. METHOD OF DISPOSITION 1 A) Burlal 2 Cremation 3 Ramo	and draw Court	20b. PLAC	E AND DATE	OF DISPOSIT	ION (Na	me of		DATE 20c.	LOCATION -	- City or To	own, State		
	4 Donation 5 Other (Specify)		HOL.	Y ROS	ARY	CE	METERY	1	-19 B	ALTO.	CO	CO. MD.		
- 1	24 SIGNATURE OF FUNERAL SERVICE LICE	HSEE			22. N	AME AN	DROWSK	FACILITY	TIMEDA	НОИ	A EC			
	miles & X	marin	100	,)	25	25	FLEET	ST	. BAI	TO. N	1 C.	2122/		
	23. PART I. Enter the diseases, of co	emplications that co	eused the	deeth. Do n								Approximate		
	ehock, or heert fellure. L	ist only one ceuse	on each li	ne.								intervei Between Onsat and Death		
	disease or condition		SEPSIS					i			7 DAYS			
	resulting in death) e	DUE TO (OF	AS A CONS	EOUENCE OF	j:									
z	Sequentially list conditions b. BOWEL OBSTRUCTION										3 DAYS			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	AS A CONSEQUENCE OF):												
2	CAUSE (Disease or injury			COLIT								1 MONTH		
	thet initieted events	DUE TO (OF	AS A CONS	EQUENCE OF	7):									
ij. II	d	•												
	PART II. Other significant conditions	contributing to de	ath but not	resulting i	n the und	erlying	cause given i	in Pert	i. 24a. WAS	AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS		
EDICAL	HEART FAIL	JRE.							100	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
									1 HES	2 _X NO		OF DEATH?		
≥	DID TOBACCO USE CONTR	IBLITE TO CALIS	E OF DE	ATH YE	SIN	n K	UNCERTA	INI E	,			1 TYES 2 NO		
Ž I	25. WAS CASE REFERRED TO MEDICAL	IDOTE TO CAUC		ACE OF DEAT			OITCLKIA	mid F	<u> </u>					
PHYSICIAN: M		HOSPITAL:	3/Outpatient	3 DOA	OTHER:		5 🗆 Realdenc	8 🗆	Other (Specific)					
主	27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIMI	E OF 2	86c. INJ	JRY AT	-	DESCRIBE HO	W INJURY OC	CURED			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	rear)	INJ	M		RK? ES 2 NO							
9	3 Suicide 6 Could not be	28s. PLACE OF IN	IJURY — Al I	home, farm, a	treat, factor	y, office	1	28t.	LOCATION (Stre City or Town, Str		or or Rural I	Route Number,		
ETED,	4 Homicide determined		(Ony or lown, Sa	(a)				
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge,	death occurre	d at the tim	e, data	and place, and d	us to the	cause(a) and i	nanner aa sta	rted.			
Mog	one) 2 MEDICAL EXAMINER											a) and manner as stated,		
	296. SIGNATURE AND TITLE OF CENTIEIER						29c. LICENSE N	UMBER		29d. DA	FISIONEO	(Month, Day, Year)		
BE	Octuvar S. Ve	inn				- 1	5171			•	18	55		
2	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (IT	EM 27) (Type,	Print)		~ / / /							
	Octavio E Paja	ro mo	/	600 A	/. wo	1f+	St.							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		WO	, . (- 0,							
	JAN 2 0 1995 A	la d'avideor	Redall	4								Į.		
_	()							_						



BALTIMORE, MARYLAND 21215-0020	rrs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled I hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

용 notified at pe must examiner medical the event, traumatic other 6 23 shows any Injury, Hem 0 marked, -200 Item TO THE HOSPITAL TO THE FUNERAL DE BE filed within 72 h

DIRECTOR

FUNERAL

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

黑

2

3 Suicide

29a. CERTIFIER

4 Homicide

6 Could not be

Item1 1-20-95 FilmG719 W.H.Per F/H 95 01304 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO Biedronski 2. DATE OF DEATH 3. TIME OF GEATH MONTH! YEAR 1050 a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH APR . 18 9c. COUNTY OF DEATH HURC TIMORE 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD TIMORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2828 HUDSON U.S.A 21224 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Maxican, Puerto Rican, etc.)
 \(\subseteq \text{YES 2 (NO Specify:} \) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest tary/Secondary (0-12) College (1-4 or 5+) CLERK 12 17. FATHER'S NAME (First, Middle, Last, THEO DORE SIEMINSKI 19a. INFORMANT'S NAME (Type/Print) UDSON 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na 20c. LOCATION - City or Town, State OATE Buriel 2 Cremation 3 Donation 6 Other (Specify) 23-95 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21224 23. PART i. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death Lung Cancer disease or condition resulting in death) 4 DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. OATE OF INJURY 26b. TIME OF 28c, INJURY AT 28d. OESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, term, streat, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the bests etion, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LISENSE NUMBER

29b. SIGNATURE AND TITLE OF CERTIFIER beverendhu greeiales! 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

40356 91

- NAVARRO Sevoderas

32 DEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

29d. DATE SIGNED (Month, Gay, Year)

00
10
89
BOX
\cup
ш
0
$\mathbf{\circ}$
- "
Δ.
99
CO
RECORDS
-
C
-
\cap
-
()
0
LU
0.00
Œ
_
TAL
_
a
_
-
-
44
Mar.
-
U
- 400
79
-
0
얆
-4
100
UZ

TO THE HOSPIPM, ON THE HOSPIPM, The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL CHREATOR AND INTERPRETATION OF THE COMMISSION OF THE ACTION OF THE ACTION OF THE TOWN OF THE THEORY AND THE TOWN OF THE THEORY AND THE TOWN OF THE THEORY AND THE TOWN OF THE TOWN OF THE THEORY AND THE THE THEORY AND THE THEORY AND THE THEORY AND THE THEORY AND THE THE THE THEORY AND THE THEORY AND THE THEORY AND THE THEORY AND THE THE THE THE THE THE THE THE THE THE	be filed within 72 with a min the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If them 23 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
 TO THE HOSPITM OF THE OFFICE HYPETIAN: The law requires that	TO THE FUNERAL DIFFECTION Annuality contribute has been signed to	be filed within 72 augus and down with the State Dept. of Health a	IMPORTANT, II Item 28-15 marked, or Item 23 shows any

REGISTRAR DECEDENT'S NAME (First, Middle, Last)	CERTIFICATE OF DEATH	REG. NO.		3. TIME OF I
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE		
			95	0130

	REGISTRAR	CERT	ΓIFICA	TE OF D	EATH	RE	G. NO.		
1000	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	EATH	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	ides) IE till	MUED & AEVO RE	INDED 24 MDB	7 0075 05 00	18	95	11:10 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F 73 YRS.			MONTHS DAYS HOURS MIN. DATE OF BIRTH			1/21	Countr	PLACE (State or Foreign VA
œ	98. FACILITY NAME (If not institution, give street and number) V A Hospital		9b. 0	CITY, TOWN OR L		EATH	9c. CC	OUNTY OF D	
270	RESIDENCE OF DECEDENT			Balti	more				
REC	10e. STATE 10b. COUNTY			VN OR LOCATION					10d. INSIDE CITY LIMITS?
				ltimore					YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 1806 Harlem Ave			10f. ZIP CODE 21217			10g. C	USA	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Shivorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XXYES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- if yes, specify Cuben, Maxican, Puarto Ricen, stc.) 1 YES 2 Specify:			14. RACE Black Speci	- American Indian, t, White, etc.	
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a, DECEDE	NT'S USUA	L OCCUPATION	workina	16b. KIND	OF BUSINESS/II	NOUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)			one during most of ed.) river	violising	A.B	. C. I	lover	s
S	17. FATHER'S NAME (First, Middle, Last)	•		16.	MOTHER'S NA	ME (First, Middle,	Malden Surname,)	
BE (Zalious Branch					ie Bra			
2	19e. INFORMANT'S NAME (Type/Print)			RESS (Street and N			,	,	
	Vanessa Alford 20a. METHOD OF DISPOSITION	20b. PLACE AND D		orthqa			O., MI 20c. LOCATION -		. 218
	X Buriet 2 Cremation 3 Removat from State 4 Donation 5 Other (Specify)	Crowns	y or other pla	ece)		1/23			le, MD
	at signature of funeral service Licensee	7		James	A. Mo	CILITY	& Sons		eral Home
	23. PART I. Effective diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onest and Death of Due to (or as a conscouence of): Due to (or as a conscouence of):								
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. MRSA SUPPLICATION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the CVA - hember hagic stroke, PE						WAS AN AUTOPS' PERFORMED? YES 2 (V NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
SC	EXAMINER? HOSPITAL:	_ W INDICATE: DIMER:							
HYS	27. MANNER OF DEATH 28a. DATE OF 1		TIME OF	Nursing Home 5 28c. INJURY			HOW INJURY O	CCURED	
٠ -	1 Netural 5 Pending (Month, Day 2 Accident Investigation	(Year)	INJURY	WORK?					
COMPLETED BY PHYSICIAN:	3 Suicide 280. PLACE OF	INJURY — At home, tatc. (Specify)	At home, tarm, street, factory, office			281, LOCATION (Street and Number or Rural Route Number, City or Town, State)			
1	29s. CERTIFIER (Check only CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
N N	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
BE	296. DATE SIGNED (MOVID. ON): Holy						(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 10 N Greene 5the	OF PEATH (ITEM 27)	(Ape, Print)	times	p	~ 0	2/2	01	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	'S SIGNATURE		11110001			,	- 1	
	IAN 2 01995 Julia d'avilent	ardally.							

er e

95-0219-005 ITEM: 1 & 4 PER F.H.
DWG ITEMS: 23 PART I, 27, PER MEO FILM G-719 1/26/95 t.t.

Item # 18 Film # G 719 1-20-95 N.A. Per Funeral Home 95 01306

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of the law requirement of the executed within 72% hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DHECTOR: After this certificate has been as the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
.O. BOX 68760	certificate be executed withing fing physician and completely sygiene prior to burial, cremat	other traumatic event, I
DIVISION OF VITAL RECORDS, 9.0. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of the certificate be executed within 24 hours after deal TO THE FUNERAL DHECTOR. After this certificate has been second to the fund physician and completely filled in by the funde filed within 72 hours after death with the State Dept. of Health — if Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

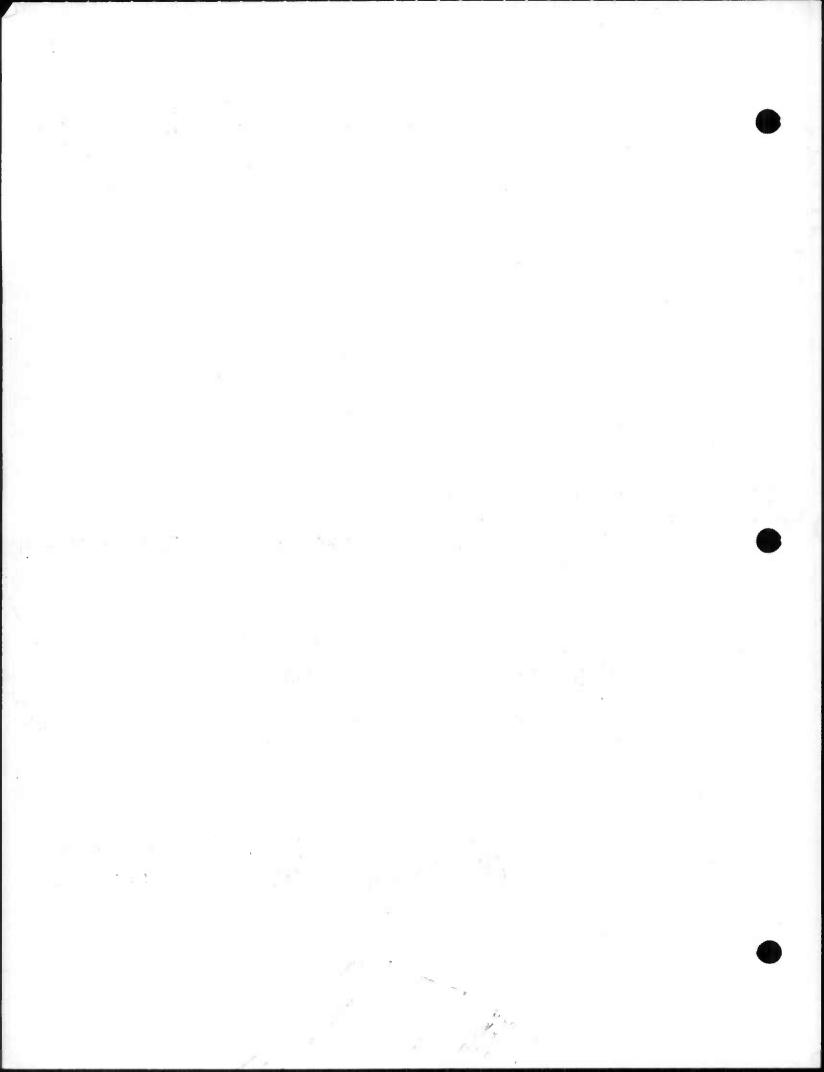
	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) KRISTINA	S.	BR	ADFORD		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		JAN 1			
	3178-86-6781	1 □ M 2 1 F]	9 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Dev. Year) 01-15-7	5 M	ether or Foreign (State or Foreign (Jaryland	
~	9e. FACILITY NAME (If not institution, give s	treet end number)		b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATN	
DIRECTOR	NORTHWEST HOS				ALLSTOW	N	BALT	BALTIMORE	
E	10s. STATE 10b. COUNTY		1 '	TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
	MD. Baltimore			Randallstown				1 YES 2 NO	
FUNERAL	8340 Church Lane			101. ZIP CODE 21244				S .	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yee or			or No- 14. R	ACE American Indien,	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES		If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:				Black, White, etc. Specify: Black	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION OF	ON at a constant	16b. KIND OF BUS	SINESS/INDUSTR	Y	
COMPLETED	Elementary/Secondary (0-12) 11th	College (1-4 or 5 +)	Me. Do NOT use Stude	rk done during mo retired.)	st of working				
MC	17. FATHER'S NAME (First, Middle, Last)		<u> Studi</u>	ent		ME (First, Middle, Maiden			
	Delvin Bradfo	rd			Dynie			ice Howard	
BE	19e. INFORMANT'S NAME (Type/Print)	Lu	19h MAII ING A	DDBESS /Street		oute Number, City or Town			
임	Dyneice Bradf	ord						MD. 21244	
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF			DATE 20c. LO			
	1 段 Buriel 2 Cremetion 3 日 Remi	oval from State cen	netery, crematory or othe	r place)	Park 1/	19/95 B	alto.	MD .	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	tallg licin		D ADDRESS OF FAC	YE ITY			
	· Worth :	Heath o	CFSP #28	HE.L.	Phillip	s F/H Ba	21-27 1toM	N.Monroe S1 ID. 21217	
	23. PART i. Enter the diseases, or of shock, or heart feliure.	complications that cause List only one cause on a	d the death. Do not	enter the mo	de of dying, such	as cerdiac or respi	ratory arrest,	Approximate	
	IMMEDIATE CAUSE (Final	,,	The state of the s					Interval Between Onset and Death	
	disesse or condition resulting in death)	ASTHMA							
	DUE TO (OR AS A CONSEQUENCE OF):								
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
ATI	if any, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	d.							
	DARKE III OALIIII	a contributing to death but not resulting in the underlying cause given in Par							
EDICAL	PART II. Other significant condition	a contributing to death b	out not resulting in	the underlyin	cause given in I	Part i. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă						YES 2	□ NO	OF DEATH?	
Σ						_ ^ \		1 - YES 2 - NO	
PHYSICIAN:	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O			UNCERTAIN				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)					
ΥS	YES 2 NO	1 Inpatient 2v2v2R/Outp	petient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence (
	27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME (Y WO	URY AT RK? 'ES 2 \Begin{array} NO	28d. DESCRIBE NOW IN	JURY OCCURED		
BY	2 Culate	2 Accident Investigation 3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, stree				28f. LOCATION (Street e	t end Number or Rural Route Number,		
COMPLETED	4 Homicide determined building, stc. (Specify) building, stc. (Specify) building, stc. (Specify) building, stc. (Specify) building stc. (Specify)								
29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as started.									
0									
BE C								ED (Month, Day, Ybar)	
10 B	March	wken	10		O.C.M	Ε.	▶ JAN	13/95	
	30. NAME AND ADDRESS OF PERSON WHO	le - A.A	ATH (ITEM 27) (Type, Pr 11 Penn		t. Balt	imore, Ma	arvlan	d 21201	
	31. DATE FILED (Month, Day, Year)	A PROPERTY OF		3 - 2 - 0 - 0	_,		1		
	JAN 2 0 1995		34.4						

· 0: The second secon

0
۵.
Ś
E
00
N.
RE
_
4
F
>
+
2
Z.
\simeq
S

			95	0130
R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		
DENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DE

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	IEALTH AND I	MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Last)	Marian Mago				2. DATE OF DEATH	7, 199	3. TIME OF DEATH 95 11:45 D. M
		4. SOCIAL SECURITY NUMBER 212-40-7206		(In yrs. lest birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 10, 1		BIRTHPLACE (State or Foreign Country) Maryland
2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give st 2640 Matthews RESIDENCE OF DECEDENT				PRIOCATION OF DE		9c. COUNT	Baltimore
permit. Pages 1,	DIREC	10s. STATE 10b. COUNTY	Baltimore	10c, C/1	TY, TOWN OR LOCAT	arney			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
is.	FUNERAL	100. STREET AND NUMBER	OMatthews Dr	rive	101	ZIP CODE	21234	10g. CITIZ	EN OF WHAT COUNTRY?
215-0020 attending physician. ise as the burial-transit	₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 X NO Specify	NIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	es or No-	14. RACE — American Indian, Black, Whita, etc. Specify: White
21 10 10 10 10 10 10 10 10 10 10 10 10 10 1	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during most retired.)	st of working	16b. KIND OF BU	JSINESS/INDU	
YLA by the	E COMPL	17. FATHER'S NAME (First, Middle, Last)	Conrad	Stamm	ollellakei		ME (First, Middle, Maide Not Know		
be retained ge 5 should	TO B	19a. INFORMANT'S NAME (Type/Print) Madge A. Businsky	У				Route Number, City or To	wn, State, Zip C	² 21239
e 6 may rector, pa		20a. METHOD OF DISPOSITION t)X Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State cen	PLACE AND DATE	leemer Ce	em. 1/21	/95 B	altimo	ore Maryland
death.		21. SIGNATURE OF FUNERAL SERVICE LIG	Knill	Knight Jr	5305		Road Bal	timore	Ruck, Inc. e, Md.21214
d within 24 hours at ompletely filled in by II, cremation, or rem		23. PART I. Enter the diseases, or shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	bot only one source on a	ain.	TUN		h as cardiec or resp	Dete	Approximate interval Between Onset and Death
certificate be executed with ding physician and complygiene to burial, complygiene provided and	CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.)	DUE TO (OR AS A	A CONSEQUENCE O	F):				
death death atten		resulting in death) LAST	i						
requires that the signed by of Health and the signed by th	MEDIC		7 (m 8 C)	Di	ab,	let c	1 PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The law te has b		DID TOBACCO USE CONTR		26. PLACE OF DEA	TH (Check only one)	UNCERTAIN	N 🗆		
SICIAN: sertifica	PHYSI	1 TYES 2 THO 27. MANNER OF DEATH	1 Inpetiant 2 ER/Outp	petiant 3 DOA		5 Tesidence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIBA OCCI	DED.
2 1 1 1	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY WO	RK? 'ES 2 NO	20d. DEGOMBE 11011	INJUNI OCCU	NED
ON THE STATE OF TH	ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	' — At home, farm, offy)	street, factory, office		28f. LOCATION (Street City or Town, State	and Number o	Rural Route Number,
B 5 K	1 2 1	MEDICAL EXAMINER	CAN: To the best of my known: C: On the basis of examination						i. cause(s) and manner as stated.
TO THE HOSP TO THE FUNE De filed within	H	30. NAME AND ADDRESS OF PERSON WHO		ndr'm	9	29c. LICENSE NUM	6444	29d. DATE	BIGNED (Month, Day, Year)
		Dr. Vigay S. Na					aryland		



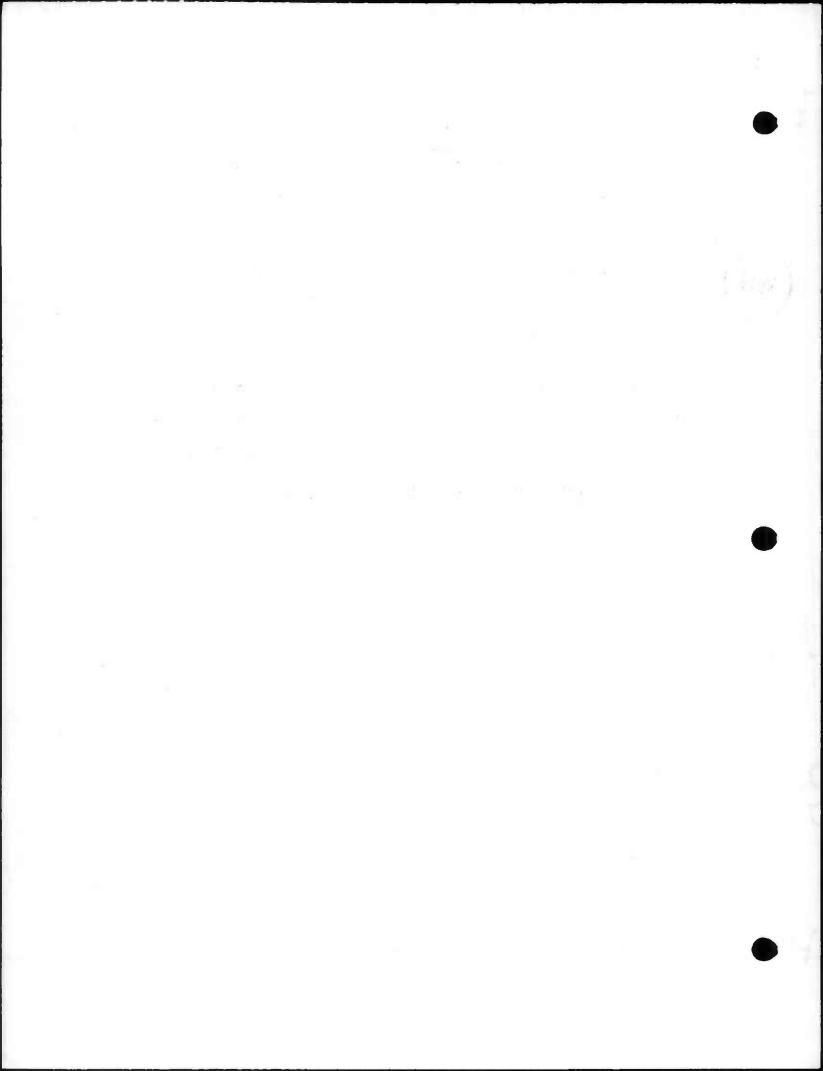
IMPORTANT: Il item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notiffed at once.

31. DATE FILED (Month, Day, Year)

JAN 0 3

	1 - STATE REGISTRAR	44	STATE OF I		/ DEPAR ERTIF					MEN	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First,	Middle, Last)	No.								ATE OF DEATH			3. TIME OF DEATH
	Margaret	I	rene B	ond							onth DA		YEAR 1995	9.50 AM M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	isl birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. D	ATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	216-28-2307		1 □ M 2 🔯 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.		Month, Day, Year) n. 18, 1	930	Count	arvland
	9a. FACILITY NAME (If not ins	stitution, give si	reet end number)			9b. CITY	TOWN C	OR LOCATI	ON OF DE		11. 10, 1		NTY OF D	
SH	Fallston	Genera	al Hospi	tal				Fall	ston	1				rford
5	RESIDENCE OF DEC	EDENT	ar nobpr					raii	5001	1			110	riold
DIRECTOR	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCAT	TON						10d. INSIDE CITY LIMITS?
ā	Maryland	Ha	rford				F	ores	t Hi	11				1 TES 27 TONO
AL	10e. STREET AND NUMBER							. ZIP COD				10g. CITI	ZEN OF 1	WHAT COUNTRY?
FUNERAL	719 Che	estnut	Hill Ro	ad					2105	0			USA	
5	11. MARITAL STATUS	distribution of the	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13.	WAS DEC	ENDENT (F HISPAN	VIC OF	RIGIN? (Specify Yes	or No-	14. RAC	E — American Indian.
	1 Never Merried 2 1 1 3 Divor	Merried	FORCES? 1	YES 235	4 0		f yes, sp-	2 X NO	n, Mexice	n, Pue	erto Rican, etc.)		Spec	k, White, etc.
BY	3 Widowed 4 Divor	rced						24,8 110	ороспу	y.		- 1	Spec	white
COMPLETED	15. DECE (Specify only	DENT'S EDUC	CATION		ECEDENT'S						16b, KIND OF BUS	INESS/IND	USTRY	
Ш	Elementary/Secondary (0-	- 1	College (t-4 or 5		Give kind of a B. Do NOT u	se retired.)	aunng mo	SI OF WORK	ng					
P	12					Homer	nake	r				HO	me	
Ö	17. FATHER'S NAME (First, Mic	ddle, Lasi)						18. MOT	HER'S NA	ME (F	irst, Middle, Malden	Sumeme)		
BE C	August Jo	seph.	Kramer					D	elma	S	arah You	na		
	190. INFORMANT'S NAME (Ty			19	b. MAILING	ADDRESS	(Street a				Number, City or Town		Code	
2	Peter M. Bon	nd	*								, Forest			d. 21050
	20e. METHOD OF DISPOSÍTIO	DN-	521	20b. PLACE					2. 100	_		CATION —		
	1 X Burlet 2 Commetter 4 Donallon Comer	n 3 🗆 Remo	rval from State	cemetery, cr	ematory or o	ther place)	-od	Moth	Co	100	1///05	For	on, or 10	Hill, Md.
	21. SIGNATURE OF FUNERAL		(Maix / /	The C	A CCN	22.	NAME AN	D ADDRE	SS OF FA	CILITY	1/4/30	FOLE	=5L	mili, mi.
	X491ml	all	1//-	4.00	/							nera:	l Ho	me, P.A.
	NOUNK	//X ·	1e1 M	4000	-	13:	17 C	okes	burv	R	oad. Abi	nadoi	a. M	
	23. PART I. Enter the all	seases, or c	omplicetions that List only one cau	t caused the d	eeth. Do i	not enter	the mo	de of dy	ing, auc	h aa	cardiec or reepi	ratory arr	eat,	Approximate
- 1	IMMEDIATE CAUSE (Fine				a.									intarval Between
	disease or condition resulting in death)		Ser	Ais										Onset and Death
	resuming in death)			4.										Onset and Death
	VIII	7	DUE TO	(OR AS A CONSE	OUENCE O	F):								Onset and Death
z			DUE TO	OR AS A CONSE	OUENCE O	F):								Onset and Death
NO	Sequentially list condition		DUE TO	OR AS A CONSE	OVENCE O	F):								Onset and Death
CATION	If any, leading to immed cause. Enter UNDERLYIN	liete NG	DUE TO	OR AS A CONSE	OVENCE O	F):	0_							Onset and Death
IFICATION	If any, leading to immed	liete NG	DUE TO DUE TO RE	OR AS A CONSE betty (OR AS A CONSE nal	OVENCE OF	lur	e.							Onset and Death
RTIFICATION	if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur	liete NG Ty	DUE TO DUE TO RE	OR AS A CONSE betty (OR AS A CONSE nal	OVENCE OF	lur	e.	lin	+	D	Been	e		Onset and Death
CERTIFICATION	If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST	liete NG Ty	DUE TO DUE TO DUE TO A A DUE TO A A DUE TO	OR AS A CONSE betis OR AS A CONSE nal (OR AS A CONSE heros d	OVENCE OF	Pi Pi Pi	H				Becg	-		Onset and Death
ا پ	If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated eventa resulting in death) LAST	liete NG ny	DUE TO DUE TO PUE TO AH	OR AS A CONSE betis OR AS A CONSE nal (OR AS A CONSE heros d	OVENCE OF	Pi Pi Pi	H				I. 24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
ا پ	If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated eventa resulting in death) LAST	liete NG ny	DUE TO DUE TO DUE TO A A DUE TO A A DUE TO	OR AS A CONSE betis OR AS A CONSE nal (OR AS A CONSE heros d	OVENCE OF	Pi Pi Pi	H				I. 24a. WAS AN A	AUTOPSY MED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
اب	If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated eventa resulting in death) LAST	liete NG ny	DUE TO DUE TO PUE TO AH	OR AS A CONSE betis OR AS A CONSE nal (OR AS A CONSE heros d	OVENCE OF	Pi Pi Pi	H				I. 24a. WAS AN	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
اب	H any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan	nt condition	DUE TO DUE TO RE DUE TO AH contributing to	(OR AS A CONSE betty (OR AS A CONSE nul (OR AS A CONSE heros d deeth but not	QUENCE OF	Pi:	derlying	cause (given in	Part	I. 24a. WAS AN PERFORI	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ا پ	H any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li vec DID TOBACCO US 25. WAS CASE REFERRED TO	nt condition	DUE TO DUE TO RE DUE TO AH contributing to	OR AS A CONSE BUTES OR AS A CONSE OR AS A CONSE OR AS A CONSE LOCAL DEPOS CONSE DEPOS CON	QUENCE OF	F):	derlying	cause (Part	I. 24a. WAS AN PERFORI	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ا پ	If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li vec DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER?	nt condition	DUE TO DUE TO DUE TO A CONTRIBUTE TO CA	(OR AS A CONSE DETES (OR AS A CONSE NUL (OR AS A CONSE LETOS CI deeth but not USE OF DEA 28. PLAI	QUENCE OF DEATH	FI:	derlying	Cause (ertAin	Part	I. 24s. WAS AN PERFORI	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ا پ	H any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li vec DID TOBACCO US 25. WAS CASE REFERRED TO	nt condition	DUE TO DUE TO DUE TO A CONTRIBUTE TO CA	(OR AS A CONSE OR AS A CONSE OUL (OR AS A CONSE LOCAL CON AS A	QUENCE OF DEATH YE	Fi: Charles	derlying	UNC	ertAin	Part	I. 24e. WAS AN A PERFORI t YES 2	AUTOPSY MED? NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immed cause. Enter UNDERLY CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li ve DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P	nt condition. Fa SE CONTR MEDICAL Pending	DUE TO DUE TO A Contributing to CRIBUTE TO CA HOSPITAL: 1 X Inpatient 2	(OR AS A CONSE BUTES (OR AS A CONSE NUL (OR AS A CONSE LOS CO deeth but not USE OF DEA 26. PLAN ER/Oulpetient :	QUENCE OF DEATH	Fi: Charles	derlying NO Sonly one) 1: ling Hom 28c. INJI WO	UNC S = Re URY AT RK?	ERTAIN	Part	I. 24s. WAS AN PERFORI	AUTOPSY MED? NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	H any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li ve DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P	ont condition. Factorial of the condition of the conditi	DUE TO DUE TO DUE TO AH Contributing to Contri	(OR AS A CONSE DETENOUSE (OR AS A CONSE (OR AS A CONSE LOCAL (OR AS A CONSE (OR AS A CONSE LOCAL (OR AS A CONSE LOCAL (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS	GUENCE OF DEA'S DOA 1888. INJ	FI:	derlying NO E only one) i: ling Hom WO 1 □ V	UNC S G Re URY AT RK? ES 2	ERTAIN	Part 8 (24a. WINS AN . PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN	AUTOPSY MED? NO	CUREO	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	H any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li Ve DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 8 C	nt condition. Fa SE CONTR MEDICAL Pending	DUE TO DUE TO DUE TO A Contributing to Contrib	(OR AS A CONSE BUTES (OR AS A CONSE NUL (OR AS A CONSE LOS CO deeth but not USE OF DEA 26. PLAN ER/Oulpetient :	GUENCE OF DEA'S DOA 1888. INJ	FI:	derlying NO E only one) i: ling Hom WO 1 □ V	UNC S G Re URY AT RK? ES 2	ERTAIN	8 (28d.	I. 24e. WAS AN A PERFORI t YES 2	AUTOPSY MED? NO	CUREO	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	H any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li ve DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 8 C 4 Homicide d	ont condition. Fa SE CONTR MEDICAL Pending nvestigation could not be latermined	DUE TO DUE TO DUE TO A CONTRIBUTE TO CA RIBUTE TO CA HOSPITAL: 1 Rinpetient 2 28e. DATE OF (Month, D) 28e. PLACE O building,	(OR AS A CONSE OR AS	ovence of Caroling Guence of Caroling ATH YECE OF DEA	In the un If (Check of Others of University Manual Control of University Manual Control of the Uni	derlying NO Sonly one) 1: 1: 28c. INJ 28c. INJ ony, office	UNC 5 Reuse (ERTAIN sidence	8 (c 28d.	Dither (Specify) DESCRIBE HOW IN LOCATION (Street et City or Town, State)	AUTOPSY MED? NO	or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li VE DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 8 C 4 Homicide 6 C	ont condition. Factorial for the condition of the conding investigation of the could not be latermined.	DUE TO DUE TO RUE DUE TO A CONTRIBUTE TO CA RIBUTE TO CA HOSPITAL: 1 Dinpetient 2 28e. DATE OF (Month, D) 28e. PLACE O building,	(OR AS A CONSE DETEN (OR AS A CONSE PULL (OR AS A CONSE (OR AS A CONSE LOCAL (OR AS	ovence of Caroling allence of Dead The Year of Dead 28b. TIM INJ	In the un SS NH (Check of the the unit of the the unit of the the unit of the the the the the the the the the the	derlying NO S conly one) it sling Hom 28c. INJ Wo 1 v ory, office	UNC 5 Reuse 1 UNC Fig. 12 Fig. 2	ERTAIN sidence	8 0 (28d.	Dither (Specify) DESCRIBE HOW IN LOCATION (Street et City or Town, State)	AUTOPSY MED? NO IJURY OCC Ind Number	or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li VE DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 8 C 4 Homicide 6 C	ont condition. Factorial for the condition of the conding investigation of the could not be latermined.	DUE TO DUE TO RUE DUE TO A CONTRIBUTE TO CA RIBUTE TO CA HOSPITAL: 1 Dinpetient 2 28e. DATE OF (Month, D) 28e. PLACE O building,	(OR AS A CONSE DETEN (OR AS A CONSE PULL (OR AS A CONSE (OR AS A CONSE LOCAL (OR AS	ovence of Caroling allence of Dead The Year of Dead 28b. TIM INJ	In the un SS NH (Check of the the unit of the the unit of the the unit of the the the the the the the the the the	derlying NO S conly one) it sling Hom 28c. INJ Wo 1 v ory, office	UNC 5 Reuse 1 UNC Fig. 12 Fig. 2	ERTAIN sidence	8 0 (28d.	Dither (Specify) DESCRIBE HOW IN LOCATION (Street et City or Town, State)	AUTOPSY MED? NO IJURY OCC Ind Number	or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li VE DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 8 C 4 Homicide 6 C	The condition of the conding of the	DUE TO DUE TO R DUE TO R DUE TO A CONTRIBUTE TO CA HOSPITAL: 1 Dinpatient 2 28e. DATE Of (Month, D) 28e. PLACE O building, CIAN: To the best of e; 3: On the best of e;	(OR AS A CONSE DETEN (OR AS A CONSE PULL (OR AS A CONSE (OR AS A CONSE LOCAL (OR AS	ovence of Caroling allence of Dead The Year of Dead 28b. TIM INJ	In the un SS NH (Check of the the unit of the the unit of the the unit of the the the the the the the the the the	derlying NO S conly one) it sling Hom 28c. INJ Wo 1 v ory, office	UNC 5 Re URY AT RK? ES 2 end place	ERTAIN sidence	Part 8 0 (28d.	Dither (Specify) DESCRIBE HOW IN LOCATION (Street et City or Town, State)	MUTOPSY MED? NO NO NO NO NO NO NO NO NO NO	or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	H any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan L / VC DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P P P P P P P P P	The condition of the conding of the	DUE TO DUE TO R DUE TO R DUE TO AH CONTributing to CONTRIBUTE TO CA HOSPITAL: 1 Cinpatient 2 28e. DATE Of Month, D 28e. PLACE O building, CIAN: To the best of R: On the best of e:	(OR AS A CONSE DETEN (OR AS A CONSE PULL (OR AS A CONSE (OR AS A CONSE LOCAL (OR AS	ovence of Caroling allence of Dead The Year of Dead 28b. TIM INJ	In the un SS NH (Check of the the unit of the the unit of the the unit of the the the the the the the the the the	derlying NO S conly one) it sling Hom 28c. INJ Wo 1 v ory, office	UNC 5 Re URY AT RK? FES 2 end place path occur 29c. LICE	ERTAIN Biddence NO end due ed at the	Part 8 0 (28d. 28f. Jo the time,	Dither (Specify) DESCRIBE HOW IN LOCATION (Street et City or Town, State) Describe end maintained attended and place, and	MUTOPSY MED? NO NO NO NO NO NO NO NO NO NO	or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	H any, leading to immed cause. Enter UNDERLY CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan Li ve DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P Accident for Suicide 8 C Accident deciden	The condition of the conding of the	DUE TO DUE TO DUE TO A DUE TO	(OR AS A CONSE OF AS	resulting ATH YE CE OF DEA 28b. TIM INJ DOME, form, seath occurred Investigation	in the un SS N N N N N N N N N N N N N N N N N N	derlying NO S conly one) it sling Hom 28c. INJ Wo 1 v ory, office	UNC 5 Re URY AT RK? FES 2 end place path occur 29c. LICE	ERTAIN sidence NO end due	Part 8 0 (28d. 28f. Jo the time,	Dither (Specify) DESCRIBE HOW IN LOCATION (Street et City or Town, State) Describe end maintained attended and place, and	MUTOPSY MED? NO NO NO NO NO NO NO NO NO NO	or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	H any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in death) LAST PART II. Other significan L / VC DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P P P P P P P P P	SE CONTR Pending MEDICAL Pending Pe	DUE TO DUE TO RUE DUE TO A CONTRIBUTE TO CA RIBUTE TO CA	(OR AS A CONSE OF AS	OVENCE OF DEATH OF THE PROPERTY OF THE PROPERT	The control of the time of time of time of the time of tim	derlying only one) it ling Hom 28c. INJ WO 1 v ory, office me, date pinion, de	UNC 5 Re URY AT RK? FES 2 end place path occur 29c. LICE	ERTAIN Beldence I NO end due end st the ENSE NUM 3.5.6	Part 8 (28d.) 28f. Jo the time,	Diher (Specify) DESCRIBE HOW IN Course(e) end manual date end place, and	MUTOPSY MED? NO NO NO NO NO NO NO NO NO NO	or Rural F	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,

32. REGISTRAR'S SIGNATURE



		HEGISTHAN		CERTIFI	CATE OF	- DEATH	REG. NO).	
		1. DECEDENT'S NAME (First, Middle, Lest) Melvin	C.	Bowler	•				YEAR 3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Jan. 16		95 SIRTHPLACE (State or Foreign
pir		220-09-3556	1 🖾 M 2 🗌 F	73 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 4,		Virginia
2, 3 should	DIRECTOR	9a. FACILITY NAME (If not institution, give a 5690 Vantage Poin	nt Road			on Location of DE Columbia	EATH		y of DEATH Oward
es T	2	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	γ	10c. CITY	TOWN OR LOCA	ATION			10d. INSIDE CITY
permit. Pages 1,		4	Baltimore		Arbut				LIMITS?
-55	FUNERAL	100. STREET AND NUMBER 5734 1st Avenu	ue		10	of. ZIP CODE 212	27	10g. CITIZE	U.S.A.
21215-0020 al or attending physician. for use as the burial-transit	B≼	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica 8 2 X NO Specify		e or No- 14	4. RACE — American Indian, Black, White, etc. Specify: White
1215 r attend use as	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S I	JSUAL OCCUPAT		16b. KIND OF BU		
		Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)	lost or working			rporation
YLAND of the hospital be detached to	Once. COMPL	12		Fore	eman		Of Amer	cica	
LA de the	COM	17. FATHER'S NAME (First, Middle, Lest) Langie Bowler					ME (First, Middle, Maiden	Surneme)	
R by	BE G					Clara B			
6 8 9	TO BE	198. INFORMANT'S NAME (Type/Print) Denise Loverde-De	ove (Daughter	196. MAILING 5690	Vantage	end Number or Rural P Point R	Poute Number, City or Tow oad Columb	on, Store, Zip Co Dia Mar	ryland 21044
BALTIMORE, In water and frector, page	150E	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removed	oval from State 20b.	PLACE AND DATE O	F DISPOSITION (A	lama of	DATE 20c. LC		y or Town, State
MO Sign		4 Donation 5 Other (Specify)	ENSEE / ME	eadowride		cery 01-2		rsey M	Maryland
LT file	examinar	DO.	1,14	0				zke Fi	uneral Homes
en - 87		- K. Clay	Wigke	1	1620	Edmondeo	n Arronuo (Tatoner	villa Marrilani
8 = 5	medica	23. PART I. Enter the diseases or c shock, or heart failure.	complications that caused List only one cause on w	the death. Do not th line.	ot enter the m	ods of dying, sucl	h ss cardiec or resp	iratory arrest	t, Approximate interval Between
in 24 ety filt ation	event, the m	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Carona	arte	y de	reace c	arrhy+	Reme	Onset and Death
68760 executed within and completely o burial, cremati			DUE TO (OR AS A	CONSEQUENCE OF					
or be	CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO TOTAL AS A	CONSEQUENCE OF	lt.				
P.O. th certification of Hygiens	ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:				
(0 = 10		PART ii. Other significant condition	s contributing to death by	at not resulting in	the underlyin	o cause alum in	Part I. 24s, WAS AN	ALFRONOV	
	EDICAL CE	Lung	Cencer			ig cause given in	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- Se Se S	2 2	DID TOBACCO USE CONTR	PIRITE TO CAUSE O	E DEATH VE	N NO F	7 LINICEDTAIN			1 TES 2 NO
⋖ 9 # □	NA NA	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH			4 🗀 📗		
F VITAL SICIAN: The law certificate has the State Dep	SICI	EXAMINER?	HOSPITAL:		OTHER:	1	• 🗆 🗪		
. 0 55	PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME		JURY AT	6 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCUF	RED
ON ON ON ON ON ON ON ON ON ON ON ON ON O	BY PH	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	ผาวิก		ORK? YES 2 NO			
	TED	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, stc. (Speci	— At home, term, at	reet, factory, offic	00	28t. LOCATION (Street City or Town, State)	end Number or	Rural Route Number,
	E	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred	st the time, date	e and place, end due	to the cause(e) end ma	nner ee stated.	
100	6								euse(e) end manner as stated.
東東 東京	BEC	29b. SIGNATURE AND TITLE OF CHILIFIER	111-1	1		29c. LICENSE NUM	BER	29d. DATE S	IGNED (Mofitin, Day Year)
50 THE SE	0 8	Wen C Water	full M	10		142	356	1/	16/95
1	1-1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)	, ,	900 Ga	fol ;	tec

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Replacement

FOR

1 - STATE
REGISTRAR

1. DECEDENT'S NAME TO ...

CITIENT FOR THE CAST PARTY OF THE ACTION OF THE ACTION OF THE PARTY OF THE CONTROL OF THE PARTY TO THE HOSPITAL OF AUTHORISE PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL CIFICADE, for this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trans be filed within 72 ments of with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

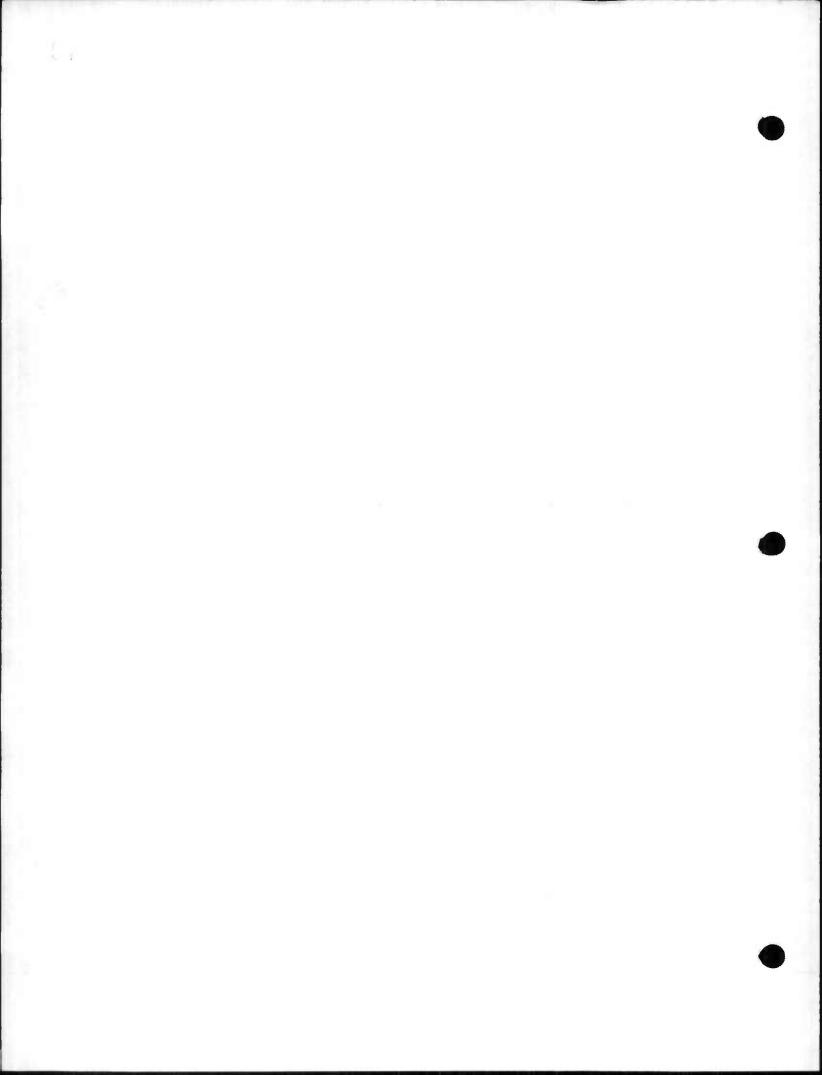
IMPORTANT II IMM 28 in marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	ENTAL HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.
EDENT'S NAME (First, Middle, Last)		DATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	Paul	Ν.		Baker		MONTH Torra 1	DAY:	95 4	6.35 PM
1			in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Jan. 1		77.	CE (State or Foreign
1	040 00 0040		85 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	ICE (State or Poreign
1			- Ins.			March 10		Mary.	
-	Se. FACILITY NAME (If not institution, give street	*			OR LOCATION OF DE		9c. COUN	TY OF DEATH	н
DIRECTOR	Bon Secour Extended	d Care Faci	lity	Elli	cott Cit	У		Howar	d
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
=	Maryland How	bre	10c. CI1	Y, TOWN OR LOCA Ellicot				100	f. INSIDE CITY LIMITS?
	The second secon	ard		EIIICO	L CITY	_		1 [YES 2 NO
4	10s. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZ	EN OF WHAT	
FUNERAL	3004 N. Ridge Road	#227			2104	3		U.S.	Α.
15	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify)	fes or No-	14. RACE	American Indian,
1	1 Never Married 2 Married	FORCES? 1 YES			ecify Cubert, Mexica 2 1 NO Specify	n, Puerto Rican, etc.)	ACTION .	Black, WI Specify:	hite, atc.
B	3 Widowed 4 Divorced			1 12	a gg HO Specify	,		эреспу:	White
ED	15. DECEDENT'S EDUCAT	TION		USUAL OCCUPATION		16b. KIND OF B	USINESS/INDI	USTRY	
<u> </u>	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of a life. Do NOT us	vork done during mo se retired.)	ost of working				
14	12		Ticke	t Clerk		Amtra	k Rail	lroad	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maid			
	Gregory Mugavero				Salvat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
H	19a. INFORMANT'S NAME (Type/Print)		195 MAII ING	ADDRESS (Street	1	Route Number, City or Ti	num Dinto Yin	O-d-l	
은		(Son)				ysville M			030
	20a. METHOD OF DISPOSITION					-			
	1 XBurial 2 Cremation 3 Remove	of from State 20b	.PLACE AND DATE (letery, crematory or o	OF DISPOSITION (No ther place)	ome of 01-14-	95 DATE 20c. 1	OCATION - C		
	4 Donation 5 Other (Specify)		etery, cremetory or one ew Cathe				ITTIMOI	re, Ma	ryland
	21. SIGNATURE OF DAMESTIAL SERVICE LICEN	338	1 1		M & Duce	ell C Wit	ako E	moral	Homog
	16 (10.	(1)	/ //						
-	23. PART I. Enter the diseases, or con	mplications that obvised	the math Do	of enter the me	de of dvine and	Averiue C	electors of	/iiie,	Maryland
	shock, or heart failure. Lie	tronty one cause on a	ach line			/		est,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	L. Iha	a la	with down	6	4 (brow	72)		Onset and Death
-	resulting in death) a.	DOTOG			Ciciales	1 1100	iden		1-540
		DUE TO (OR AS A	CONSEQUENCE OF	F):					
CERTIFICATION	Sequentially list conditions, b.	DIE 70 (05 40 4	CONSEQUENCE OF						
F	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A	CONSECUENCE OF	·):					
유	CAUSE (Disease or injury C.	DUE TO (OR AS A	CONSEQUENCE OF	D.					
ΙĒ	that initiated events resulting in death) LAST	א פאר זיס (סוו אס א	CONSEGUENCE OF	J•				i	
一英	d								
	PART II. Other significant conditions	contributing to death b	ut not resulting	n the underlyin	g cause given in	Part i. 24s. WAS	N AUTOPSY	24b, WE	RE AUTOPSY FINDINGS
EDICAL	Pankinson	's sinctione					ORMED?		MABLE PRIOR TO MPLETION OF CAUSE
						1 □ YES	5 KNO		DEATH?
Σ	- ans in							1 [YES 2 NO
Z									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		QTHER:	LACE OF DEATH (Ch	eck only one)			
XS	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outp	atient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)			
표	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	JURY AT DRK?	28d. DESCRIBE HOV	INJURY OCC	URED	
B	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, tactory, offic		281. LOCATION (Stree City or Town, Ste	t and Number	or Rural Route	Number,
	4 Homicide determined		,,			Only or sown, Sia	•)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowl	edge, death occum	d at the time date	and place, and due	to the coursels) and m		4	
E									d manner se stated
	2 MEDICAL EXAMINER:					,,			
	20h SIGNATI IRE AND TITLE OF CERTIFIER	1 11 21							
BE CC	2 MEDICAL EXAMINER:	molb	2		29c. LICENSE NUN	IBER	29d. DATE		nth, Day, Year)
BE	296. SIGNATURE AND TITLE OF CERTIFIER	mellos m	9		29c. LICENSE NUN	IBER	29d. DATE		
		mellos m	9	Print)	·	2	1		nth, Day, Year)
BE	296. SIGNATURE AND TITLE OR CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CELLING THE CELL	Mills me	ATH (ITEM 27) (Type,	prine) celt Cet	·	2	29d. DATE		nth, Day, Year)
BE	296. SIGNATURE AND TITLE OF CERTIFIER	mellos m	ATH (ITEM 27) (Type,	Print) Cult Cit	·	2	1		nth, Day, Year)



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 21215-0020 Ital or attending physician. If for use as the burial-transit permit. Pages 1, 2. 3 should		1. DECEDENT'S NAME (First, Middle, Lest) EZZE, E 4. SOCIAL SECURITY NUMBER 705-12 - 4038 9e. FACILITY NAME (It not institution, give s HARBOR MEDICAL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT MD. 10. STREET AND NUMBER 300 SNOW HI 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced (Specify only highest grade Elementary/Secondary (0-12)	CENTER LL LANE 12. WAS OCCEDENT EVE FORCES? 1 Y	GE (In yrs. less 93	YRS. 10c. CITY	9b. CITY, T B, 13. WW II 1 1 USUAL OCCUPOR done due refined.)	OWN OR LALTIN	N RE IP CODE 21225 DENT OF HISPAN fly Cuban, Markea	IIC ORIGIN? (Specif n, Puarlo Rican, etc	H DAY 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	S. BIRTHPL Country) ITY OF DEATTY O	Dd. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? - American Indian, white, atc.
MARYLAND 21 retained by the hospital or 5 should be detached for unotiffied at once. TO BE COMPLET		17. FATHER'S NAME (First, Middle, Last) EUGENE	CURRY		KE I I I	XED	10	8. MOTHER'S NA ANNIE	ME (First, Middle, Me CURRY		(Dao)	'
		19a. INFORMANT'S NAME (Type/Print) ROBERT A, CUR	RY			ADDRESS (BURNIE,			
ALTIMORE, death. Page 6 may be funeral director. page		20s. METHOD OF DISPOSITION 1	oval from State	20b. PLACE A cemetery, cree		her place)	ON (Name			ROOKLYN	•	, Stata
AA L 2 M		21. SIGNATURE OF FUNERAL/SERVICE LII	A de	ler	1]	ESTE			RAL HOM	Œ P.A	
760, ours afor with a model of the medic of		23. PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. HASC			ot enter th	e mode	of dying, suc	h aa cardiac or r	eapiratory srre	et,	Approximete
D.O. BOX 66 conflicte be executed by the physician and Hygiene prior to bur or other traumatic properties.		Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR A	AS A CONSEC	OUENCE OF	ie o	ln	suff	iven	iy		
De line in the influenc	. 11	PART II. Other significent condition	ne contributing to deet	h but not re	eeuiting i	n the und	erlying c	ceuee given in	Part I. 24s. WA	S AN AUTOPSY RFORMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
REC requires on head of head shows		DID TOBACCO USE (CONTRIBUTE TO	CAUS	E OF	DEATH	YES	S NO	1 - YE	s 2 no	Oi	OMPLETION OF CAUSE F DEATH?
MA THE INV		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3		OTHER:		E OF DEATH (Ch	B Other (Specify)			
BY PHY	- 38	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY	28b. TIMI	E OF 2	Bc. INJURY	Y AT	28d. DESCRIBE H	_	URED	
TED TED		3 Suicide 8 Could not be detarmined	28s. PLACE OF INJU building, stc. (S	URY — At hou Specify)	me, farm, a	treat, fector	, office		281. LOCATION (St City or Town, S	reet and Number State)	or Rural Rou	le Number,
물 걸던 = 5	1 11		ICIAN: To the best of my kr									nd menner as stated.
TO THE HOSPI TO THE FUNER THE RIEM WITHIN IMPORTANT.		Usha Su to	in LNIE	RN	. M€	DIC	NE ?	90. LICEMBE NUN 45244	64-25	29d. DATE	SIGNED IM	195
		JSHA · S . VEMUL	AKONDA	THE	TENO TEM	RE	DSF	2122	ENTER	y L. HA	WOV	STREET 3001
		JAN 2 01995 July	22. REGISTRARY S	IGNATURE								

Approximete interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

	1. DECEDENT'S NAME (First, Middle, Las)						2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	William	Anthony	Car	son				Ja		199		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. lest birthday)		R 1 YEAR	IF UNDER 24 HRS	- 10.4-	E OF BIRTH		B. BIRTHP	LACE (State or Foreign
	414-07-0609	1 🔀 M 2 🗆 F	8	1 YRS.	MONTHS	DAYS	HOURS MIN.	No	v. 24,	1913	Oodiniy)	Tenn.
_	Se. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATION OF	DEATH		9c. COUNT	TY OF DE	
DIRECTOR	109 Bennett	Road					Esse	x			Ва	ltimore
EG	10e. STATE 10b. COUN	TY		10c, CIT	Y. TOWN	OR LOCAT	TION				T	Od. INSIDE CITY
	Md.	Baltimo	re				Es	sex				LIMITS?
FUNERAL	100. STREET AND NUMBER 109 Bennett	Road				101	212	21		10g. CITIZ		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced		NT EVER IN U.S. 1 YES 2 WAR OR DATES		13.	If yes, sp	ENDENT OF HISH ecify Cuben, Mex 25 NO Spe	PANIC ORIG			4. RACE -	- American Indian, White, etc.
	15. DECEDENT'S ED	UCATION	160.	DECEDENT'S	USUAL C	CCUPATIO	ON	- 1	Sb. KIND OF BU	SINESS/INDI	ETOV	White
	(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5		(Give kind of life. Do NOT us	work done	during mo		· · · · · ·	as raine or eo	311123711100	o ini	
교	Elementary/Secondary (U-12)	2yrs	1+)	700	omb	1 ** 1	ine		7.6			
COMPLETE	17. FATHER'S NAME (First, Middle, Last)	ZYIS		ASS	emb	TAI	16. MOTHER'S	NAME /First		artir	ıs	
								(, , , , ,	,	Carrierrey		
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	and Number or Rur	nl Route Nu	mber, City or Tox	rn, State, Zip C	Code)	
2	Irene Leon	ardi		10	9 B	enne	ett Ro	ad	Balt.	imore	bM e	. 21221
	20e. METHOD OF DISPOSITION 1 ☑ Suriel 2 ☐ Cremation 3 ☐ Re			CEAND DATE	OF DISPO	SITION (Na				CATION — C		
	4 Donation 8 Other (Specify)	mover from State		crematory or o			Story ND ADDRESS OF	1 /10	105	Balti	121 0 24	a MD
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	- Phens	O (OR AS A CON	SEQUENCE O	F):							Onset and Dec
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	6	O (OR AS A CON									
RTIF	that initiated events resulting in death) LAST	DUE TO	O (OR AS A CON	ISEQUENCE O	F):							
	PART IL Other eignificent condition	one controllection to	a death but a	-1	la Ab a su				24a, WAS AN		1	
MEDICAL	Deven	ha					g cadae given		PERFO	RMED?	0	VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-	26. Pt	ACE OF DEATH (Check only	one)			
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient	3 DOA	OTHE 4 Nu		ne 5 Residenc	8 🗆 OII	ner (Specify)			
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending Accident Investigation		F INJURY Day, Year)	28b. TIM	E OF JURY M		URY AT PRK? YES 2 NO	28d, Di	ESCRIBE HOW	NJURY OCCL	JRED	
神	3 Suicide 8 Could not b		OF INJURY — At	t home, farm,	street, fac	ctory, offic	•	281. LO	CATION (Street y or Town, State,	and Number o	r Rural Ro	ute Number,
맆	and a	SICIAN: To the best of										
6	079) 2 MEDICAL EXAMI	VER: On the beels of	examination end	/or investigation	on, In my	opinion, d	leath occured at t	he time, de	te end place, a	nd due to the	cause(s)	end manner as stated.
0	DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, T											
BE	296 SUCHATURE AND TITLE DE CERTIS	ER					29c. LICENSE N	UMBER		29d. DATE	SIGNED	Wonth, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

busness

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

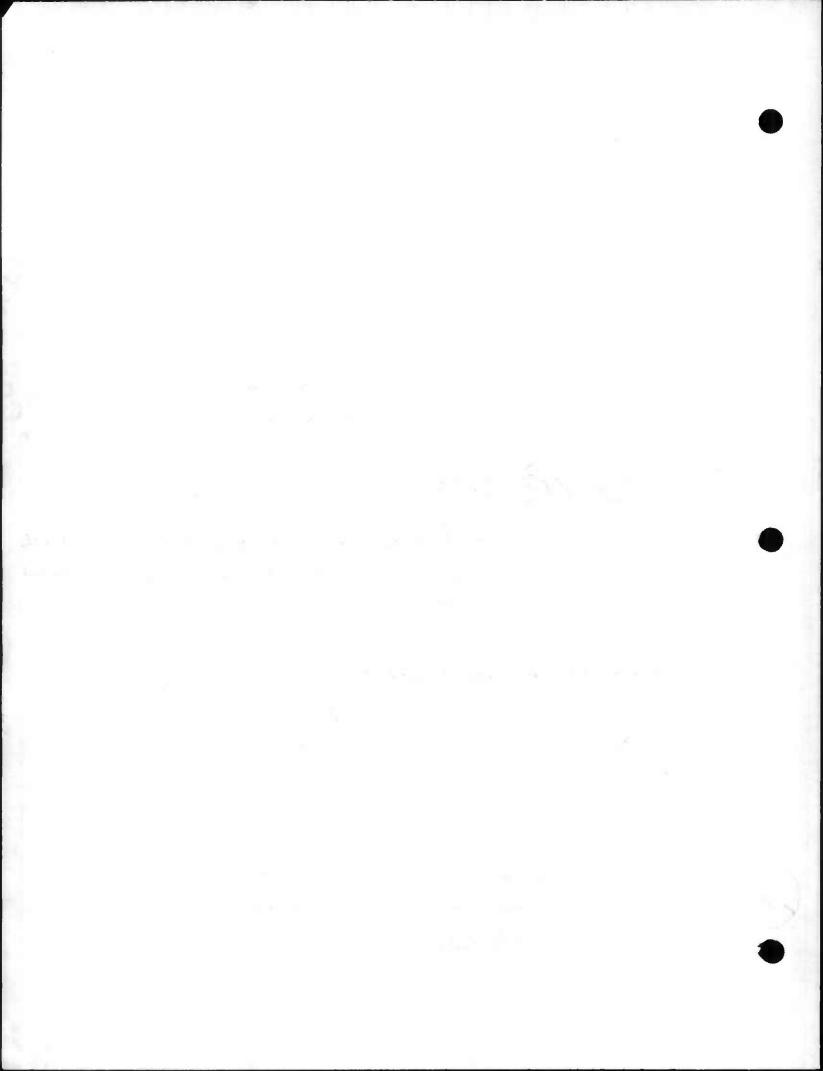
FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

202	ache	69
鲁	det	5
6	d be	24
inec	DOC	ije.
reta	50	not
y be	age	9
E	or. p	157
9 90	rect	Ē
S.	al di	100
eath.	Ane.	E
b ra	the f	8
S aft	by	#
MOUNT	d in	Ē
-	fille	he
4	etely	7,
W P	igm g	eve.
cute	d co	Ilc
900	nan to h	E
e pe	sicia	ta
ficat	phy	ě
certi	Jing	9
ath	tal H	0 7
e de	Men A	3
at th	70	N.
th si	ped the	3
quire	He He	W
ĕ.	bee	- S
e 13v	has	23
E	cate	Ten
CIAN	the S	6
1XS	is ce	Do.
40	おける	ark
DIN	Afte	E .
TEN	TOR.	28
RAI	REC	E
THE MOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing Anous after death. Page 6 may be retained by the hos	TO THE FOLKERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached think of physician programmers after death with the State Dent of Health and Mental Hanlene prior in hundal cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERA in 7	1
8	5	TAN
E	N	POR
0	23	臣

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

RAIDH Brian Campbell 4. 5004. SECONTY GOMES 1. 5004. SECONTY SEMBLE 216-98-3465 1. 5004. SECONTY SEMBLE 216-98-3465 1. 5004. SECONTY SEMBLE 216-98-3465 1. 5004. SECONTY SEMBLE 216-98-3465 1. 5004. SECONTY SEMBLE 216-98-3465 1. 5004. SECONTY SEMBLE 216-98-3465 1. 5004. SECONTY SEMBLE 216-98-3465 1. 5004. SECONTY SEMBLE 3105 SE. Florence Terrace 3105 SE.		HEGISTHAR		CERTII	-ICATE (OF DEATH	REG. N	Ю.		
SOUTH SOUTH THE DEATH AND THE PLANT OF THE P			Comph. 11				MONTH		YEAR	TIME OF GEATH
TO THE PARTY MANUELY M	3			E (In you last hirthday	E INDER 4 V	TAR WINDER OF THE		14, 1		12:59 Am
100 TODAY 100 TO PART OF COMPANY 100 TO PART OF COMP			1 M 2 □ F				(Month, Day, Year)		Country)	
STREET AND NUMBERS 3105 St. Florence Terrace 12 Wed Decembers 1 12 W	œ		1005				DEATH	9c. COL	JNTY OF OEAT	Н
STREET AND NUMBERS 3105 St. Florence Terrace 12. Web December 1 12.	СТО	RESIDENCE OF DECEDENT						Mor	ıtgomeı	су
STREET AND NUMBER 3105 St. Florence Terrace 12. Was december to the state of the	E					OCATION			10-	d. INSIDE CITY LIMITS?
DOUGH Widows 4 Directed TYES, QUE WART ON DATES 1 YES 20 NO Specify Specify	L D		omery	0	lney					YES 2 K NO
DOUGH Widows 4 Directed TYES, QUE WART ON DATES 1 YES 20 NO Specify Specify	RA		Torraco							T COUNTRY?
DOUGH TO THOSE TO THE COLORS OF PARTY IN THE CONTRIBUTE OF PARTY IN COLORS OF PARTY IN CO	5		12. WAS DECEDENT EVER	IN U.S. ARMEO	13. WAS		NIC ORIGIN? (Specify)			American Indian
Secretary Education Subscription State Secretary Subscription Subscript	B⊀		FORCES? 1 YE	S 2 NO DATES	If ye	s, specify Cuban, Mexic	an, Puarto Rican, etc.)		Specific	Black
George Campbell 19a. Normanay Shame (powers) 19b. MALING ADDRESS (Stew and Mumber or Neural Robon Names, City or Town, Stans, Zep Cody) 20b. METHOD OF DEPOSITION 20b. METHOD OF DEPOSITION 110 Busted 2 Crementon 3 Removed from State 4 Donation 8 Other (Secret) 211 BUSCATURE OF FUNDER ASSETTIVE LICENSE 212 NAME AND ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS (Stew and ADDRESS OF PRACTICE)) 215 BUSCATURE OF FUNDER ASSETTIVE LICENSE (Price) 217 BUSCATURE OF FUNDER ASSETTIVE LICENSE (Price) 218 BUSCATURE OF FUNDER ASSETTIVE LICENSE (Price) 219 BUSCATURE OF FUNDER ASSETTIVE LICENSE (Price) 221 PARTY End the diseases, or somitifications class of funder to the mode of dying, such as cardisc or respiratory arrest, independent of the second of t	回			(Give kind o	work done during		16b. KIND OF B	USINESS/IN		
BOOTS OFFORM BALENCHAMPATS NAME (PLANE) 20. METHOD OF DEPOSITION 20. METHOD OF DEPOSITION 21. SUGARALE 2 Commentor 1/2 Commentor	Ä		5.50	iile. Do NOT	use retired.)	g most or working				
BOOTS OFFORM BALENCHAMPATS NAME (PLANE) 20. METHOD OF DEPOSITION 20. METHOD OF DEPOSITION 21. SUGARALE 2 Commentor 1/2 Commentor	NO.			Cher		16 1407145010 14			Lce	
The informant's name (ppuritive) 100 Marked and Number of Read Rundle Number, City or Town, State, Ze Code) 310 St. Florence Terrace		George Campbell				1 - 1		en Sumame)		
DOTIS DUE TO OR AS A CONSCOURCE OF: DUE TO OR AS A CONSCOURCE OF: DUE TO (OR AS A CONSCOURCE OF):				19b. MAILIN	G ADDRESS (St			own, State, Zi	ip Code)	
TO THE STATE OF PRINTING BUTCH STORY OF THE STATE OF THE	F			3105	St. F	lorence Te	rrace Olr	ney, M	ش 208	332
22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Rd. Laurel, MD 20 32. PARTYL. Enter the diseases, or complications that chased the feath. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest in the shock, or heart failure. List only one carriers again line. MMEDIATE CAUSE (Finel diseases or condition. MMEDIATE CAUSE (Finel disease or condition. AND DA SOPHHAGITIS, Refractory Green carriers again in the second of the second consecution of the second c		1X Buriet 2 ☐ Cremetion 3 ☐ Reme	ovet from State	ob.PLACE AND OATE	of Disposition other plece)					
Note Continue Co		21. SIGNATURE OF FUNERAL SERVICE LIC	D Person	//	22. NAR	E AND ADDRESS OF F	ACILITY		opine.	5, 12
Name Name		* / alal	Tubal	ra,	760)1 Sandy S	pring Rd.	Laur	cel, M	20707
MMEDIATE CAUSE (Finel disease or condition) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat Initiated events resulting in death) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (O		23. PARTA. Enter the diseases, or a shock, or heart failure	omplications that caus List only one cause on	ed the death. Do	not enter the	mode of dying, suc	ch as cardiac or res	piratory ar	rrest,	Approximate interval Batween
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D		IMMEDIATE CAUSE (Finel		1	6-011	011+10	1.6.			
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D			DUE TO (OR AS	A CONSEQUENCE	SOFH	461115	, KETRACT	DRY		6 Houths
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	z		Aco	uired	/MM	unodet	CIENCA	SYN	Leuro	3 years
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MALNUTRITON, PANCYTOPENIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 00 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Norsing Home 5 Seasidence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 1 Nosting Home 5 Death NUMBY AT WORK? 28. DATE OF INJURY MINURY MINURY DEATH NORK? 28. DATE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 29. DATE SIGNED (Month, Day, Ye AND WORK AND ADDRESS OF REMSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Ye AND WORK AND ADDRESS OF REMSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. LICENSE NUMBER 29.	5	if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):		(-/-		
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MALNUTRITON, PANCYTOPENIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 00 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Norsing Home 5 Seasidence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 1 Nosting Home 5 Death NUMBY AT WORK? 28. DATE OF INJURY MINURY MINURY DEATH NORK? 28. DATE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 29. DATE SIGNED (Month, Day, Ye AND WORK AND ADDRESS OF REMSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Ye AND WORK AND ADDRESS OF REMSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. LICENSE NUMBER 29.	일	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE	OF) ·					
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MALNUTRITON, PANCYTOPENIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 00 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Norsing Home 5 Seasidence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 1 Nosting Home 5 Death NUMBY AT WORK? 28. DATE OF INJURY MINURY MINURY DEATH NORK? 28. DATE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY At home, farm, street, tactory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 29. DATE SIGNED (Month, Day, Ye AND WORK AND ADDRESS OF REMSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Ye AND WORK AND ADDRESS OF REMSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. LICENSE NUMBER 29.	F		4	A CONSECUENCE O	Jr J.				127	
MALNUTAITON, PANCYTOPENIN PERFORMED? 1 YES 2 10 1 YES 2 10 1 YES 2 10 1 YES 2 10 1 YES 2 10 1 YES 2 10 1 YES 2 10 1 YES 2 10 YES 2 10 1 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO YES YE		PART II Other significant and date.								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 1 Ves 2 No 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 28. DATE OF INJURY A coldern Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY At home, farm, street, tactory, office 28. INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY At home, farm, street, tactory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. CERTIFFER (Check only 2 MEDICAL EXAMINED) On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. One) 290. BIGNATURE AND TOLE OF MERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MI CHHETT A. SAUR MI) 9715 MED. CTR. DR. #7201 ROCKVILLE MD 2	S	MAINUTRIT	ON . PAIL	Y TTO OP	In the under	lying ceuse given in			AWA	RE AUTOPSY FINDINGS ULABLE PRIOR TO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1		7,110,100,111,1	111100	217010	0///		1 TES	2 060	OF	DEATH?
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)		DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH Y	FS NO	1 UNCEPTAL	N \square		10	YES 2 NO
Secretary Secr	IAN	25. WAS CASE REFERRED TO MEDICAL								
Secretary Secr	Sic			utpatient 3 DOA		Home 5 Residence	8 Other (Specify)			
Solicided a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tactory, office 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28e. PLACE OF INJURY — At home, farm, street, tactory, office 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28e. PLACE OF INJURY — At home, farm, street, tactory, office 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28e. PLACE OF INJURY — At home, farm, street, tactory, office 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28e. PLACE OF INJURY — At home, farm, street, tactory, office 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State)		1 Natural 5 Pending			JURY	WORK?	28d. DESCRIBE HOW	INJURY OC	CURED	
29c. LICENSE NUMBER 35404 29d. DATE SIGNED (Month, Day, Yo 1-14-95 10. NAME AND ADDRESS OF HERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HICHAET A. SAURI MD 9715 MED. CTR. DR. #7201 ROCKVI/LE, HD 20		3 Suicide 8 Could not be	28s. PLACE OF INJUR building, atc. (Sc	RY — At home, farm,	street, tectory,	office	281. LOCATION (Stree City or Town, Stat	t and Number (e)	r or Rural Route	Number,
29c. LICENSE NUMBER 35404 29d. DATE SIGNED (Month, Day, Yo 1-/4-95 MICHAET A. SAURI MID 9715 MED. CTR. DR. #7201 ROCKVI/P. HD 20	PLET	296. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To like best of my kno	owledge, death occur	red at the time,	date and place, and due	to the cause(s) and m	enner as sta	ited.	
29c. LICENSE NUMBER 35404 29d. DATE SIGNED (Month, Day, Yo 35404 29d. DATE SIGNED (Month, Day, Yo 1-/4-95 MICHAET A. SAURI MID 9715 MED. CTR. DR. #7201 ROCKVI/P. HD 20	COM									d menner as stated.
MICHAEL A. SAURI MD 9715 MED. CTR. DR. #201 ROCKVILLE HDZ	띪	Malde	u Mp			3540	MBER O 4	29d. DAT	TE SIGNED (MO	onth, Day, Year)
	-	MICHAET A.	SAUR	MD 97	e, Print) 15 MED	O.CTR. DR	#201 R	OCKU	We H	120550
The state of the s		JAN 2 0 1995 Jul							/	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNCTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is	be med within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANCE, tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--	---

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

ETED.

COMPL

BE

2

69 8

ltem. COMPLE

CERTIFICATION

PHYSICIAN: MEDICAL

BY

BE

2

31. DATE FILED (Month, Day, Year) JAN 2 0 1995

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH YEAR Jason CARTER D M 1995 January 16. 2:15 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Jan. 29,1915 410-09-8217 1 M 2 - F 79 Tenn. 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Franklin Square Hospital Rossville Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Middle River Md. Baltimore 1 YES 2 X NO 10a. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21220 USA 29 Coolbreeze Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-it yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 25 Merried 1 YES 2 XNO Specify 3 Widowed 4 Divorced White 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) 8th Machinist 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surneme) Elizabeth Issac Carter 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
29 Coolbreeze Drive Baltimore MD. 21220 19e. INFORMANT'S NAME (Type/Print) Noami Carter 20e. METNOD OF DISPOSITION
1 Burlel 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) Metro Crematory Inc. 1/17/95 Baltimore MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex 300 Mace Ave. Baltimore MD. 21221 23. PART I. Enter the diseases, or completions that caused the shock, or heart fallure. Let only one cause on each itions that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, Approximate Intervel Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition a. Brain tumor with Hydrocephalus resulting in death) 2 weeks DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated evente resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 24s. WAS AN AUTOPSY PERFORMED? Masses in liver and lungs 1 TYES 2XXNO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL 1 YES 2 X NO 1 № Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 🔀 Natural 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, atreet, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 6 Could not be 4 Homicide CERTIFIER 1 🗓 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(e) end manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) January 17, 1995 R D 1786 Amanda Trimpey, 9000 Franklin Square Drive Baltimore. M.D

32 REGISTRAR'S SIGNATURE

MD

a my Daniel

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RICHARD WILLIS CHAPLAIN MAT 1995 7:00 D 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 219-44-7133 1 💢 M 2 🗌 F 48 Maryland June 11 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Westminster 10 CARROLLVIEW AVE CARROLL 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Westminster 1 TY YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA funeral director, page 5 should be detached for use as the burial-transit 10 Carroll View 21157 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5 +) Accountant Public Accounting once. 17. FATNER'S NAME (First, Middle, Last) 18, MOTNER'S NAME (First, Middle, Maiden Surneme) Ruth Julia Bachmann 7 Calvin Willis Chaplain BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2457 Fairmount Road Hampstead, MD 21074 Wilma Ruth Hardtke Page 6 may be be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 01/17/95 Metro Crematory, Inc. Baltimore, MD 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Maryland, Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F. McDonald hours after death. 299 Frederick Rd. Baltimore, MD 21228 ysician and completely filled in by the prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the state disease or condition_ CARDIAC ARRHYTHMIA resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate the attending physician . Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Mental injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? PERFORMEO? DIABETES MELLITUS 1 TYES 2 T NO has been s Dept. of H 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: ATTENDING PHYSICIAN: The law 23 26. PLACE OF OEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate h with the State [HOSPITAL OTHER 1X YES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA 4 - Nursing Home Masidence 6 - Other (Specify, 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. OESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 XX Natural M 1 YES 2 NO BY death After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 3 Suicide ETED. 8 Could not be 70R: after 28 4 Nomicide datermined t 🗌 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) 2 💢 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, OATE SIGNED (Month, Day, Year) bute us OCME JAN.17,1995 0 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 JAN 2 0 1995

Davolson Revolate



	2	стов	Charlestown		Center			Ca	tonsvil	
_	-	ᇤ	RESIDENCE OF DEC	EDENT	γ		10c. CITY, T	OWN OR I	OCATION	
2008	2	DIREC	Maryland		timore		100. 0111, 1		Catons	
ermit			10e. STREET AND NUMBER						101. ZIP CODE	
020 physician. burial-traosit permit		FUNERAL	715 Maiden	Choic	e Lane, PV	115			21	
20 Siciar	100	5	11. MARITAL STATUS	2000724	12. WAS DECEDENT EV					
ing phy	3	ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE WAR		140		s, specify Cuban YES 2 XNO	
S S S	3			EDENT'S EDU		18a.	18a. OECEDENT'S USUAL OCCUPATION			
F 6 3	5	ET	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5+)		(Give kind of work done during most of worki life. Do NOT use retired.)			
							surance	Bro	ker	
A et		8	17. FATHER'S NAME (First, Mi						18. MOTH	
RYL Se by	a s	BE	John V		ber				Li	
MAR retained 15 5 should	100	2	John A. Cons				196. MAILINO AD			
	be		20a. METHOD OF DISPOSITI			20h PI 40	5308 Ni			
D E e e	SAL L		1 Buriel 2 Tremetion 4 Donetion 5 Other		oval from State	cemetery, o	o Crema	plece)		
Page al direct	b		21. SIGNATURE OF FUNERAL	_	Pawn F			22. NAN	E AND ADDRES	
ALTI death. P	жаш		► C JALITO	YN	lat mal	a	onara		mation	
B/ after of	8 -		23. PART I. Enter the di	seasea, or o	complications that ce	used the	deeth. Do not	anter the	Freder	
filled in	S E	ļ	ahock, or he IMMEDIATE CAUSE (Fin	ert fallure.	Liet only one cause	on each ii	ne.			
			disease or condition resulting in death)	→	END	STA	16E	CHR	ONDEC	
1760 ted with	I, crem.		resolding in death)				EQUENCE OF):		70,1	
Secuted with	burial,	N	Sequentially list condition	one	b					
be e	prior to buria traumatic	CERTIFICATION	If any, leading to immed cause. Enter UNDERLYII	liete	OUE TO (OR	AS A CONS	EOUENCE OF):			
O. BOX certificate be effing physician		FIC	CAUSE (Disease or Injur that initiated events		DUE TO (OR	AS A CONS	EQUENCE OF):			
	T	E	reaulting in deeth) LAST	· .	d.					
S, P death	Mental njury, o	2	PART II. Other aignifice	at condition	e contributing to doe	th hut no	t annual and the st			
a = 5	E =	SAL		- MON	-	MI DOL NO	r reediting in t	ne under	lying ceuse gi	
RECC requires the	S de	MEDICA	01- 100	-110/-						
	5 2	2	DID TOBACCO US	SE CONTI	RIBUTE TO CAUS	E OF DE	ATH YES	Пио	UNCE	
TAL The law ite has b	State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	-			ACE OF OEATH (Check only	_	
AN: I	h the State I	SIC	1 TES 2 NO		HOSPITAL: 1 Inpetient 2 I ER	Outpatient		THER: Nursing	Home 5 - Res	
OF VITAL PHYSICIAN: The law this certificate has	arked, or	PH	27. MANNER OF DEATH	Pending	28a. DATE OF INJU	JRY ear)	28b. TIME OF	F 28c	INJURY AT WORK?	
Z o s		BY		rending					YES 2	
TENDING TOR: After	1 m	ETED		Could not be	28e. PLACE OF IN. building, atc.	(Specify)	home, farm, stree	of, factory,	office	
OR ATTENDIN DIFFECTOR: Aft	B B	9	29a. CERTIFIER							
13	22	₽.	(Check only		CIAN: To the best of my I R: On the basis of exemis					
100 H	TAN	8	29b. SIGNATURE AND TITLE					y oponic	29c. LICEN	
2	Day of	W	Sen	nt	Ju	L			Zac. Cicen	
, ==	0 =	2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETEO CAUSE O	F DEATH (IT	EM 27) (Type, Prir	nt)		
>			BERNARD	Co	ZLOUSLY,	no	7111	1A 10	ENC	

31. DATE FILED (Month, Day, Year)

1 - FOR STATE REGISTRAR

1. DECEGENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

212-07-1358

- ILLIAN

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 🗌 M 2 🗆 📉

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CONSTANCE

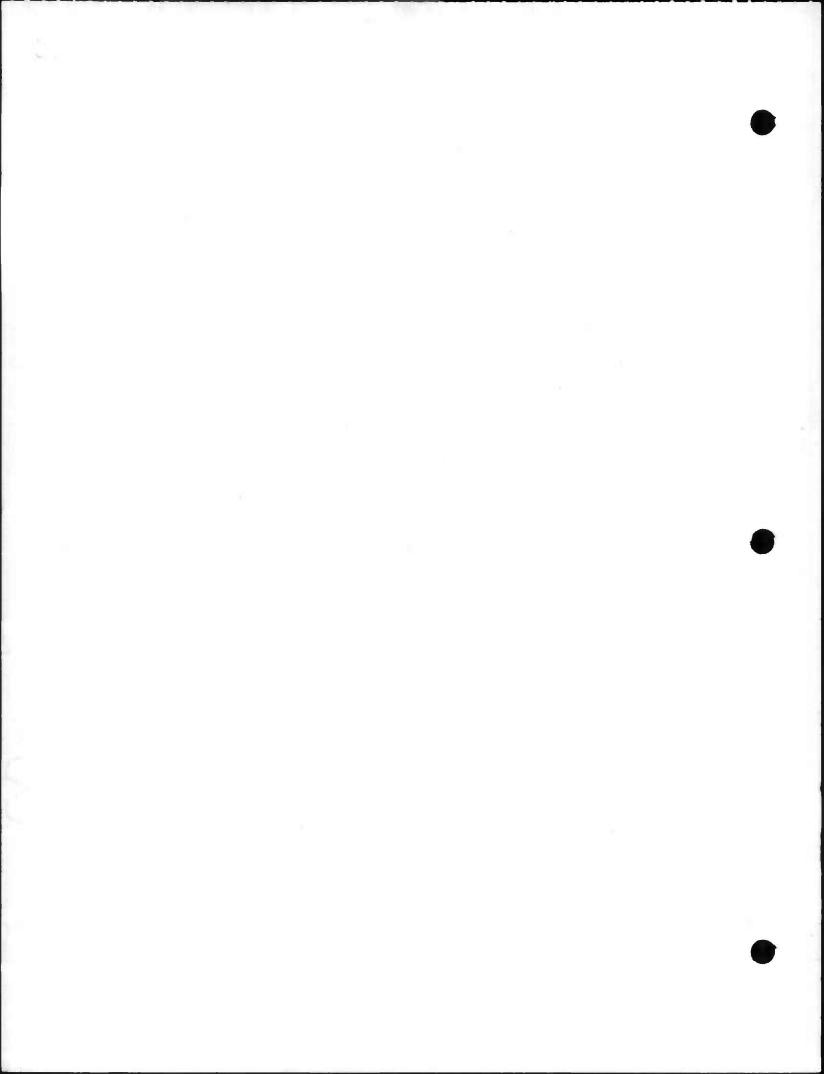
6. AGE (In yrs, last birthday)

32. REGISTRAR'S SIGNATURE diwales Randall

77

CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF OFATH 6:4501 M a. BIRTHPLACE (State or Foreign Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Catonsville Baltimore 10d. INSIDE CITY Catonsville 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 21228 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify: Specify: White Insurance Brokerage Co. 18. MOTHER'S NAME (First, Middle, Malden Surname) Lillian McKenzie 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 5308 Nightshade Ct. Columbia, MD 21045 OATE 20c. LOCATION - City or Town, State co Crematory, Inc. 01/19/95 Baltimore. Cremation Society of Maryland, Inc. deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximately Approxim Approximata interval Batween **Onset and Death** CHRONIC OBSTRUCTIVE LUNG DISEA Hon ot reculting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO eath yes 🗌 no 🔲 uncertain 🗀 QTHER:
4 ⋈ Nursing Home 5 □ Residence 8 □ Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) death occurred at the time, date and place, and due to the cause(s) and manner as stated. or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 1/19/95 D26477 711 MAIDEN CHOICE LA 21278

DHMH-18 Rev 1/89



at the death certificate be executed writhin all nours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	
ttending	e as the	
of or a	for us	
ne hospita	fetached	
th A	De o	
retained t	pinous s	
ay be	page :	
, аде € п	director,	
death. F	funeral	
after	y the	Towns.
5	d iii	ran
100	filled	00 00
with	npletely	Organisti.
executed	and cor	hurial o
ficate be i	physician	ne prior tr
eath certif	attending	and Mental Hunishe prior to hurial cremation or remaral
the d	the	Mai
15	3	200

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH YEAR OF DEATH

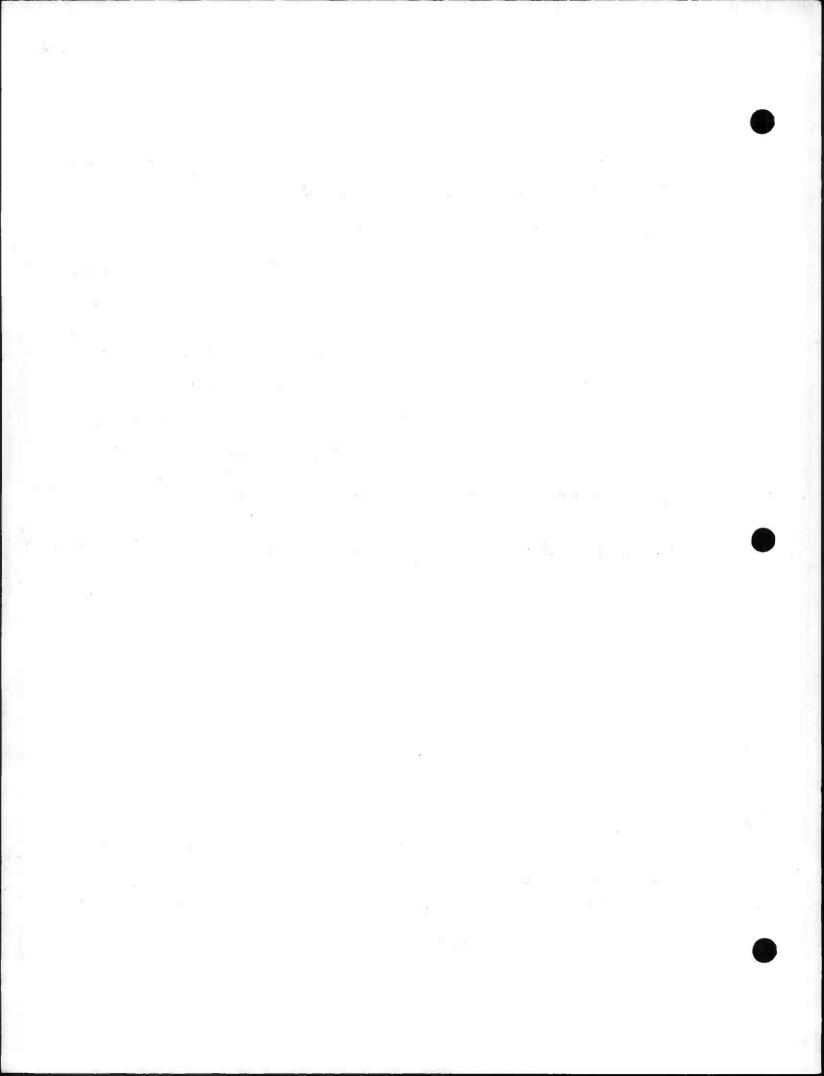
HOIOII	Valle	- 4	1			DANG	AKY	17,19	195 8 Ad HM	
4. SOCIAL SECURITY NUMBER		NGE (In yrs. I	MOM	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	DIRTH		BIRTHPLACE (State or Foreign Country)	
215-22-1796	1 □ M 2 🗶 F	91	YRS.	- CATE	nouns wim,		4, 1903		ennsylvinia	
99. FACILITY NAME (If not institution, give st O	emorial	Hosp	oiTal 2		imore	C/	Ty	9c. COUNTY		
10a. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOC	ATION				10d. INSIDE CITY	
Maryland N	I/A		Ra	1 t i mc	re City				LIMITS?	
	.,				Of. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
≝ 830 W. 40th. Stre	et				21211	U.S.A.			U.S.A.	
10e. STREET AND NUMBER 830 W. 40th. Stre 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2	RMED NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Maxica S 2 NO Specif	n, Puarto Ric	Specify Year en, etc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		ECEDENT'S USUA	tone during n		16b. K	ND OF BUSI	NESS/INDUS	TRY	
(Specify only highest grade Elementery/Secondary (0-12) 12 years 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	iii	Secre	etary	7 School					
Jesse K. Metca	17. FATHER'S NAME (First, Middle, Leat) Jesse K. Metcalfe				18. MOTHER'S NA Mary	ME (First, Mid				
O 198. INFORMANT'S NAME (Type/Print)					and Number or Rural				,	
Catharine F. Dia	CK					Baltimo	_		nd 21210	
20e. METHOD QE DISPOSITION 1		cemetery, cr	oate coc. Location - City or Town, State coc. Location - City or Town, State coc. Mount Crematory 1-17 Baltimore, Maryla:							
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home							
Lever 1	terran								laryland 21212	
ehock, or heart fefture. I	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) POOR CARDIAC PERFUSION I HOUR DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE 2 DAYS									
Sequentielly list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury)									
8							NOSTR		YEARS	
PART II. Other significent conditions CORONARY ARTE	KY DISEASE	TYPERTS	NSID	N	1	PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
DID TOBACCO USE CONTR	IIBUIE IO CAUSE			_		N.M.				
EXAMINER?	HOSPITAL:			HER:						
27. MANNER OF DEATH	28s. OATE OF INJU	RY	26b, TIME OF	28c. IN	me 5 Residence		pecify)	IURY OCCUR	ED	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar)	INJURY		ORK? YES 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (28e. PLACE OF INJURY — At home, ferm, street, factory, offic building, etc. (Specify)				28f. LOCATI City or	ON (Street and lown, State)	d Number or F	Rural Route Number,	
	CIAN: To the best of my k								suse(s) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	0				29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Month, Day, Year)	
O Venina Ne	m, MD				AT243	8946		-	WARS 14, 1995	
DENINA HEU			MORIAL		n. BA	The	000	11.20	SUMD	

32. REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) James Dick 2. Date of Death MONTH 1 34 9 YEAR 3. T											3. TIME OF DEATH			
		J ame		S. SEX	6. AGE (In yrs. Ia:	el hirtholm A	IF UNDER	1 VEIN	IF UNDER	94 /			-1		7 P. _M
		218-48-3800		1 M 2 F	6. AGE (IN YIS. IN:	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D April	ay. Year)	1933	Country	Cotland
should	1	9a. FACILITY NAME (If not in		street and number)	0.		9b. CITY	, TOWN	OR LOCATI	ON OF DE		- 47,		NTY OF DE	
2, 3	DIRECTOR	Carroll Co		General t	losp.			Wes	tmin	ster				Carr	oll
Jes 1,	EG	RESIDENCE OF DEC	10b. COUNT	Y		10c. CITY, TOWN OR LOCATION					10d. INSIDE C			10d. INSIDE CITY	
. F.		Md.	Bal	timore		Reisterstown									LIMITS?
med 1	3AL	100. STREET AND NUMBER						10	H. ZIP COD				1 "		HAT COUNTRY?
ian. transi	FUNERAL	13928 Old	Hanov	er Road 12. WAS DECEDEN	T FUED IN II.O. AS	****	1.0			21130				Scotl	
1215-0020 or attending physician. r use as the burlal-transit permit. Pages		1 Never Merried 2X		FORCES? 1	YES 2 V	NO	1 1	If yes, sp	Decify Cube S 2 1 NO	n, Mexica	n, Puerto Rica	Specify Yea in, atc.)	or No—		— American Indian, White, etc.
5-0 anding	D BY	3 Widowed 4 Divo							X	Specify				W	hite
121 or afte	Ī	(Specify onl	EDENT'S EDU y highest grade	completed)	(G	CEDENT'S live kind of v Do NOT us	vork done			ng	16b, KI	ND OF BUS	SINESS/INC	USTRY	
ND 2- hospital o ached for	COMPLETED	Elementery/Secondary (0	0-12)	College (1-4 or 5 -	1)	Servi		Advi	sor			Auto	Deal	ersh	ip
YLAND by the hospit be detached at once.	S	17. FATHER'S NAME (First, M									ME (First, Midd	dle, Maiden			,
MARYLA retained by the 5 should be det	BE	Joseph 1									Lengle	_			
BALTIMORE, MARYLAND 2 after death. Page 6 may be retained by the hospital by the funeral director, page 5 should be detached to moval.	2	Mabel Dick									Number,			,	d 21136
RE, may be page:		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /N							ITION (Name of OATE 20c. LOCATION — City or Town, State						
ALTIMORI death, Page 6 may funeral director, p		4 Donetion 8 DOther	(Specify)		Carre	oll or					15-95	Ham	pstec	id, M	d.
ALTIN death. Pag tuneral dir i. examiner	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY 11824 Reisters										rsto	wn Road		
BALTIMOR after death. Page 6 m. by the funeral director, amoval.		C. K	man	· I en	ell						Home	Rei	sters	town	, Md. 21136
ely filled in thation, or re-	I	23. PART I. Enter the debock, or himmediate cause (Firdiseese or, condition california) (日本中央) (日本中	eart fallure. nel	List only one ceu	ise on eech iine	ž.					n as cerdied	or reapl	ratory ari	eat,	Approximate Interval Between Onaet and Death
cecuted with and complet o burial, cren					(OR AS A CONSE				_						
Secu and and bur hatte	NO.	Sequentially list condit		b. DUE TO	(OR AS A CONSE	DUENCE OF	F):								
m = > I	ERTIFICATION	If any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju	ING	C											
OS, P.O. B(the death certificate the attending physi Mental Hygiene pr ijury, or other ti	H	that initiated evente resulting in deeth) LAS		DUE 10	(OR AS A CONSE	DUENCE OF	f):								
S, P death death attend ary, or	CEF	d													
H 5 . 5 .	Ä	PART II. Other eignifice	ont condition	a contributing to	death but not i	resulting i	n the un	derlyin	g cause (given In	Pert i. 24a, WAS AN AUTOPSY PERFORMEO?			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
CO res th signed eath	MEDICAL										_ 1	YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
RE requirements to of H											-				1 PYES 2 NO
F VITAL RE SICIAN: The law requ certificate has been the State Dept. of the State Dept. of	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					28. PI	LACE OF D	EATH (Che	ock only one)				
VIT.	YSIC	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	БОА	OTHER 4 Num		ne 5 🗆 Re	aldenca	8 Other (S	pecify)			
O 축 뚫 및 호	H	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, D		28b. TIMI INJ	E OF URY M	WC	JURY AT ORK?		20d. DESCR	BE HOW IP	NJURY OC	CURED	
SION Thomas To Atten Is man	B	2 Accident	Investigation	28e. PLACE O	F INJURY — AI ho	me, ferm, s			YES 2	NO	28f. LOCATIO	ON (Street a	and Number	or Rumi Br	oute Number
SAN	E .		Could not be determined	building,	etc. (Specify)							own, State)	TO TENNOO	OF FIGURE FIX.	Turnou,
a to	PLE	29e. CERTIFIER Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	sth occurre	d at the ti	lme, date	and place	, and due	to the couse(e) and men	ner ee stat	ed.	
AR SA	COMPLET														and manner as stated.
TO THE HOS TO THE FUR be filed with	BE	296. SIGNATURE AND TITLE	OF CHRTIFIER	1.	()				29c. LICE	NSE NUM	IBER		29d, DAT	E SIGNEO (Month, Day, Year)
2 2 3 M	2	30 NAME AND ADDRESS OF	PERSON WA	O COMPLETED CAUS	SE OF DEATH #YE	M 27) /E	Orint'				D1556	51	1	/15	/95
		James H B	Iddis	on, M.D	7401	081	er	Dr,	Ba1	to,	Md	212	04		
		31. DATE FILED (Month, Day,			R'S SIGNATURE										
		JAN 2 019	95 g	ily d'avoles	or Randall,										
					C										DHMH-18 Rev 1/89



DNMN-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or attending physician.

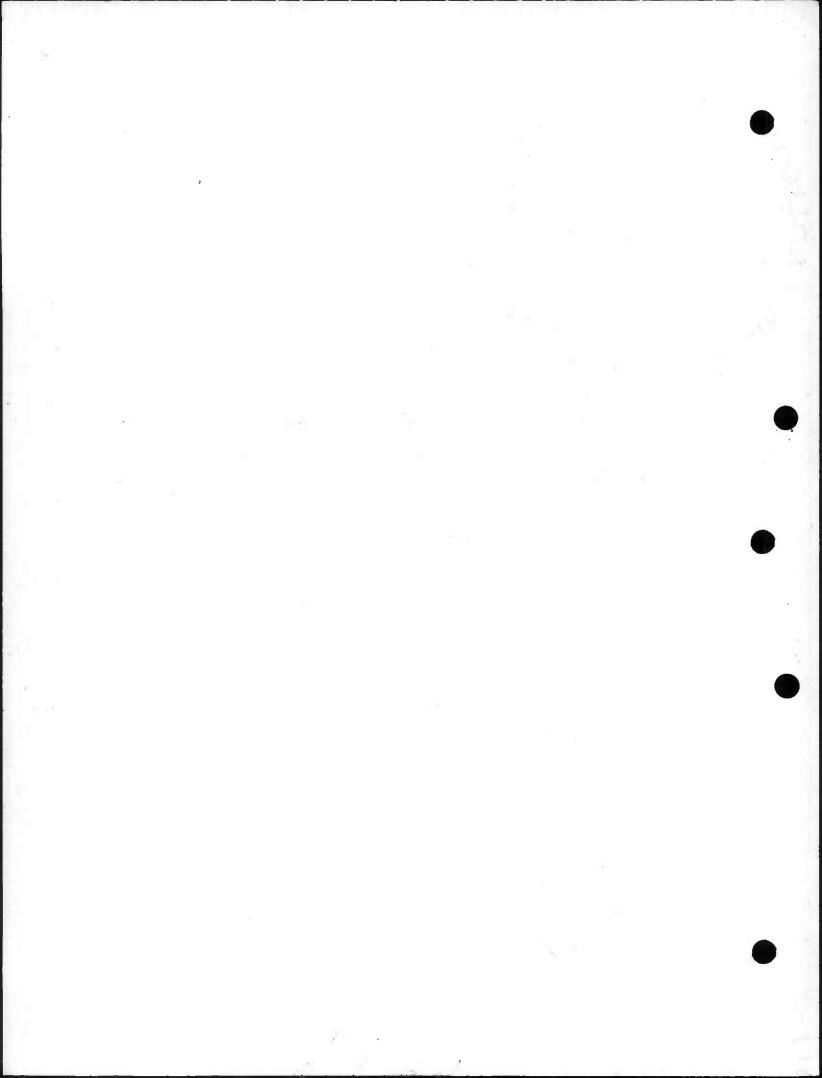
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

ķ
*
•
ł
3
١
1
1
1
4
ľ
•
1
-
,
1
3
è
1
-
4
3
9
The second secon
1
Þ,
e

	1. DECEDENT'S NAME (First, Middle, Lest)	1		-				2 DATE	OF DEATH			TIME OF DEATH _
	Davin Pr	IFFEN	DER	FFR	>			MONT		W 100	YEAR	OG P
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	-	IF UNDER 1	VEAR IEI	UNDER 24 HRS.	7 DATE	OF BIRTH	17	1)	ICE (State or Foreign
	216-36-9340	1 M 2 🗆 F	54				URS MIN.	(Mon	th, Day, Year) 4	0	Country)	
	Do. FACILITY NAME (If not institution, give		21		9b. OFTY. T	OWN OR LO	OCATION OF DI	100	-10		I'I a R	yland
E I		ospital	Cent	ter	0		11570			30	1+0	
СТОВ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c_CITY, TOWN OR LOCATION 10d											
DIRE	10e. STATE 10b. COUNT	Y		1 / /				1			100	I. INSIDE CITY LIMITS?
	MD 60	110		1	815/1	ersi	OWN				1 [YES 2 NO
PAI	3 3 Brook	ebur	, 00			10f. ZIP	0.00			-		T COUNTRY?
FUNERAL					1136				S.A.			
	11. MARITAL STATUS 1 Never Married 2 Merried	EVER IN U.S. AR		If y	es, specify	Cuban, Mexica		N7 (Specify Yes Rican, etc.)	or No-	Black, W		
B	3 Widowed 4 Divorced	AR OR DATES		1 [YES 2 X	NO Specif	city: Specity:				White	
	15. DECEDENT'S ED		16e. DE	ECEDENT'S L	JSUAL OCC	UPATION		166	b. KIND OF BUS	INESS/INDU	STRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life	live kind of wo . Do NOT use	ork done dur retired.)	ing most of t	working					
MPL			Ma	nage	r				Groc	ery.	Ston	e
8	17. FATNER'S NAME (First, Middle, Last)								Middle, Maiden	Surname)		
B	Unknown								eaver			
TO B	19e. INFORMANT'S NAME (Type/Print)	: 00 - 1.	0 /	b. MAILING	ADDRESS (S	Street end Nu	umber or Rural	Route Nurr	nber, City or Town	, State, Zip (Code)	
	Mr. Brian M. D	Literael										
1 1	XCXBuriel 2 Cremelion 3 Ren 4 Donetion 5 Other (Specify)	novel from State	20b. PLACE I	and DATE Of	F DISPOSITI	ON (Nama of	<i>!</i>	DAT		CATION — C		State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Mula	ney	22. NA	ey R	DDRESS OF FA	CILITY	23 Ba	Lto.	, μα.	
	0000	-4			Ha	ntle	y Mil	Lea	Fune d. Ba	ral 1	Home	
	Juy D. Son	UL .			175	27 H	anton	d R	d. Ba	Lto.	, Md.	21234
	23. PARTI. Enter the diseases, or ahock, or heart failure.	Complications that List only one caus	caused the de se on each line	eath. Do no e.	ot enter th	e mode o	of dying, suc	h aa car	diac or respi	ratory arre	at,	Approximate Interval Between
Ì	iMMEDIATE CAUSE (Final disease or condition		117611	1 0	J							Onset and Death
	disease or condition reaulting in deeth) a. EXSANGUINATION DUE TO (OR AS A CONSEQUENCE OF):										15hrs	
_	Sequentially list conditions, 15 FISTULA DETWEEN QUODENUM & PORTAL VEIN 15 16 arry, leading to immediate										156.5	
RTIFICATION											(310)	
CAT	cause. Enter UNDERLYING RECLUE CROT LUM Chord									2455		
Ē	CAUSE (Disease or Injury that initiated events		OR AS A CONSEC):							
Ш	resulting in death) LAST	d										
LC	PART il. Other aignificent conditio	ns contributing to d	daeth but not r	resulting in	the unde	erlying ceu	use given in	Part i.	24a. WAS AN	AUTOPSY	24b. WF	RE AUTOPSY FINDINGS
CA						, ,			PERFOR	MED?	AVE	MILABLE PRIOR TO MPLETION OF CAUSE
MEDI								_	1 TYES 2	□ №0		DEATH?
											1 "	YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATN (Ch	eck only o	ne)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	g Home 5	Residence	6 Oth	er (Specify)			
PHYSICI	27. MANNER OF DEATN	28a. DATE OF I (Month, Da		28b. TIME	OF 28	Bc. INJURY /			SCRIBE HOW II	JURY OCCL	PRED	
ВУ	1 Natural 5 Pending 2 Accident Investigation					1 VES	2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF building, e	INJURY At ho	ome, lerm, st	reet, fectory	, office		281. LOC	CATION (Street e	nd Number o	r Rural Route	Number,
ETE	4 Homicide determined											
7	29s. CERTIFIER (Check only (Check only) (Check only)											
COMPL	0710) 2 MEDICAL EXAMIN	ER: On the beels of exa	amination end/or	Investigation	, in my opir	nion, death	occured at the	time, date	e end place, en	d due to the	ceuse(s) an	d manner ee stated.
BE C	296. SIGNATURE AND THE OF CERTIFIE	R	.00	7	1	296	LICENSE NUI	MBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
10 B	A. Mucho	ex - h	wy	1	M.D	. 1	03443	9		Ja	n.18	1995
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type,	Print)	,	1 0	4	/	2 .		
	G. Michael Me	1Pr 10	Tinpue	57 /	4 ed	cal	1 L't	ente	er, b	ande	21/5/	24 N MG
	JAN 2 0 1995	32. REGISTRAR	Charlell									
	JAN W UIDOD											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSFILL OR APENDING PHYSICIAN. The law requires that the death certificate he associated within 28 flowers after death. Plage 6 may be retained by the hospital or attending physician.

TO THE FONCIAL INSCRIPTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit permit. Pages 1, 2, 3 should be filled within 72 focus after death with the State Dept. of Meanth Hygiene prior to burist, cremation, or remote, and terminal remote that the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	DOROTHY ELIZABETH						4, 1995	9:22 P.M		
			s. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	ITHPLACE (State or Foreign intry)		
	215-18-0416 1 9s. FACILITY NAME (If not institution, give stree		70 YRS.			MAY 13, 19		ARYLAND		
DIRECTOR	3736 GREENCASTLE F				OR LOCATION OF D		9c. COUNTY OF MONT	GOMERY		
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LOC	ATION			10d. INSIDE CITY		
		MARYLAND MONTGOMERY 10s. STREET AND NUMBER					1 YES 24 NO			
FUNERAL	3736 GREENCASTLE F	POAD	01. ZIP CODE 20866			F WHAT COUNTRY? USA				
S		2. WAS DECEDENT EVER IN U.S		13. WAS DE		NIC ORIGIN? (Specify Yes		VCE — American Indian,		
BY F	1 Never Married 2 Married	FORCES? 1 YES 2	X NO	If yes, t	pecify Cubsn, Maxico	an, Puerto Rican, etc.)	Bia	ack, Whits, stc.		
	3 Widowed 4 Divorced	700						WHITE		
ITE	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	Give kind of w life. Do NOT us	USUAL OCCUPAT rork done during in a militard 1	ION nost of working	16b. KIND OF BUS	SINESS/INDUSTRY			
<u> </u>	Elementary/Secondary (0-12) (College (1-4 or 5+)		BUS A	ID	PG GO	VERNMEN'	Т		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maiden				
BE C	EDWARD PAUL MERSON	N			FRANCES	MERSON				
2	19s. INFORMANT'S NAME (Type/Print)	Dugman				Route Number, City or Town		01701		
	GARY E. & MICHAEL I					EDERICK, MA				
	1 X Burtel 2 Cremation 3 Remove	from State 20b. PLA	CEAND DATE O	per place) LN CEME	lame of		CATION — City or			
	21. SIGNATURE OF SUNERAL SERVICE LICEN	SEE	LINCUI					MARYLAND HOME INC		
	22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD, LAUREL, MD 20707									
	23. PARY I. Enter the diseases, or perf shock, or heart failure. Lis	iplications that caused the it only one cause on each	death. Do n	ot enter the m	ode of dying, suc	h ss cerdiec or reapi	ratory srrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	1101	7	1. 1	1.1			Onset and Death		
	resulting in death)	DUE TO JOR AS, A CO		phalo	pathy			5 days		
Z.	Sequentially list conditions, our thost atic Hypotensian - 20 autonomic months our ray, leading to immediate our ray of the sequence of:									
CERTIFICATION										
FIC	CAUSE (Disesse or Injury that initiated events	DUE TO (OR, AS A COL	V as L		distast			years		
H	resulting in death) LAST	Metastat		ricino m	a hip	livei F	etropes	toned worth		
	BAST II Other circliffeed as distant							trok at Rout		
CAL		1 1	1 -	n the underlyic	construction and	PERFOR	AUTOPSY 24 MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	Hypertension A.	gercholeste	1 OTEMLE	1011	Nel Nicol	THE YES 2	NO	OF DEATH?		
	DID TOBACCO USE CONTRIB		EATH VE		UNCERTAI	THE .		1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			H (Check only one		N JAC				
Sic		IOSPITAL: Inpatient 2 ER/Outpatien		OTHER:	ne 5 K Rssidence	6 Other (Specify)				
E	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. IN	JURY AT ORK?	26d. DESCRIBE HOW IN	JURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, st	reet, factory, offi	CO .	26f. LOCATION (Street a City or Town, State)	nd Number or Rural	I Route Number,		
PLE	29a. CERTIFIER Check only	N: To the best of my knowledge	, death occurred	d at the time, det	and place, and due	to the cause(s) and man	Dar de minist			
NO N		On the besis of exemination and						(s) and manner as stated,		
ш	296. SIGNATURE AND TITLE OF CERTIFIER	10	FONT	Physica	29c. LICENSE NUI			ED (Month, Day, Year)		
TO B	Chiefre a.	Maure, MD	(Art	ending	0 26	264	> ()	16/95		
-	30. NAME AND ADDRESS OF PERSON WHO CO	Malina	(ITEM 27) (Type,	9105	A11 C	LO Frie	Laure	1 Md 10717		
	JAN 2 0 1995 Julia	REGISTRAR BIGNATUS	E	7103	111(3	anis ra.	-WALE	1 4 20 12		
- 1	JAIV W U 1333 AM	The second a depoted								

funeral director,

completely filled in by the

cremation, or

and com o burial, executed

Hygiene prior to

the attending physician

has been signed by the atter Dept. of Health and Mental

r this certificate h

DIRECTOR: After the hours after death v

ERAL FIRST

ame

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

A H

RECORDS, P.O. BOX 6876	executed
õ	2
.O. B	certificate
S, D	death
Ö	the
C	that
REC	requires
_	AMP.
IA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL F	PINE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
	NO.
	100

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Thomas W. Duke January 18 1995 9:52 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS 17 M 2 - F 42 068-46-4170 YRS. Aug. 11,1952 Indiana 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 11700 Burroughs Drive DIRECTOR Bowie Prince George RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George Bowie 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 11700 Burroughs Drive 20720 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—I1 yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 Married BY 3 Widowed 4 Divorced Specify: White Vietnam 15. DECEDENT'S EDUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Self-employed Investments 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Charles W. Duke Virginia M. Matthews BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kathryn D. Aiken 11700 Burroughs Drive, Bowie, Maryland 20720 3 20a. METHOD OF DISPOSITION
1 General Disposition Communication Communication Series Se 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Comelery, Cremetory or other place)
Baltimore-Washington Crem. Laurel, Maryland examiner 21. SIGNATURE OF FUNEBAL CERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition are Deficiency syndron anired resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 In uny, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL any central nersow system 1 ymphoma 1 TYES 2 NO OF DEATH? shows i dispath is the rando entry air Cou 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: UNCERTAIN | 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Suicide 8 Could not be determined COMPLETED 28 4 Homicide Hem 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. MPORTANT 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER (Month, Day Year) 0 tomis me 95 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2

21215-0020	
LAND	
MARY	
ORE,	
TIM	•
BALT	*
œ	**

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

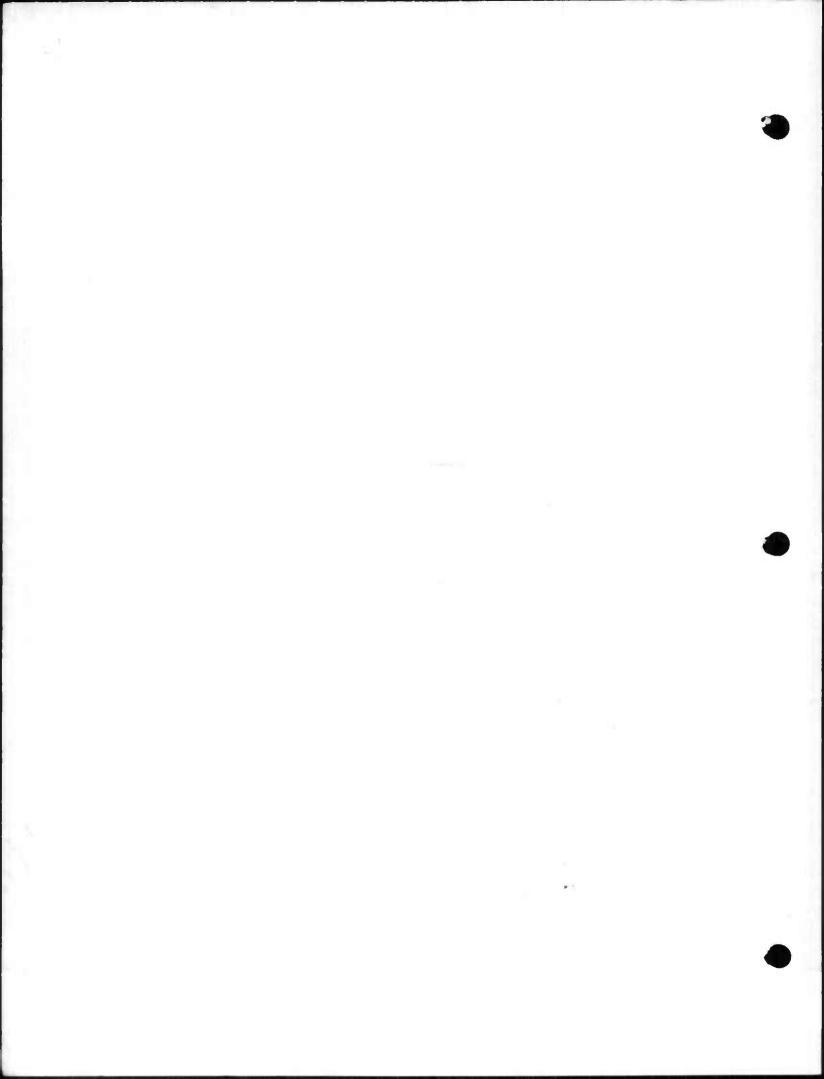
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. OECEDENT'S NAME (First, Middle, Leat)	L,	*		moN	2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH 20:05 M			
	4. SOCIAL SECURITY NUMBER 212-34-4084	5. SEX 1 M 2 M F 73		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Mar)	0. BIRT	THPLACE (State or Foreign			
OR	9e. FACILITY NAME (# not institution, give stre PENINSULA REGIONA		ER		ISBURY	EATH	9c. CDUNTY OF WICON				
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY	n/a	10c. CITY, TOWN OR LOC					10d. INSIDE CITY VAMITS?			
	100. STREET AND NUMBER 275 SOMER COVE					7		1 PES 2 NO			
FUNERAL		12. WAS DECEDENT EVER IN U.S. A	ARMED	13. WAS OEC	2181 ENDENT OF HISPA	/ NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	UNITED	STATES DE — American Indian, ck, White, etc.			
ВУ	3 Widowed 4 Divorced 15. OECEDENT'S EDUCA	FORCES? 1 YES 2X		1 🗆 YES	2XXNO Speci	y:	Specify: BLACK				
COMPLETED	(Specify only highest grade co	impleted)	(Give kind of wo		n st of working	n/a	SINESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Lest) HAYES CAPERS		ENDONE	-11	16. MOTHER'S NA	ME (First, Middle, Maiden					
TO BE	190, INFORMANT'S NAME (Type/Print) SARAH DAMON		196. MAILING A	DORESS (Street a	nd Number or Rural	Acute Number, City or Tov CRISEFIEL	vn. State, Zip Code) D. MARYL	AND 21817			
	20s. METHOD OF DISPOSITION 1 (D) Burdel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE DISPOSITION (Name of Commetter) Commetter of Commetter (Specify) Prof. (Specify)										
	21. BIONATURE OF FUNERAL SERVICE LICEN) 12	22. NAME AN	D ADDRESS OF FA						
	23. PART I. Enter the disesses, or conshock, or heert fellure. List iMMEDIATE CAUSE (Final disesse or condition resulting in death)	IT DRIV DRE Cause on each iir	1e.	7	de of dying, aud	- /	iratory srrest,	Approximate interval Between Onset and Death			
ATION	disease or condition rasulting in death) a. (ardic pulmonary (1225) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEDUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Charic Real Fails & Diabet Neglighty B. Labal Preumonita 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 10-100 1 YES 2 10-100 1 YES 2 10-100										
NAK:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PL/		(Check only one)	UNCERTAI	ч 🗆 📗					
HYSIC		OSPJYAL: Impetiant 2 ER/Outpatient 26a. DATE OF INJURY				6 Other (Specify) 28d. DESCRIBE HOW	NUMBY OCCUPED				
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	M 1 WOI	RIC?	200. DESCRIBE HOW	INJUNY OCCUMED				
	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — At Inbuilding, atc. (Specify)	26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)				and Number or Rural	Route Number,			
COMPLETED		AN: To the best of my knowledge, of On the basis of examination and/or						a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	S. Chan	40		29c. LICENSE NUI		(Monthy Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO G	S . CHAN	EM 27) (Type, A	rint)		ich Dr	. Na	loh, 40218			
	31. DATE FILED (Month, Day, Year) JAN 2 0 1995	32. PEGISTRAG'S SIGNATURE	ardall								

i	8	10		
)	pita	20		
	ě	tach		C.
ì	the	e de		5
	3	Q D		7
	inec	30ul		100
	reta	5 5		100
î	2	age		90
	Ha)	0, p		15
	9 9	ectic		Ē
	2	ip I		ner
	ath.	ner		Ē
	de	e fu	Tell .	ex.
	afte	by th	MOV	Ca
	ULS	i.	r re	De d
	200	Hed	0,0	-
	Jul 2	ely f	atto	ŧ
•	with	plet	Cren	E I
	rted	00	la,	6
	Xecu	pie	Ē	at i
	De e	lan.	or 10	THE .
	ate	y Sic	ž	5
	Tiffic	0	ene	#
	93	gi		0 10
	leath	atte	mag m	2
	the (the	Me	흗
	hat t	10	au	Į,
	as th	Dane	atth	3
	quir	n Si	F He	9
	× re	pee	5	5
	S S	has	90	23
	Ē	ate	tate	tem
	MAN	riffic	e S	50
	SSIC	93 8	6	ď,
	£	ē	3	륍
	8	를	N N	E
	B	2	Ĭ	-
	TO THE HUSPINAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 22 yours after death, Page 6 may be retained by the hospital or	TO THE PUMER CORPORATION AND WAS CONTINUED AS DOES SHOULD BE STORING BY THE ATTENDING PHYSICIAN AND COMPINED HINE OF THE FUNDER CORPORATION OF THE PUMER CORPORATION OF THE PUMER CORPORATION OF THE PUMER CORPORATION OF THE PUMER CORPORATION OF THE PUMER CORPORATION OF THE PUMP CORPORATION OF TH	ô	IMPORTANT If han 30 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	B	å	Ž.	ē
	M	×	2	=
	18	N.	É	AM
	4	4	ž.	DRIT
	II O	FO	0	Ē
	=	=	ā	=

	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT OF I		MENTA	L HYGIEN REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last) DIAUGE 4. SOCIAL SECURITY NUMBER	ANGELIN	GEZ:	Dia	NGELO		MON	E OF DEATH TH D/	6 95	9:05 PM		
	219-28-0791	5. SEX 1 M 2 F	8. AGE (In yrs. le:	pt .	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		th, Day, Year)	1 000	ountry) aryland		
<u>~</u>	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
5	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland Maryland	NA		10c. CIT	y, town or Loca Baltimo					10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
3AL	10a. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	3517 Woodstock A	12. WAS DECEDENT	EVER IN U.S. AF	MED	13 WM 8 DE	2121		MP /Paralla No.		S. A.		
ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 (YES 2 X	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxlean, Puerto Rican, stc.) 1 YES 2 NO Specify: 1. YES 2 NO Specify:						RACE — American Indian, Black, Whita, atc. Specify: White		
ETEC	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	completed)	(G	CEDENT'S live kind of Do NOT u	USUAL OCCUPATI work done during me	ON ost of working	16	b. KIND OF BUS	SINESS/INDUST			
COMPLETED	12th Grade	College (1-4 or 5 +)		lomem	aker			Ow	n Home			
	17. FATHER'S NAME (First, Middle, Last) Corrodo Scardig1	i				18. MOTHER'S		Middle, Meiden .na Pa1	,			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street		_			p)		
۴	Dominic DiAngelo	Jr. (Son			Farmside		, Bal					
	20b. PLACE AND DATE OF DISPOSITION 1 XI Burlat 2 Commation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of gametery, crematory or other place) 1/21 20c. LOCATION — City or Town, State Baltimore, Maryland 22c. NAME AND ADDRESS OF FACILITY											
	· Robert Ardo	Nack	1		Schi 3331	munek F Brehms	unera Lane,	Balti	more, N	1d. 21213		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Due to (Dr as a consequence of):											
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Bilsteral amountations of Lower Cythresis Linguistics Surjected 1 yes 2 pto											
PHYSICIAN:		HOSPITAL:	ER/Outnation 1	C DOA	OTHER:	ACE OF DEATH A		Marine Marine				
PHY	27. MANNER OF DEATH	28e, DATE OF II (Month, Day	NJURY	28b, TIM	E OF 28s, INJ		_		LIURY OCCURES)		
BĄ	1 Natural 5 Pending 2 Accident Investigation	The IN ACE OF	IN OTHER DATE.	1/335	M 1 🗆	res 2 🗌 NO	-					
8	3 Suicide 6 Could not be determined	building, e	te. (Specify)	ma, tarrit, i	street, factory, offic	•)3	Cay	OCATION (Street and Mumber or Rural Route Mumber My or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: Dr. the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	- (M	1		29c. LICENSE N	UMBER		29d. DATE SIGN	NED (Month, Day, Year)		
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DF DEATH (ITE	4 27) (Type,	Print)	0130	177		711/	95		
	31. DATE FILED (Month, Day, Year)	100 0500000		_								
	JAN 2 0 1995	32. REGISTRAR	'S SIGNATURE	4								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the funer-transit merrait. Proces 1.9.3 should	be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---	---

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)	ouise Edw	ards			2. DATE OF DEATH MONTH	DAY 1.0	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-20-0038		n yrs. last birthday)	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Jan 1 7. DATE OF BIRTH (Month, Day, Year) JUN 13,	6 19		ACE (State or Foreign
- 1	9e. FACILITY NAME (If not institution, give si	L X		CITY TOWN C	D I COLTION OF DE				
DIRECTOR	5602 Ready Avenue RESIDENCE OF DECEDENT			96. COUNTY OF DEATH Balto 96. COUNTY OF DEATH n/a					
E I	10e. STATE 10b. COUNTY		10c. CITY, T	OWN DR LOCAT	ION			10	Dd. INSIDE CITY
LDF	MARYLAND	n/a		BALTIM				1)	YES 2 ND
NERA	208 DIENER PLACE APT.101			107	21229 UNITED			TED S	STATES
BY FUNERAL	1 Never Married 2 Merried FORCES? 1 YES 2 X MO If yes, sp			CENDENT OF HISPANIC DRIGIN? (Specify Yes or No—pecify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: black				Vhite, atc.	
밃	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF E	USINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5-) life. Do NOT use retired.)			DEPA	EPARTMENT STORE			
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malde	n Sumeme)		
BE	HENRY BAZEMORE 19b. MAILING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zip Code)								
2	VICKIE DUNS	EN	3 ASG	ARD CC	URT, BAL	TIMORE, N	wn, State, Zi IARYLA	AND 21	234
	20a. METHOD OF DISPOSITION 100 PLACE AND DATE OF DATE OF DISPOSITION 100 PLACE AND DATE OF DATE OF DATE OF DISPOSITION 100 PLACE AND DATE OF DATE							State MD	
1	21. SIGNATURE OF PONERAL SERVICE LIC	EMSEE.	1 0	March	East F/	CIUTY		,	
\dashv	23. PART I. Enter the diseases, or c	Complications that assessed			E. Nort				
	enock; or heart fellure.	List only one cause on as	ch ilne.	enter ths mo	de of dying, suci	n as cardiac or rea	piratory ar	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Chromic Reval frilinge Onsorand					Onset and Death		
	DUE TO (OR AS A CONSEQUENCE OF)								
NO.	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSIDUENCE OF)								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Co	runny	p	fen,	chilan			190.
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	0.	f=/ 0	hear			~ 10.
- 11	DART II ON THE INTERNATIONAL PROPERTY OF THE INTERNATIONAL PROPERT		your	Um	the o				7 10905
DICAL	PART II. Other algnificant conditions	a contributing to death bu	it not resulting in t	he underlying	ceuse given in	PERF	N AUTOPSY	AW	ERE AUTOPSY FINDINGS AILABLE PRIOR TO EMPLETION OF CAUSE
MED						1 TYES	5 AMO	OF	DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one)								
2	1 TYES 2 TO NO	1 Inpatient 2 ER/Outpa		THER: Nursing Home	5 Residence	6 Other (Specify)			
	27. MANNER DF DEATH Tetural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME DI	WOI	PRY AT RK?	28d. DESCRIBE HOW	INJURY OC	CURED	
PLETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE DF INJURY building, atc. (Special	/ — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ן ב	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of my knowle	idos desth occumid s	t the time date	and alone and dur				
COM	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated.								
#	296. SIGNATURE AND TITLE OF CENTIFIER	4.	Ma.	-	29c. LICENSE NUM	BER S / G	29d. DAT	E SIGNED (Mo	inth, Dily, Year)
2	Chapricali	COMPLETER CAUSE OF DEA	TH STEM THE CHOICE PRO	40	511	N. 10-1	1, 6	1 Bu	4
Ì	IAN 2 0 1995	SP REGISTRAR'S SIGNA	TURE	wj	1 6	000	7 7	1/4	LED
I	0000	Charles and the same of the	MANUALL.						

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDING PHYSICIAN: The law requires that	IRECTOR: After this certificate has been signed b	ours after death with the State Dept. of Health ar	em 28 is marked, or item 23 shows any
-40 THE HOSPITAL	TO THE FUNERAL C	Bed within 72 h	IMPEGITANT: IF I

should

						9	5 0	1325
	1 - FOR STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEALTH AND N	MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2, DATE OF DEATH		YEAR 3	. TIME OF DEATH
	PATRICIA A.		EGE			ï8, 1	995	6:50 Pm
1 3		n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
	213-34-8116 1 M 2 XF 57	THS,	OF CITY TOWN	OR LOCATION OF DE		37		IRGINIA
DIRECTOR	NORTH ARUNDEL HOSPITAL ASSOCIA	ATION		BURNIE	ATH	ANNE ARUNDEL		
RE	10a, STATE 10b. COUNTY		Y, TOWN OR LOCA	ATION			10	Dd. INSIDE CITY
1 1	MARYLAND ANNE ARUNDEL		PAS	ADENA			1	YES 2XXNO
FUNERAL	10e. STREET AND NUMBER		1	M. ZIP CODE				AT COUNTRY?
Ä	3502 DAVENPORT COURT-CON 11. MARITAL STATUS 12. WAS DECEDENT EVER IN			21122			U.S.	
B	11. MARITAL STATUS 1 Never Married 2 Amarried 3 Widowed 4 Divorced 12. Was DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA'	2 X NO	If yea, a	CENDENT OF HISPAN pecify Cuban, Maxican S 20 NO Specify:		or No—	14. RACE — Black, V Specify: WH]	American Indian, White, etc.
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S	USUAL OCCUPAT	ION ost of working	16b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	OWN	vork done during m e retired.) ER	out of Working	TRAV	ÆL .	AGENO	CY
CON	17. FATHER'S NAME (First, Middle, Last) ROBERT L. MAYES JR.				AE (First, Middle, Maiden TY O. GR.)	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO	AOORESS (Street					1111
5	DONALD H. EGE	3502	NALINO ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21122 DAVENPORT CT.CONDO-A, PASADENA, MD.					
	20a. METHOD OF DISPOSITION 1 Burlai 2X Permento 3 Removal from Stata 4 Donatton 5 Other Specify)							Stata LE, MD.
	22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL 426 CRAIN HWY.S.W.GLEN B						HOME BURNI	21061 E,MD.
	23. PART i. Enter the diseases or complications that caused shock, or heart failure. List only one cause on ea	the death. Do n	ot enter the m	ode of dying, such	as cardisc or respi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Final				Interval Between Onset and Death			
	disease or condition resulting in death) a. Ure vuic out to (OR AS A CONSEQUENCE OF):							
_	OUE TO (OR AS A	CONSEQUENCE OF	7:	2				
ERTIFICATION	Sequentially list conditions, OUE TO (OR AS A	ON SEQUENCE OF	enaf	disco	are			
CAT	If any, leading to immediate cause. Enter UNDERLYING	in 1	ne Ch	Lus				į į
Ē	that initiated events OUE TO (OR AS A	CONSEQUENCE OF):					
	resulting in death) LAST							
L C	PART II. Other significant conditions contributing to desth bu	t not resulting i	n the underlyin	g cause given in F	Part I. 24a. WAS AN	AUTOPSY	24b W	ERE AUTOPSY FINDINGS
MEDICAL					PERFOR	A A	AM CC	AILABLE PRIOR TO OMPLETION OF CAUSE
					T TES 2	MINO		DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S NO E	UNCERTAIN				_ 129 2 _ 100
PHYSICIAN:		6. PLACE OF DEAT						
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpar	tlent 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Rasidenca 8	Other (Specify)			
PH	27. MANNER OF CEATH 28a, DATE OF INJURY (Month, Day, Year)	28b. TIMI		JURY AT ORK?	28d. DESCRIBE HOW IF	JURY OC	CURED	
B≺	2 Accident Investigation			YES 2 NO				
TED	3 Suicide 8 Could not be 4 Homicide 8 determined 28e. PLACE OF INJURY - building, etc. (Specification)	— At home, farm, a	trest, factory, offi	20	28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Rout	a Number,
COMPLET	29a. CERTIFIER (Check only	dge, death occurre	d at the time, dat	and place, and due t	o the cause(a) and man	ner as et-	ed.	
Ю	one) 2 MEOICAL EXAMINER: On the beals of examination							nd manner as stated.
Bo	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM				
2	296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 1 19 95							

VHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

GEOFFREY H. SAUNDERS
31. DATE FILEO (MONTH, Day, Year)

JAN 2 0 1995 July

DHMH-16 Rev 1/89

. * BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

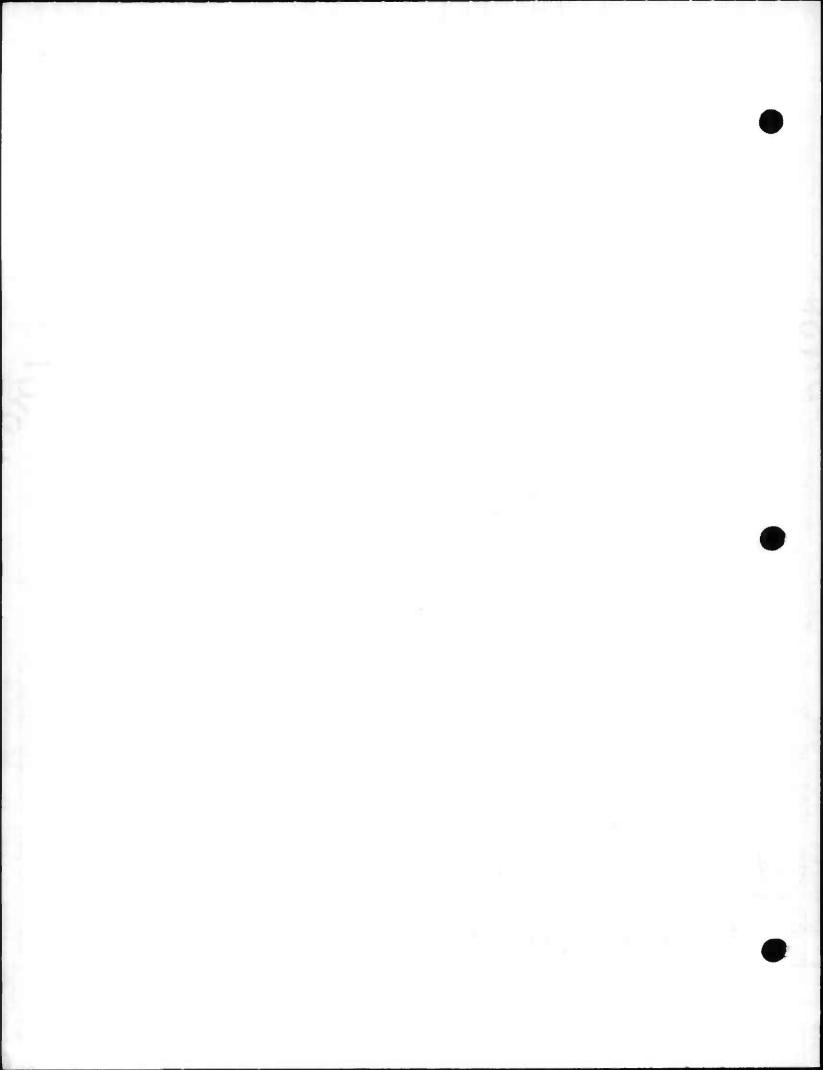
THE SENTINGENEED PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The FUNE CONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be one after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettitled at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
I. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1 - STATE REGISTRAR	SIAIE UF N	/ MARYLAND CE			E OF				YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					- 0.	DEA		2. DATE OF D	EATH			3. TIME OF DEATH
	MARY F.		EDWARDS						JANUA	DV 1		PASY	8:56 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH	7.19		LACE (State or Foreign
	218-12-5976	1 🗆 M 2 💢 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT.29		7	Country)	r Virginia
DIRECTOR	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	r, TOWN O	A LOCATIO	ON OF DE		, I) .		NTY OF DEA	
	15 ROSE AVENUE					RAT.T	IMOF	F				LTIMO	
	RESIDENCE OF DECEDENT										DF	TELLIN	JRE
E	100.00011			10c. CIT		OR LOCATI						1	IOd. IHSIDE CITY
	MARYLAND	BALTIMOR	RE .		BALT	CIMOR							I 🗌 YES 2 💢 NO
RAI	10e. STREET AND NUMBER					101,	ZIP CODE				10g. CITI	ZEN OF WH	IAT COUNTRY?
FUNERAL	2815 ROSE AVENUE	L					212					U.S.A	
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2 XH	MHO If yes, specify Cuben, Mexican, P			n, Puerto Rican, etc.) Black, Whit						
	15. DECEDENT'S EDU	0471011	1001000										WHITE
COMPLETED	(Specify only highest grade	completed)	(Gh	re kind of	work done se retired.)	CCUPATION during mos	H It of workin	g	16b. KIHE	OF BUS	INESS/IHD	DUSTRY	
12	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+	+)	EMBI					COII	TD E	TEOE	DONE	10
N N	17. FATHER'S NAME (First, Middle, Last)		ASS	ELIDI	. I		40 14071	15010 1111	ME (First, Middle			RONIC	S
	STARK FANSLER								AWSON	, Meiden :	Surname)		
H	19e. IHFORMANT'S NAME (Type/Print)		19h	MAILING	ADDRES	S /Street or			Route Number, Cr	A. a. Taur	Chata Zia	Codel	
2	MR. RICHARD EDWA	RDS							TIMORE			21227	,
	20e. METHOD OF DISPOSITION		20b. PLACEA	NDDATE	OF DISPOS	SITION (Nan	ne of	Ditt	DATE	,		City or Town	
- 1	1 X Burial 2 Cremetion 3 Rem 4 Donation 5 Dother (Specify)	oval from State	CEDAR ₁	HIT.T	ther place)	ETER	Y		1/20			-	
	21. BIGNATURE OF FUHERAL SERVICE LI	ENGEL /	1 11		22.	NAME AND	D ADDRES	SS OF FAC	AL HOM	DALI	THON		
	1/1/1/2/	The	est.									ODE	MD 01000
\neg	23. PART I. Enter the diseases, or	complications that	catised the dea	th Do					AVENUE				
	anock, or neart failure.	Liat only one anu	ise on each line.					ing, suci	r se cerulac (n reepn	atory arr	det,	Approximats Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	C	0 24 -								MINUNT		
	resulting in death)	DUE TO	POKE (OR AS A CONSEC	UEHCE O	F):	<u>-</u>							1410010
z		a DIM	BEM /	mer	410	NS							Vome
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A COHSEQUENCE OF):												
S	CAUSE (Disease or Injury												
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A COHSEO	UENCE O	F):								
H		d											
	PART II. Other significant condition	a contributing to	death but not re	eulting	In the ur	nderlying	ceuse g	iven in i	Part I, 24a.	WAS AN	WTOPSY	24b. W	VERE AUTOPSY FIHDINGS
ICAL		IXYPER	2/2/s/m						1.0	PERFORI		C	WAILABLE PRIOR TO COMPLETION OF CAUSE
MED									_ ' _	/23 /	A no		F DEATH?
ä	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEAT	H YE	S 🗆 I	NO 🗆	UNC	ERTAIN) X				3.23
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE									_	
Sign	1 YES 2 HO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R: sing Home	5 Re	sidence (6 Other (Spe	cify)			
PHYSICIAN:	27. MAHNER OF DEATH	26e. DATE OF (Month, De		26b. TIM	E OF URY	26c. IHJU WOR			28d. DESCRIB	E HOW IN	JURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	- 111			M	1 🗌 YI		НО					
	3 Suicide 6 Could not be	26e. PLACE Of building.	F INJURY — At horr atc. (Specify)	ne, farm,	street, fact	ory, office			26f. LOCATION		nd Number	or Rural Rou	ite Number,
E	4 Homicide determined									,,			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAH: To the best of	my knowledge, des	th occum	ed at the t	lme, date a	and place,	and due 1	to the cause(s)	and men	or ee atat	ed.	
O	One) 2 MEDICAL EXAMINE												and manner ee stated.
Ü	29b. SIGHATURE AND TITLE OF CERTIFIES	1/					29c. LICE	NSE HUM	BER		29d. DATI	E SIGNED (A	(onth, Day, Year)
00	Herber	2 /401	re m	M			1)0	555	- /		D 1	1101	51
욘	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	27) (Туре	Print)								V)
	DR. HERBERT A. K	USHNER -	419 W.	REDW	OOD	STRE	ET -	SUI	TE 620	-ВА	LTIM	ORE.	MD
	31. DATE FILED (Month, Day, Year)	22. REGISTRA	R'S SIGNATURE										
	JAN 2 01995 Jul	A sometime	- Carolina										
	~												DHMM-16 Rev 1/90



DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTE
1. DECEDENT'S
4. SOCIAL SEC
229-42
9a. FACILITY N
Laurel

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

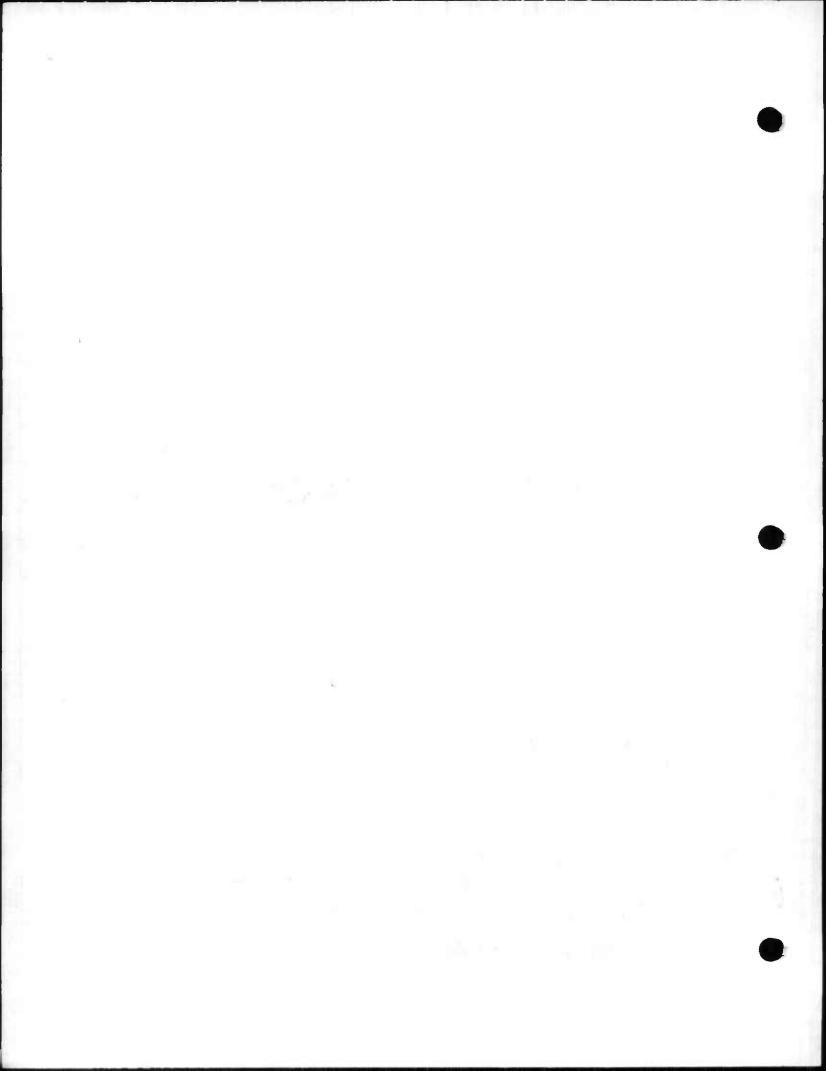
_	HEGISTHAH		CERTIF	ICALE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	chen	Embry	ey		2. DATE OF DEATH MONTH D	AY 5 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign
	229-42-9999	1 □ M 2 🂢 F	80 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 16.1		Country) Virginia
	9e. FACILITY NAME (# not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	Laurel Regional H	ospital		Lau	rel		Prin	ce George
<u> </u>	10e. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY
		Prince Ger	oge	Lau				LIMITS?
FUNERAL	100. STREET AND NUMBER 9000 Cherry Lane			10	20708		10g. CITIZEN	OF WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		RACE American Indian,
	1 Never Married 2 Merried	FORCES? 1	YES XX NO	If yes, sp	ecify Cuben, Mexica	in, Puerto Rican, atc.)		Black, White, atc.
B	3XXWIdowed 4 Divorced			1 10 12	2 NO Specif	у		specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION	18e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUS	TRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mose retired.)	est of working			
릴	12	0	Han	nemaker		Ho	mo	
8	17. FATHER'S NAME (First, Middle, Last)		11011	ichialeo c	18. MOTHER'S NA	ME (First, Middle, Maiden		
BE C	Thomas Dale Jerv.	is				ly Stidam	outries, or	
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
-	John G. Dix, Sr.		202 Cd	ittage S.	treet, SI	W, Vienna,	Virgi	nia 22180
	20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE AND DATE COMMETTER COMMET	ther place) 2-Washin	aton Cres	m 1/16 La	urel. I	or Town, State Maruland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/)	22. NAME A	ND ADDRESS OF FA	CILITY Flock	Funera	l Home, Inc.
	11 alal	Delbak	by	760	1 Sandy :	Spring Roa	d, Lau	rel, MD 20707
	23. PART I. Enter the diseases, or	complications that	couled the death. Do i	not anter the mo	de of dying, suc	h aa cardiec or reapi	ratory arrest	, Approximata
ı	ahock, or heart failure. IMMEDIATE CAUSE (Finel	ciat only one days	or each line.					interval Between Onset and Death
	disease or condition	Hans	nchage c	0100	Maca lan	2 cc 2 D 2.	+	18/
1	resulting in death)	DUE TO (O	MAS A CONSEQUENCE O	P:	va segini	acciaen	1	10 Engs
z		Alfor	scleostic	austin	asualar	Alspace.		20,000
은	Sequentially list conditions, if any, leading to immediate		R AS A CONSEQUENCE OF		00000	of section		The same
3	cause. Enter UNDERLYING	. Hh	perteusit	22				211 4011
	CAUSE (Disease or injury that initiated events	DUE TO (9	AS A CONSEQUENCE OF	p:	P-1			To good
CERTIFICATION	resulting in death) LAST	a Con	acstre 1	heart	tade	e		10 years.
- 11	PART II. Other significant condition	ne contribution to de	and had not not be					7-0-0-0
EDICAL	TAIT II. Other significant condition	ins contributing to di	sath but not resulting	in the underlyin	g ceuse given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă						1 [] YES 2	100	COMPLETION OF CAUSE OF DEATH?
ĭ						'	/ V	1 [] YES 2 [] NO
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CAU	SE OF DEATH YE	S NO D	UNCERTAIL	v 🗆		
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	H (Check only one)				
š	1 TES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER: 4 Nursing Horn	e 5 🗆 Residence	8 Other (Specify)		
Ī	27. MANNER OF DEATH	280. DATE OF IN		E OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED
	1 Netural 5 Pending	(Month, Day,	Year) INJ		RK? /ES 2 NO			
BÁ	2 Accident The registron 28e PLACE OF INJURY — At home form street feeting office							Rural Bruta Number
TED	4 Homicide 8 Could not be determined	building, etc	. (Specify)			City or Town, State)	Training of t	:
	290. CERTIFIER	101411 7-11						
COMPLET			knowledge, death occurrent					puse(e) end manner es stated.
	290. SKINATURE AND TITLE OF CERTIFIE	1222	2		29c. LICENSE NUN	ABER I	29d, DATE SI	GNED (Month, Day, Year)
BE	Limite	11/1/16	- MD		D39	537	D 1/1	6/95
۹ ا	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)			1//	1/13
· .	Timothes M	Claim	MD 32	1 Prin	ce Geo	vge St. 1	Lauve/	MD 20707
	31. DATE FILED (Month, Per tear)	Li HEEETH	CHON THE					

-	
0	
0	
~	
BOX 68760	
œ	
0	
-	
~	
\circ	
\sim	
ш-	
_	
\circ	
~	
, P.O.	
ш.	•
_	
40	
U)	
0	
Leed.	
000	
Deline .	
\circ	
\sim	
co-	
	١
ш	
~	
ш.	
-	
-	
	J
_	
VITAL RECORDS,	į
_	1
	1
Ma.	i
\sim	
•	
_	1
~	į
=	1
	1
=	1
100	ì
44	ı
-	J
>	1
S	j
_	į
_	
	į
	į

rtificate be executed within a roous after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TEGIOTTAT			IOAIL	- 01	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	ATTON	FLEN	11N	7		- A A A		YEAR	3. TIME OF DEATH 0320AM
			(In yrs. lest birthde)							
	133019621	□ M 2 ☐#F 8		MONTHS	DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/22/09			
<u>a</u>	ST, AGNES HOS			9b. CITY,		LOCATION OF D	EATH	9c. COUNTY	OF DEA	ATH
DIRECTOR	RESIDENCE OF DECEDENT	PIIAL			BAL	IMORE				
H H	10a. STATE 10b. COUNTY		10c. C	ITY, TOWN O	R LOCATI	ON			1	IOd. INSIDE CITY
	MD.			CAT	ONS	ILLE			1	LIMITS?
\¥	10e. STREET AND NUMBER				10f.	ZIP CODE		10g. CITIZEI	N OF WH	AT COUNTRY?
FUNERAL	2 DUNBAR A					21228			USA	
5	11. MARITAL STATUS 12 1 // Never Married 2 Married	2. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	13. 1	MAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14	. RACE - Black,	- American Indian, White, etc.
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		I □ VES 2 NO Specify: AF						AMERICAN
	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	16a. DECEDENT	f work done o	CUPATION furing mos	of working	16b. KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)		homemaker							
E 111	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	INE DALT			
2	190. INFORMANT'S NAME (Type/Print) CARMEN HAWKINS						Route Number, City or Tow VILLE, MD.			
8	20a. METHOD OF DISPOSITION	201	. PLACE AND DAT					CATION — City		n Stete
T T T T T T T T T T T T T T T T T T T	1 Buriel 2 Cremation 3 Removal	I from State Cor	netery, crematory or	other place)	1 /	10/95	1	LTIMOR		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE				ADDRESS OF FA	CILITY			
a crame	· Call	1 ls	y		1200	Entros	RS FUNERAL	MD 21	217	
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that cause	d the death. Do	not enter	the mod	e of dying, suc	h as cardiac or respi	ratory arrest	ł,	Approximata
2	IMMEDIATE CAUSE (Final									interval Batween Onset and Death
	disease or condition resulting in death)	54	PTICO	E MI	A					24#
		DECUS	CONSEQUENCE	OF):	1	0.0416.144	1 05.00	1 En .		2 WKS
ON O	Sequentially list conditions, b.		CONSEQUENCE			CHUSIN	V SCTI	cerci	P	1 WKS
CAT	If any, leading to immediate cause. Enter UNDERLYING			,						
FI	CAUSE (Disease Dr injury c that initiated eventa	DUE TO (OR AS	CONSEQUENCE	OF):						
CERTIFICATION	resulting in death) LAST									
	PART ii. Other aignificant conditions co	- D A		in the un	derlying	cause given in	Part i. 24s. WAS AN			VERE AUTOPSY FINDINGS
EDICAL		arr faile	ve &	m los	4760	ma	1 YES 2		C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M	Dementiq			*	(,			^		TYES 2 NO
Z	DID TOBACCO USE CONTRIB	UTE TO CAUSE C				UNCERTAI	N 🗆			F
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QEPITAL:	26. PLACE OF DE	OTHER						
Η¥S	1 YES 2 NO 1	Inpatient 2 ER/Out	Patient 3 DOA		ing Home 28c. INJU		8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)		JURY M	WOR	K?	28d. DESCRIBE HOW II	NJURY DECUR	ED	
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	260. PLACE OF INJURY	- At home, farm	street, fecto			281. LOCATION (Street a	and Number or I	Rurel Rou	de Number
Ī	4 Homicide detarmined	building, etc. (Spe-	city)				City or Town, State)			
1,6	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my know	ledge, death occu	road at the tie	no dete e	nd place, and due	to the same (a) and more			
CONFLETED	one) 2 MEDICAL EXAMINER: O	on the basis of axamination	n and/or investigat	lon, in my op	xinlon, de	ith occured at the	time, data and place, an	d due to the co	ause(a) a	and manner as stated.
0	SOP SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NUI		29d. DATE SI		fonth, Day, Year)
恩	Mulanda Mai	ake de				746	104	> (7	95
1	30. NAME AND ADDRESS OF PERSON WHO CO	1 1 -	ATH (ITEM 27) (Typ	e, Print)					-	1000
4	MUTTINBO KAN	KONDE	, 900	0 (ATC	NA	re B	LT	2	1229
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							
	JAN 2 01995 Julie	Vendeso Rada	4	_						
			•							DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

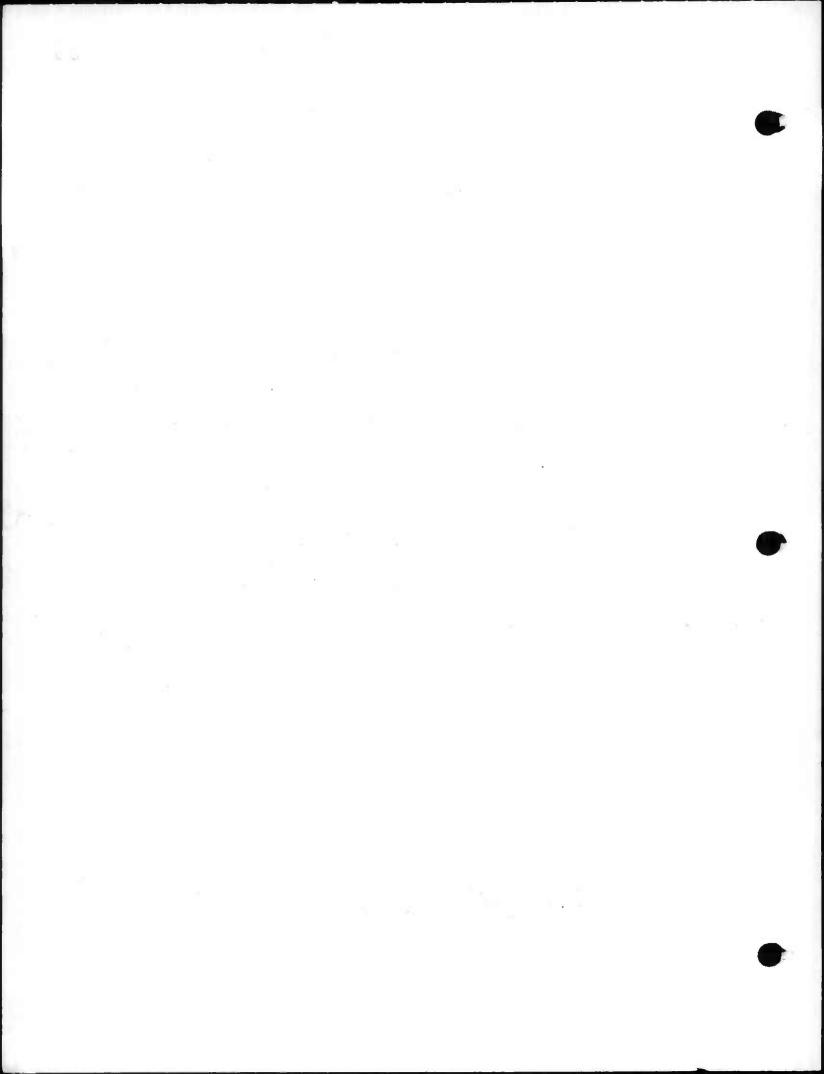
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

WILFRED R. FIELDS JANTHARY PAY, 1995	YLAND 10d. INSIDE CITY YLIMITS? 1 YES 2 NO INAT COUNTRY? STATES
4. SOCIAL SECURITY NUMBER 219-28-7944 5. SEX 12XM 2 F 62 YRS. 6. AGE (in yrs. last birthday) 62 YRS. 6. AGE (in yrs. last birthday) 62 YRS. 6. BIRTHE Country MARY 9a. FACILITY NAME (ii not institution, give street and number) THE JOHNS HOPKINS HOSPITAL PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYALND 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. CITY, TOWN OR LOCATION BALTIMORE 10d. STREET AND NUMBER WINTHOPKE 10d. CITY, TOWN OR LOCATION BALTIMORE 10d. CITY, TOWN OR LOCATION BALTIMORE 10d. STREET AND NUMBER 10d. STREET AND NUMBER WINTHOPKE AVENUE 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Marriad 2// Marriad 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1/2 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yeas or No- 14. RACE Black, BIRTHE Country MARY 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 10d. ZIP CODE 10d. CITY, TOWN OR LOCATION 11d. MARITAL STATUS 11d. Never Marriad 11d. Never Marriad 11d. Never Marriad 2// Marriad 11d. Never Marriad 11d. Never Marriad 2// Marriad 11d. Never Marriad	YLAND 10d. INSIDE CITY LIMITS? 1 YES 2 NO THAT COUNTRY? STATES
98. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 109. STATE MARYALND 109. CITY, TOWN OR LOCATION OF DEATH 109. CITY, TOWN OR LOCATION BALTIMORE 109. CITY TOWN OR LOCATION BALTIMORE 109. CITY TOWN OR LOCATION BALTIMORE 109. CITY TOWN OR LOCATION BALTIMORE 109. CITY TOWN OR LOCATION BALTIMORE 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION OR LOCATION 109. CITY TOWN OR LOCATION OR LOCATION 109. CITY TOWN OR LOCATION OR LOCATION OR LOCATION 109. CITY TOWN OR LOCATION OR LOCATION OR LOCATION 109. CITY TOWN OR LOCATION OR LOCA	10d. INSIDE CITY V. LIMITS? 1 ① YES 2 ① NO PART COUNTRY? STATES
10e. STREET AND NUMBER WINTHOTPE 5909 WINTROPRE AVENUE 10f. ZIP CODE 21206 10g. CITIZEN OF WINTED 10g. CITIZEN OF WINTED 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE FORCES? 1 VYES 2 NO If yea, specify Cuban, Maxican, Puerto Rican, etc.) 10 STREET AND NUMBER 109. CITIZEN OF WINTED 109. CITIZEN OF WINTED	Y LIMITS? 1 YES 2 NO PHAT COUNTRY? STATES
10e. STREET AND NUMBER WINTHOTPE 5909 WINTROPRE AVENUE 10f. ZIP CODE 21206 10g. CITIZEN OF WINTED 10g. CITIZEN OF WINTED 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Maritad 21. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE Black, or Specify Cuben, Maxican, Puerto Rican, etc.)	Y LIMITS? 1 YES 2 NO PHAT COUNTRY? STATES
	STATES
	- American Indian, , White, etc. y: BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed) If a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) If a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) If a. DECEDENT'S USUAL OCCUPATION (Fig. Do NOT use retired.)	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 10 TH 7. FATHER'S NAME (First, Middle, Last) TAMES TAMES TAMES TO TH	
JAMES FIELDS EDDA WARE	
198. INFORMANT'S NAME (Type/Print) CONSTANCE FIELDS 199. MAILING ADDRESS. Winthorpe Route Number, City or Town, State, Zip Code) 5909 WINTHRUPL AVENUE, BALTIMORE, MD	21206
20a. METHOD OF DISPOSITION 1 Disposition Date	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCHF H1101 E, NORTH	AVENUE
23. PART I. Exter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory srrest, shock, or heart fellure. List only one cause on each line.	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Fungel Jupas	Onset and Death
Sequentially list conditions, The Fungal Periconitio	1 month
If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Homostha
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING C. Performant Disease of: Due to (or as a consequence of): Due to (or as a consequence of): d. Goutt	5,000
	WERE AUTOPSY FINDINGS
Vancomission Levislant Forter occisio	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	1 TYES 2 M NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:	
7) 1 YES 2 NO 1 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 288. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	
2 Accident Investigation M 1 YES 2 NO	
	oute Number,
Sutcide 4 Homicide 5 Homicide 5 Homicide 6 Could not be determined City or Town, State) 281. LOCATION (Street and Number or Rural Ro City or Town, State) 282. LOCATION (Street and Number or Rural Ro City or Town, State) 283. LOCATION (Street and Number or Rural Ro City or Town, State) 284. LOCATION (Street and Number or Rural Ro City or Town, State) 287. LOCATION (Street and Number or Rural Ro City or Town, State) 288. LOCATION (Street and Number or Rural Ro City or Town, State) 287. LOCATION (Street and Number or Rural Ro City or Town, State) 288. LOCATION (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City or Town, State) 289. Location (Street and Number or Rural Ro City	and menner as stated,
39s. SIGNATUSE AND TITLE OF CERTIFIER 29d. DATE SIGNED (I	
30. NAME AND ADDRESS OF PIRSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	/95
JAVE SUNG, JOHNS HOPICUS HOSPITAL BALTWORE, MO 21 31. DATE FILED (Month, Day, Your) 32. REMISTRAR'S SIGNATURE	205
JAN 2 0 1995 32. REASTRAR'S SIGNATURE When the state of	

ANT DE SAME

9	
~	
∞	
68	
~	
BOX	
\circ	
$\mathbf{\omega}$	
=	
0	
٧.	
۵,	
S	
0	
~	
*	
\circ	
C	
LLI.	
RECORD	
VITAL	
⋖	
\vdash	
=	
LL.	
$\overline{\Box}$	
_	
Z	
$\overline{\bigcirc}$	
\simeq	
VISION OF	
>	
\overline{a}	
1	

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTA	L HYGIENI	E		
10000000		ANNA FERN	FR	EDERICK		MONT	OF DEATH DA		3. TIME OF DEATH 195 11:51 A M	
	4. SOCIAL SECURITY NUMBER 220-05-0379	1 □ M 2 🖾 F 7.	O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	12-2	ог виятн 1 91 9		BIRTNPLACE (State or Foreign Country) ARYLAND	
TOR	9a. FACILITY NAME (If not institution, g NORTH ARUNDEL RESIDENCE OF DECEDENT	HOSPITAL ASSOC			BURNIE	EATH		A.A.	COUNTY	
DIRECTOR	MARYLAND 10b. COL	MTY ANNE ARUNDE		TOWN OR LOCAT	ERSVILI	E		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	8359 SYCAMOR		101. ZIP CODE 21.108					10g. CITIZEN OF WHAT COUNTRY? U • S • A •		
COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 100	It yes, sp	ENDENT OF NISPAL Holfy Cuban, Maxico Maxico NO Specif	in, Puerto	? (Specify Yes Rican, etc.)	? (Specify Yes or No— 14. RACE — American Indian, Black, White, stc. Specify: WHITE		
	15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 8+) N/A	18a. DECEDENT'S U (Give kind of we life. Do NOT use HOME	rk done during mo retired.)	on st of working	166	OWN	HOME		
BE CO	17. FATHER'S NAME (First, Middle, Last) MAX A . F		RAU		18. MOTHER'S NA ETHEL		Middle, Malden S	KOHA	FER	
5	190. INFORMANT'S NAME (Type/Print) CHARLES A.	FREDERICK			RE ROAD				, MD. 21108	
	20a. METNOD, OF DISPOSITION 1	HILL	PLACE AND DATE OF	KVICE,	ICE, INC. TOWSON, MARY					
	· 180	Ville		GLEN	BURNIE	E, M	ARYLA	ND 21		
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, abook, or heart feiture. List only one Ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE things As A CONSEQUENCE OF: DUE to for As A CONSEQUENCE OF: DUE to for As A CONSEQUENCE OF:									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)							
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions DID TOBACCO USE CON						24s. WAS AN A PERFORM 1 YES 2	AED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	HOSPITAL:		OTHER:	5 🗆 Rasidence	6 Othe	r (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME INJUI	OF 28c. INJU	JRY AT RK?	,	CRIBE NOW IN	JURY OCCUR	ED	
REETED	3 Suicide 6 Could not 4 Homicide detarmined		— At home, term, etr	eet, factory, office		281. LOC City	ATION (Street an or Town, State)	nd Number or I	Rural Route Number,	
COMPL	One) 2 AEDICAL EXAM	IVSICIAN: To the beat of my knowle							suse(a) and manner as stated.	
TO BE	296. SIGNATURE AND STILE OF CENTS 20. NAME AND ADDRESS OF SENSON	Cont &	-		No. LICENSE NUI	C3	27	DATE SO	ONED (Month, Day, Year)	
7	COLVIN C. CAF 31. DATE FILED (Month, Day, Year)	TER, M.D./1600	CRAIN H	WY, SW	#208/GLE	N BU	RNÍE, I	MD 210	61	
	JAN 2 01995	July Davidson Ran	- 9C3 - 9C						DHMH-18 Rev 1/89	



Page 6 may be retained by the hospital or attending physician.	etached for use as the b	tiffled at once.
24 hours after death. Page 6 may be r	by the funer	edical examiner must be noti
be executed within 24 hours	ficate has been signed by the attending physician and completely filled in by the State Dark of Health and Mental Horison prior to build cremation or removal	from 28 is marked, or Item 23 shows any injury, or other traumatic event, the med
that the death certificate b	ed by the attending physici	any injury, or other tra
iCIAN: The law requires	the State Dent of Health	, or Item 23 shows a
AL OF ATTENDING PHYS	THE CTOR: After this of	Them 28 is marked

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME	NT OF HEALTH AND TE OF DEATH		GIENE 3. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	PI	r. coal		2. DATE OF DEA	DAY	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In v.	rs. last birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIR	18 9	B. BIRTHPLACE (State or Foreign				
	215-12-9452	Country) Mary lained									
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
TO	Harbor Hospit	<u> </u>		altimore.							
DIRECTOR	10a. STATE 10b. COUNTY	imore.	0 11	imore Hia	hlands		10d. INSIDE CITY LIMITS?				
IL D	Maryland Bout	1 TYES 2 NO									
FUNERAL	4459 Norfen	ed States									
F.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S SKINO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Spec	offy Yes or No— 1	4. RACE — American Indian, Black, White, atc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE:	S	1 TES 2 NO Spec	ify:		Specify: white				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	FION 18-	e. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16b. KIND (OF BUSINESS/INDU	STRY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Hame im	Kor	OW	a Ham	p				
SOM	17. FATHER'S NAME (First, Middle, Last)		TOTTOTTO	16. MOTHER'S N	AME (First, Middle, I	Malden Surname)					
BE	19a. INFORMANT'S NAME (Type/Print)	an		Mary	Duff	Y					
2	Sandra L. D	inel	4459 A	uss (Street and Number or Rure)	ווח וו	more, Mi	0 21227				
	20s. METHOD OF DISPOSITION 20s. PLACE AND DATE OF DISPOSITION / Name of Disposition / DATE 20s. LOCATION — City or Town, State segenting, grownaling or other pancel										
	4 Onation 5 Other (Specify)	Mar	yland Vete		1/23/	HOWNSV	ille, Maryland				
	Hand Hang		6	2719 Hamma	nds Fry.		downe, mb 21227				
\neg	23. PART I. Enter the disesses, or cor shock, or heart failure. Lis	mplicationa that caused th	a daath. Do not an	tar tha moda of dying, su	ch ss cardisc or	raspiratory arres					
	IMMEDIATE CAUSE (Final disease or condition	L		1 10.0	A .	1 6	Interval Between Onset and Death				
	disease or condition										
NO	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):										
ATIC	if any, lasding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF):								
TIFIC	CAUSE (Disesse or injury that initiated eventa resulting in dasth) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):								
CERTIFICATION	d.										
A L	PART II. Other significant conditions	contributing to death but in			P	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
EDIC	Chronic Obst	7 100 1 11 11 11 11	xug 1013	ease	1 🗆 י	res 2 Etho	OF DEATH?				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF I	DEATH YES	NO UNCERTA	N D		1 TES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. I	PLACE OF DEATH (Che								
HYS	1 YES 2 NO 1	28e. DATE OF INJURY		lursing Home 5 - Residence		HOW INJURY OCCU	DED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJURY	WORK? 1 YES 2 NO	200. DESCRIBE	now madery occo	NED .				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — i building, atc. (Specify)	At home, ferm, street, f	actory, office	28f. LOCATION (City or Town,		Rural Route Number,				
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSICIA	N: To the best of my knowledg	e death occurred at th	e time data and place, and du	to the source(s) or	-1					
OM							cause(e) and manner as atated.				
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	M C		29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)				
T0	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH	(ITEM 27) (Time Print)	1) 7	6503	- 1	18/95				
	Jorge Valle	. // ~ .	ODOK.	Annapol	is Ri	1. Ball	rimore 21227				
	JAN 2 0 1995 July	White Property	ii.								

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	n, or remoral. e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a found after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

HOSPITAL (
FUNERAL D
WITHIN 72 h

Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH January 17,1995 PAR Beverly Goode JR. 5:10 PM 4. SOCIAL SECURITY NUMBER B. BIRTHPLACE Maryland 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. APR. 16, CHALAPARA HOURS 251 = 26 = 3516 1 XXM 2 - F 69 YRS. 1925 Se. FACILITY NAME (If not institution, give stre 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH TIVOLY AVENUE - BAYVIEW HOSP 2770 BALTIMORE DIRECTOR CITY n/a RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE n/a YX LIMITS? 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2770 TIVOLY **AVENUE** 21218 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY 3 Widowed 4XX Divorced Specify: BLACK COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 10 College (1-4 or 5+) LABORER CONSTUCTION once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) BEVERLY GOODE SR. MARY BENJAMIN notified at BE 19a. INFORMANT'S NAME (Type/Print) and Number or Aural Aboute Number, City or Town, State, Zip Code)
Y AVENUE, BALTIMORE, balt MD 2 ODELLE Μ. CARTER 2770 TIVOLY 21218 must be 20e. METHOD OF DISPOSITION
1 XX Burial 2 Cremetion 1
4 Donation 5 Other (Cree 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State m 3 🗆 CROWNSVI LLE E CEM CROWNSVILLE, MD 1 - 20examiner 21. SIGNATURE OF FE 22. NAME AND ADDRESS OF FACILITY W.M. C. MARCHF H.-1101 E. NORTH AVENUE medical is, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, shock/or heart failure. List only one cause on each line interval Betw IMMEDIATE CAUSE (Finel **Onset and Death** 100 disease or condition . Massive Upper GI Bleed resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Cirrhosis traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Enter UNDERLYING Alcohol Abuse CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente resulting in death) LAST 0 injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? any 1 TYES 2 NO OF DEATH? 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 ND Inpatient 2 DER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 69 3 Sulcide 8 Could not be ED. 4 Homicide 28 datermined Ш COMPL 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(e) and menner se stated. = TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II 2 __ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner es stated. 29c, LICENSE NUMBER BE 29d. DATE SIONED (Month, Day, Year) 93011 181 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bayvier Med Ofr N. Bailoutz Johns Hopkins

DHMH-18 Rev 1/89

Item16a 1-20-95 FilmG719 W.H.Per F/H

Items6.7 2-9-95 FilmG720 W.H.Per F/H

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR HELEN C. GRAY 995 January 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 1 M 2 X F 72 212-20-4372 Sept 2, Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 925 N. Broadway Apt. 307 Baltimore N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD N/A Baltimore XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 925 N. Broadway Apt. 307 21205 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Narried 1 TES 2 NO Specify: 8 Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest Baltimore City Hospital Elementary/Secondary (0-12) College (1-4 or 5+) Nursing Assistant 12th N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Ħ BE Archie Scott Mamie Scott notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vanessa Jackson 312 E. Melrose Avenue Apt. B/Baltimore, MD 21212 9 20a. METHOD OF DISPOSITION
1 Disposition 3 Removal from State
4 Donaflon 5 Donaflor (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must KI NG MEMORIAL **PARK** 1-21 RANDALLSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SE 22. NAME AND ADDRESS OF FACILITY March Funeral Home East 1101 E. NORTH AVENUE/BALTIMORE, 21202 MD medical 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate hock or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ Atheroschrotic discon all who was under resulting in death) event, yea DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS amy PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) o d 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, streef, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 8 Could not be determined COMPLETED 28 4 Homicide item 29s. CERTIFIER
(Chack only 1 (Chack only 1 (Chack only 1))
(Chack only 1 (Chack only 1))
(Chack only 1 (Chack only 1))
(Chack only 1)
(Chack only 1)
(Chack only 1)
(Chack only 1)
(Chack only 1)
(Chack only 1)
(Chack only 1) FUNERAL I within 72 h TANT: If It 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 8E 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) WMM 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5601 LOCH. BL 31. DATE FILED (Month, Day,

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

requires that the death certificate be

The certificate I

ATTENDING PHYSICIAN:

OR

HOSPITAL

Pages 1, 2, 3 should

permit.

be detached for use as the burial-transit

funeral director, page 5 should

Page 6 may be

hours after death.

executed with

filled in by the

completely

and

0

burial,

2

attending physician ental Hygiene prior to

the atten

signed by the

has been : Dept. of P

this c

After

DIRECTOR: /

death

retained by the hospital or attending physician.

DHMH-16 Rev 1/89

MAZELYSS SIMPLES

CA	- 10
_	6
BALTIMORE, MARYLAND 212	5%
	-69
₹	Ö
>	-
4	-
$\overline{}$	2
~	-
Ľ,	ĕ
⋖	- E
Σ	1
-	93
ш	5
œ	BE
\overline{a}	9
ĕ	63
~	20
_	-
	5
d	9
m	5
4	affe
	50
	2
	ĕ
	37
	4
8	5
9	.≥
~	20
∞	5
9	8
×	8
30X 68760	te be executed within a hours after death. Page 6 may be retained by the hospital or a
\simeq	9

15-0020

TO THE WELL DRECORD AND SHYSICIAN: The law requires that the death certificate be executed within the neural director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be like with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT II them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. B

LACSON

	1. DECEDENT'S NAME (First, Middle, Last)				OAI E O	F DEATH	2. D	REG. NO	DAY	YEAR	3. TIME OF DEATH
	MCKINLEY						6	1	12	75	6:20 P
	249-14-3697	1 € M 2 □ F	75		IF UNDER 1 YEAR SONTHS DAYS		(A	TE OF BIRTH fonth, Day, Year) /24/191	e. BIRTHPLACE (State or Foreign Country) ALVIN, S.C.		
œ	Sa. FACILITY NAME (If not institution, give stre			31	9b. CITY, TOW	OR LOCATION O	F DEATH		9c. CO	UNTY OF DE	
DIRECTOR	HARBOR HOSPITAL	CENTER		BALTIMORE							
REC	10e. STATE 10b. COUNTY			10c. CITY,	Y, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
	MARYLAND		BAI	LTIMORI	E					1 X YES 2 NO	
FUNEHAL	100. STREET AND NUMBER					IOI. ZIP CODE				TIZEN OF W	HAT COUNTRY?
JNE	1200 N. AUGUSTA AV	MEO	T 42 WHO D	21229			USA				
2	1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. AR YES 2 XI R OR DATES		If yes,	ECENDENT OF HIS specify Cuban, Me ES 2 X NO S	spanic on exican, Pue pecify:	rto Rican, etc.)	es or No—	Specif	- American Indian, , White, etc. y: AMERICA	
ם כ	15. DECEDENT'S EDUCA (Specify only highest grade of	16a. DE	CEDENT'S U	SUAL OCCUPA	TION		16b. KIND OF BI	JSINESS/IN		111111111111111111111111111111111111111	
COMPLET	Elementary/Secondary (0-12)	life.	Do NOT use	retired.)	nost of working						
1	12 17. FATHER'S NAME (First, Middle, Lest)		Al	RUNDEI	CORI	ORATION					
							st, Middle, Maide				
2	WILLIS GREI 19a. INFORMANT'S NAME (Type/Print)	EN	19	b. MAILING A	SUSIE KINLAW GREEN MLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
	LOUISE GREEN 1200 AUGUSTA AVE, BALTIMORE, MARYLAND 2122									1220	
	20c. METHOD OF DISPOSITION Description Date										
	21. SIGNATURE OF PUNERAL SERVICE LICE		ESTEE	BROTHE EUTAW P	RS F	UNERAL	HOME	P.A.			
	23. PART I. Enter the diseases, or co	implications that c	assed the de	sth. Do no	1 enter the n	ode of dying,	such as o	ardiac or real	oiratory a	rreat,	Approximate
	ahock, or heert failure. Li	lat only one ceuse	on each iine								Onset and Deat
	disease or condition	SE	PS15								
			PSIS R AS A CONSEC			2					
	disease or condition	EN	Temo-	CUTA	NEON	s fisi					
	disesse or condition resulting in death)	EN	Temo-	CUTA	NEON			7.0			
***************************************	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	EN	Temo-	CUTA	NEON			omy			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	EN	Temo-	CUTA	NEON	S FIST NUPA ROSTATI		omy ANCG	e		
5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O) DUE TO (O) B Contributing to de	TENU - R AS A CONSECT CO CO R AS A CONSECT CADDE	CUTA DUENCE OF): STOM DUENCE OF): At equiting in	MGON MGON	NGPA 205 TATO	4 MS7	24a, WAS AI PERFO	AUTOPSY		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
ווירטוסיד ס	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions ATHENOSCUMU	DUE TO (O) DUE TO (O) B Contributing to de	TEME R AS A CONSECT CO LO R AS A CONSECT L'ADDE Both but not r COIO VA	CUTA DUENCE OF): 5 TO M DUENCE OF): 7. A1 equiting in 5 CU C	NOON The underly AR	NOPA 205 PATO ng couse given O/SGTAS	4 MST S C	24a, WAS A	AUTOPSY		AMILABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions ATHEROSCIENTO DID TOBACCO USE CONTRI	DUE TO (O) DUE TO (O) B Contributing to de	TEMO R AS A CONSECT CO LO R AS A CONSECT LADOS Deth but not r 2010 VA	DUENCE OF: STOM DUENCE OF: A1 equiting in SCUL	NO PI	NOPA 2057ATO ng couse giver O (SGTA) S	4 MST S C	24a, WAS AI PERFO	AUTOPSY		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions ATHENOSCUMU DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O) DUE TO (O) Contributing to de DC CAG	R AS A CONSEC CO LO R AS A CONSEC CADDO Beeth but not r CO IO VA SE OF DEA 26. PLAC	DUENCE OF: STOM DUENCE OF: AT COUNTY	NODU the underly AR (Check only on	NOPA 205 TATO ng couse giver O I SGTAS UNCERT	4 MS7 G Con in Part i	24a. WAS AI PERFO 1 YES	AUTOPSY		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
THISICIAN: MEDICAL CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions ATHENUS CUSTUS DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER-OF DEATH 1 Netural 5 Pending	DUE TO (O) BUE TO (O) Contributing to de	R AS A CONSEC CO LO R AS A CONSEC CADDO Beth but not r CO IO VA SE OF DEA 26. PLAC ER/Outpatient 3	DUENCE OF: STOM DUENCE OF: AT COUNTY	MODU the underlyi NO NO (Check only on DTHER: Nursing He No 28c.	NGPA 205 TATO INCERT INCER INCER INCER INCER INCER INCER INCER INCER INCER INCER INCER INCER INC	4 14 15 7 G in in Part i	24a. WAS AI PERFO 1 YES	NAUTOPSY RMED? 2 (¥ NO		COMPLETION OF CAUSE OF DEATH?
MEDICAL CI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions ATHENUS CUMU DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER-OF DEATH	DUE TO (O) BUE TO (O) BUE TO (O) BUE TO (O) BUE TO (O) BUTE TO CAU: HOSPITAL: 1 © Inpetient 2 □ E 28a. DATE OF IN	R AS A CONSECTION OF THE PROPERTY OF DEA	DUENCE OF: STOM DUENCE OF: A1 BRUITING IN SCM C TH YES BOT DEATH DOA 4 28b. TIME C INJUR	the underlying APR (Check only on DTHER: Numing He Care, Marin	COSTATO COSTATO COSTATO COSTAS CONTROL CONT	HMS7 G n in Part i G AIN 28d. 281. L	24a, WAS AI PERFO	RAUTOPSY RMED? 2 V NO	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 UPS 2 NO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HARBON

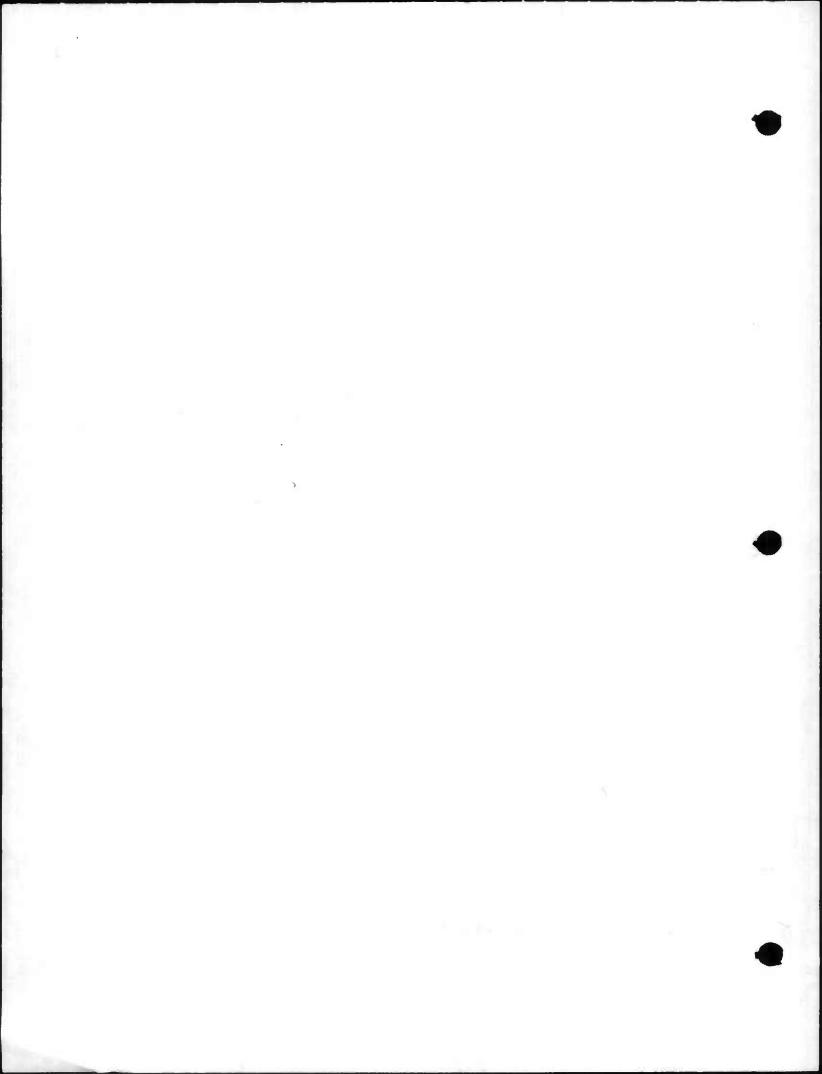
Julia al lisa con us a gally une

Confor

HOSPITAL

DHMH-16 Rev 1/89

3001 S. HANOVER ST. BALTINGER



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	TECTOR AND THE PIS CHAIN CARE AND DESCRIPTION OF A MARKET AND STATE AND COMPLETE AND COMPLETED AND C
INISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 124 hours after death. Page 6 may be retained by the hospital or attending physician.	THECHOE THE THIS certificate has been signed by the attending physician and completely filled in by the

MAL THECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to come after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

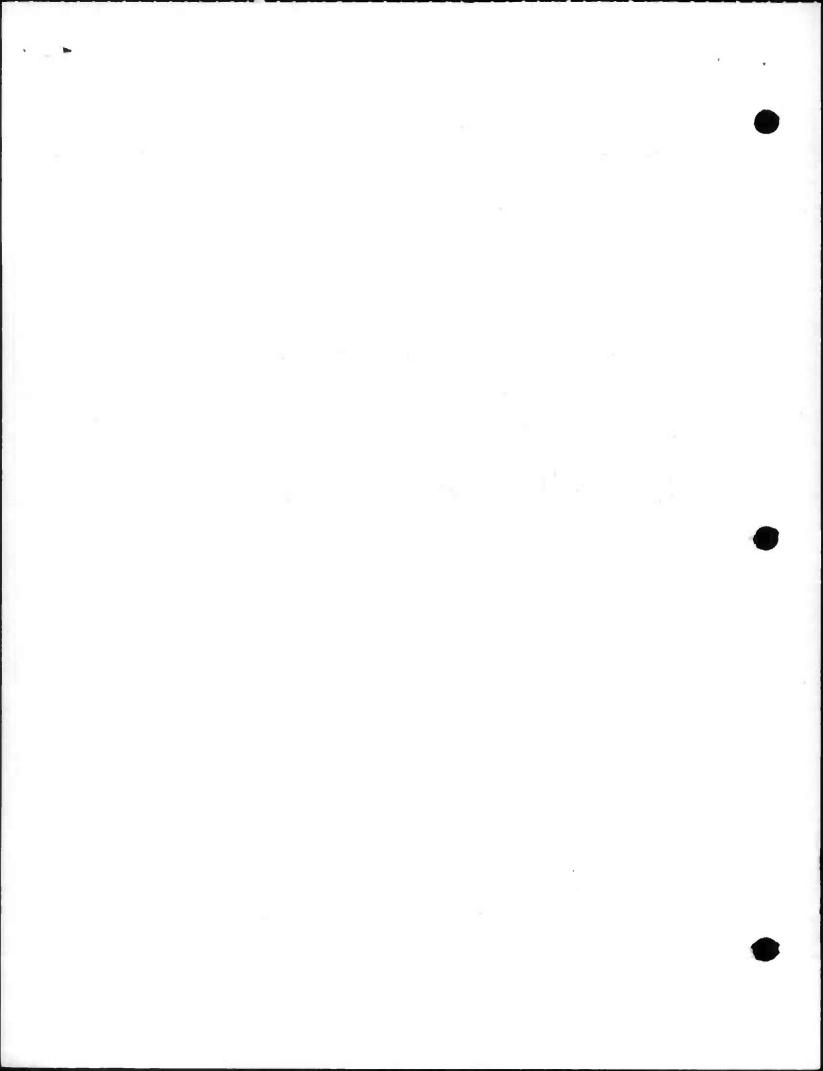
JAN 2 0 1995

niver

	FOR	STATE OF MADVI	AND / DE	EDA DEBAEM	T 05 U	41711 4110 1		LIVOIEN	- 70	Q	1000
	1 - STATE REGISTRAR	STATE OF MARYL		TIFICAT			MENIA	REG. NO.			
	1. DECEDENT'S NAME (Eirst, Middle, Last)	Foodhues					2. DATE MONT	OF DEATH		EAD 3	TIME OF DEATH
	216-07-3532	1 □XM 2 □ F	n yrs. lest biri	thday) IF UNDE WONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH h, Day, Year) — 8 -		BIRTHPL	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give stre MERCY HOSPITAL RESIDENCE OF DECEDENT	Y HOSPITAL BALTIMORE								Y OF DEA	тн
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	TE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									Dd. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 622 S. POTOMAC	STREET			101. 2	21224					AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	MED 13. WAS DECENDENT OF HISPANIC ORIGING 15 yes, specify Cuban, Maxican, Puerto 1 YES 2 NO Specify.						Vhite, etc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	College (1-4 or 5+)	(Give k	DENT'S USUAL Coind of work done NOT use retired.)	during most	of working		MD S			t bon
COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)										
BE	JAMES GOODHUES 198, INFORMANT'S NAME (Type/Print)	ARY KIRKHAM									
2	MRS. ELEANOR GOODHUES 622 S. POTOMAC ST. BALTO. MD. 21224										
	20s. METHOD OF DISPOSITION 1/ Burlai 2 Cremeflon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary cremeflory or other place) UAKLAWN CEMETERY 1-23 BALTO. MD.										
	RACZOROWSKI FUNERAL HOME 1201 DUNDALK AVE. BALTO. MD. 21222										
	23. PART i. Enter the diseases, or con shock, or heart failure. Lie	mplications that caused	the deeth.	. Do not ente	r the mode	of dying, suc	h es cere	sisc or reepi	ratory erres	t,	Approximate interval Between
	Interval Detwi								Onset and Deeth		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
- I	PART II. Other significent conditions	contributing to death bu	ut not reeu	ilting in the u	nderlying	ceuse given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDICAL						_	-	1 TYES 2	□ NO	O	DMPLETION OF CAUSE F DEATH?
z	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	F DEATH	YES	NO 🗆	UNCERTAIN	N D				
CF	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF	F DEATH (Check							
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	Inpatient 2 ER/Outps 28s. DATE OF INJURY		DOA 4 Nu	rsing Home 28c. INJUR	5 Residence		r (Specify) CRIBE HOW II	N HIRV OCCIU	250	
ВУ Р	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY M	WOR	(?	284. DES	CRIBE HOW II	NJOHT OCCO	NED .	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At home,	farm, streef, fac	ctory, office			ATION (Street a or Town, State)		Rural Rout	te Number,
COMPLETED	29a. CERTIFIER Check only one) Check only 2 MEDICAL EXAMINER:	AN: To the best of my knowle									nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Mantle			1	POC. LICENSE NUN DEAH AU41764	ABER				onth/Day, Year)
⊢ I	30. NAME AND ADDRESS OF PERSON WHO	DOMEN FIED CALLOS SEE	THE STEEL OF	D (T . D)						/	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89



FOR STATE REGISTRAR

		1. DECEDENT'S NAME FRED BLAKE CAM	BRILL, JR. F	RED BLAKISTO	N GAMBRI	LL JR.	2. DATE OF DE	ATH DAY	YEAR 95	3. TIME OF DEATH
9		4. SOCIAL SECURITY NUMBER 219-18-1803	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, July	7,1925	A. BIRTH	PLACE (State or Foreign
2. 3 should	70 R	Stella Maris Ho		9	b. CITY, TOWN	TOWSON			Bal	timore
permit. Pages 1.	TO BE COMPLETED BY FUNERAL DIRECTOR	Md. Ba	ltimore	10c. CITY, 1	TOWN OR LOCA	TION Lyndon				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ast.		100. STREET AND NUMBER 4701 Butler R	oad			21071		10g. CI		THAT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit		11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RA 2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.)					
YLAND by the hospit be detached at once.		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) High School	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of word life. Do NOT use in	k done during me etired.)	ost of working and Highwa		OF BUSINESS/IN	IDUSTRY	1
		17. FATHER'S NAME (First, Middle, Last) Fred B. Gam	brill Sr.	T Deate of	Haryre	18. MOTHER'S NAM	ME (First, Middle,	Maiden Surname)		/
MAR retained 5 should notified		10a INSCIDMANT'S NAME (Final(Brief)								
E, M	F	MI. F. Blake Gambrill 3rd 1021 Cockeysmill Rd. Reisterstow								
FORE e 6 may i ector, pag must b		20a. METHOD OF DISPOSITION 1	oval from State Ca	metery, cremetory or other	LACE AND DATE OF DISPOSITION (Name of processor) PATE 20c. LOCATION — City or Town, State 1/18 Hampstead, Md.					
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		21. SIGNATUJE OF FUNERAL SERVICE LIC		Jarroll Cr		ND ADDRESS OF FAC				d, Md. stown Rd.
BALTIMO after death. Page 6 y the funeral directonoval. cal examiner mu		Jamo B	Eline		Eline	Funeral 1	D -			Md. 21136
ompletely filled in burs are cremation, or rer event, the medi	Z		LUNG (each lina.		ode of dying, auch	as cardiac o	r reapiratory a	rrest,	Approximate interval Between Onset and Death
P.O. BOX th certificate be at ending physician a I Hygiene prior to or other traum	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF): A CONSEQUENCE OF):						
SCORE share the signed by Health and ws any In	MEDICAL (PART II. Other algorificant condition			the undariyin	ng cause given in f	F	PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AWAR ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F 5 9 . 8	SICIAN: N	DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF		YES NO				
VITAL JAN: The law ritificate has he State Dep or Item 23	SICI	EXAMINER?	HOSPITAL: 1 inpatient 2 ER/Out		THER:	ne 5 🗆 Residenca (Hosp	ice	
이 동 왕 등	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN.	JURY AT ORK? YES 2 NO		HOW INJURY O		
ISIC TTENDI TOR: A after d	ETED B	3 Suicide 4 Homicide 6 Could not be determined	26e. PLACE OF INJUR building, etc. (Spi	RY — Al home, farm, atre	et, factory, offic	DO .	261. LOCATION City or Town	(Street and Numb n, State)	er or Rural R	oute Number,
の品質量	THE CO	anal .	CIAN: To the best of my knor. R: On the bests of examination							and manner ea stated.
TO THE PUNERAL TO THE PUNERAL Se Shall willin 72 IMPORTANT	TO BB/C	PRINATURE AND TITLE OF CERTIFIEF	aultue	ino		29c. LICENSE NUM	BER 43	29d. DA	16	(Month, Day, Year)
0		30. NAME AND ADDRESS OF PERSON WHO								
		DR. KENDALL FAUL 31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	DULANEY VA	LLEY R	D., TOWSO	N, MD	21204		_
		JAN 2 01995 A	by d'audeor ha	rdall						
		<i>V</i> -			-					DHMH-16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		phode
		63
		è
		~
		Pages
		permit.
	lan.	In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
46	the executed within the fours after death. Page 6 may be retained by the hospital or attending physician.	burial
-3	nding	as the
203	or arthe	nse
2	Tell I	ğ
9	hospit	ached
A	ap.	de
_	34	2
ARY	ained	pinous
3	100	5
_	2	8
ш	lay.	8
OR	е 6 п	rector,
Σ	Se.	0
BALTIMORE, MARYLAND 21203-3146	death.	funera
8	after	y the
	2	D L
	4	
	1	
5	rithin	leten
OX 13146,	2	THE .
=	=	8
=	DOC	and a
×	2	8
0		*

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BC

מועדווועוורי ווועווודעוו	ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	al examiner must be notified at once.
DALINE, MONTH, M	TO THE HOSPITAL OR WITH THE TANKE TO THE LAW REQUEST THE LAW REQUEST THE LAW DE RELATIONED THE COUNTY OF THE HOSPITAL OR WITHIN THE LAW OF THE PROPERTY OF THE LAW OF	TO THE FUNEBAL DIFFERENCE AND THE THIS DESIGNATION THAT THE DESIGNATION OF THE PARTY OF THE PART	IMPORTANT. If them 28 is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DI VIS	TO THE HOSPITAL OR TITE!	TO THE FUNEHAL DIFECTOR	IMPORTANT II Here 28

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			E	RTIFICATE	0	F DEAT	TH		REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
1. DECEDENT'S NAME (First, A	13 1 1	ord		2. DATE OF DEATH DAY	1995	3. TIME OF DEATH P			
4. SOCIAL SECURITY NUMBE 515-09-0 9a. FACILITY NAME (If not insti	6744 19 M 2 D F	83 YRS.	DAYS HOURS MIN.		911 CRA	EIGHTON, ME			
RESIDENCE OF DECE	10b. COUNTY	10c. CITY, TOWN OR		ĨE	H·H·	10d. INSIDE CITY LIMITS?			
100. STREET AND NUMBER	ANDERSON RT 2		101. ZIP CODE 66032		10g. CITIZEN OF	YHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 N Widowed 4 Divorce	IF YES GIVE WAR OR	S 2 NO If	AS DECENDENT OF NISPAN yes, specify Cuben, Maxican YES 2 NO Specify:	, Puerto Rican, etc.)	ee or No- 14. RACE — American Indian, Black, White, etc.				
	DENT'S EDUCATION highest grade completed) College (1-4 or 8 +)	18e. DECEDENT'S USUAL OCC (Give kind of work done du jie. Do NOT use retired.) HEAVY EQU	P. OPERATE	PUBLIC	NESS/INDUSTRY	LITIES			
17. FATHER'S NAME (First, Mid		FFORD	18. MOTHER'S NAM	AE (First, Middle, Melden Su ORA ALL					
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 21061 454 PHILLE COURTEAST CLENBULNIE, MD.									
20e, METNOD OF DISPOSITIO 1 Burlal 2 Cremation 4 Donation 6 Other (S	Specify)(20b. PLACE OF DISPOSITION (Name) Softer pigce) 22. N	AME AND ADDRESS OF FAC	1-1995 E	TO METON HOUDSOL	7, KS.			
23. PART I. Enter the dis ahock, or he immediate CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYINGAUSE (Disease or injurt that initiated events resulting in death) LAST	a cardac of feating	noty arreat,	Approximate Interval Batweer Onset and Deatt						
PART II. Other eignificen	dt conditions contributing to deati	but not resulting in the und	Market Control	Pert I. 24e. WAS AN AI PERFORM 1 YES 2	PRMED? AVAILABLE PRIOR TO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 P 2 Accident	HOSPITAL: 1 Inpatient 2 ER/O	rutpetient 3 DOA 4 Nursi TY 28b. TIME OF INJURY M	ng Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE NOW IN.		Courte Mumber			
EXAMINER? 1 YES 2 NO 27. MANINGR OF DEATN 1 Netural 6 Property of the pro	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Vea westigation Could not be etermined	tripetient 3 DOA 4 Nursi 28b. TIME OF NUT NUT NUT NUT NUT NUT NUT NUT NUT NUT	ng Home 5 Residence REC. INJURY AT WORK? 1 YES 2 NO ry, office	6 Other (Specify) 28d. DE\$CRIBE NOW IN. 28f. LOCATION (Street an City or Town, State)	d Number or Rurel	Route Number,			
EXAMINER? 1 YES 2 NO 27. MANINER 6 P 2 Accident 3 Suicide 6 C 4 Nemicide 6 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ERIC 28a. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, etc. (S FYING PNYSICIAN: To the best of my kr CAL EXAMINER: On the beste of examina	try 28b. TIME OF HUJURY M JRY — Al home, farm, streel, facto pecify)	Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence	6 Other (Specify) 28d. DE\$CRIBE NOW IN. 28f. LOCATION (Street an City or Town, State) to the cause(e) end mann time, date end place, end	ed Number or Rural ler as stated, due to the cause				

Marketon A., and the same

VIVISION OF VITAL RECORDS, P.O. BOX 68760

	retaine	5 shou	
	nay be	page	
	PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained	director,	
	ath. P.	uneral	
	after di	by the f	movaí.
	hours	led in	a, or re
	111	letely fil	emation
	urted w	d comp	ınal, cr
	be ever	ian and	or to be
	ificate	physic	ene pri
	ath cer	tending	al Hygi
•	the de	/ the al	d Ment
	es that	gned by	afth an
	requir	been si	. of He
	The law	e has	te Depi
	ICIAN	ertifica	the Sta
	PHIS	r this o	th-with
١	ğ	JR: Afte	ter deal
į	Į,	DIRECTO	ours at
	TO THE HOSPITAL OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	E 150	IE FUN	d with
	10	10	be file

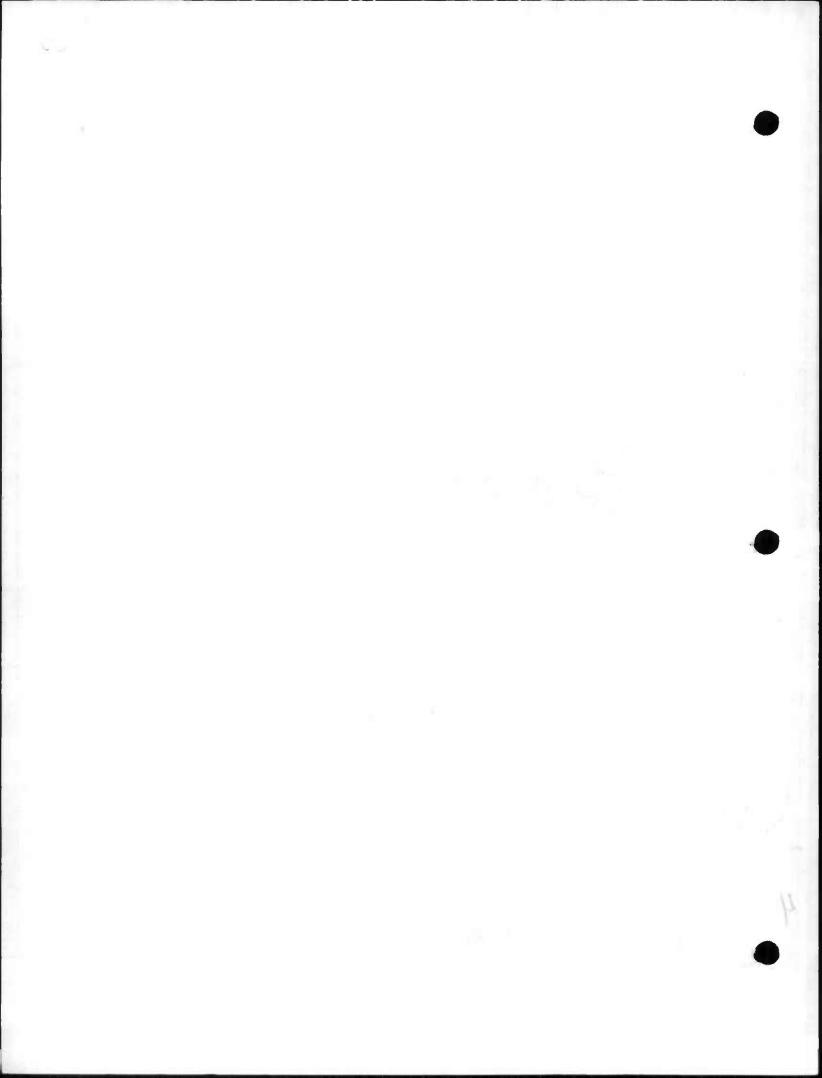
	1 - FOR STATE REGISTRAR	ATE OF MARYLAND		OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH HONTH DAY	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SE	we			January 9 1º	95/11:55 7 H				
	212-44-3573	M20F 48	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTY (Month, Day, Year) , 2/13/46	BIRTHPLACE (State or Foreign Country) MD .				
~	9a. FACILITY NAME (If not institution, give street end	number)	9b. CITY,	TOWN OR LOCATION OF D	SC. COUN	ITY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT			BALTIMORE						
L C	10e. STATE 10b. COUNTY		10c. CITY, TOWN O	R LOCATION		10d. INSIDE CITY				
1 8	MD			IMORE		LIMITS?				
	10e. STREET AND NUMBER			10f. ZIP CODE	10a CITII	1 ∯ YES 2 NO				
18	3618 LUCILLE A	VE.		21215	100,000					
FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. AF	RMED 13. V	AS DECENDENT OF HISPAI	NC ORIGIN? (Specify Yes or No -	USA 14. RACE — American Indian,				
	1 Never Married 2 Merried FC	YES, GIVE WAR OR DATES	NO N	yes, specify Cuben, Mexico	n, Puerto Ricen, etc.)	Black, White, etc.				
BY	3 Widowed 4 Divorced			_ res 2 gg no specif	·	AFR. AMERICAN				
9	15. DECEDENT'S EDUCATION (Specify only highest grade complete		ECEDENT'S USUAL OC		16b. KIND OF BUSINESS/IND	USTRY				
		ge (1-4 or 5+)	e. Do NOT use retired.)							
A P	12		DISABILIT	Y						
at once.	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden Sumeme)					
M III				CAR	RIE L. HOWE					
TO BI	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILINO ADDRESS	(Street end Number or Rural	Route Number, City or Town, State, Zip	Code)				
E F	AMBROSE CHATMON		5417 WAI	RBASH AVE	BALTIMORE, MD.	21215				
व	20a. METHOD OF DISPOSITION 1 Green Burlet 2 Cremetion 3 Removal fro		AND DATE OF DISPOSI	TION (Name of	OATE 20c. LOCATION C	City or Town, State				
Ē	4 Donation 8 Other (Specify)	MT.	ZION CEM	1/13/95	LANSDOWN	NE . MD.				
il il	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
medical examiner must	ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO, MD. 21217									
8	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest.									
event, the med	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Design of Cancer If y new Onset and Design of Cancer Onset and									
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
any Inju	PART II. Other significent conditions conti	fbuting to deeth but not	resulting in the und	deriying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
shows:	DID TORACCO LISE CONTRIBUTE	E TO CAUCE OF DE	ATIL VEC C	10 10 10 10 10		1 TYES 2 NO				
A A	DID TOBACCO USE CONTRIBUT		CE OF DEATH (Check o		7 L					
SICI/	EXAMINER? HOS	FITAL:	OTHER							
5 ×		patient 2 ER/Outpatient 3 8e. DATE OF INJURY		ing Homa 5 - Residence						
ē 0	1 Netural 5 Pending	(Month, Day, Year)	NJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	UREO				
	2 Accident Investigation 3 Suicide 8 Could set be	Se. PLACE OF INJURY — At he	ome ferm street facto		364 LOCATION (Charles and Market	- David Davi				
m 28 ls ETED	4 Homicide S Could not be	building, atc. (Specify)	orre, reini, erreer, rectu	, once	261. LOCATION (Street end Number (City or Town, State)	% Hursi Houte Number,				
MPL MPL					to the cause(s) end manner as state time, date end place, end due to the					
E W	29b. SIGNATURE AND TITLE OF CERTIFIER	_		29c. LICENSE NUR	IBER 29d. DATE	SIGNED (Month, Day, Year)				
S IS	Banes Tew	SMO		24 (2)	71 BL 9834 N. Ja	may 9, 1995				
10	Bar Druis MO	LETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)	Ave R.	tirore Md. 2	1210				
	31. DATE FILED More One (ber)	HOUSTRAND SUPPLIED	- LU VICE C	in jun	11-0-1-112					
	DAIL M DIOOD DELLA									

BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within a hours after death, Page 6 may be retained by the hospital or attending physician,	The certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be sate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
OF VITAL RECORDS, P.O. BOX 68760	FHYSKIAN: The law requires that the death certificate be executed with.	the cartificate has been signed by the attending physician and completely filled in by the in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	thed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SION OF VITAL RECORDS, P.O. BOX 68

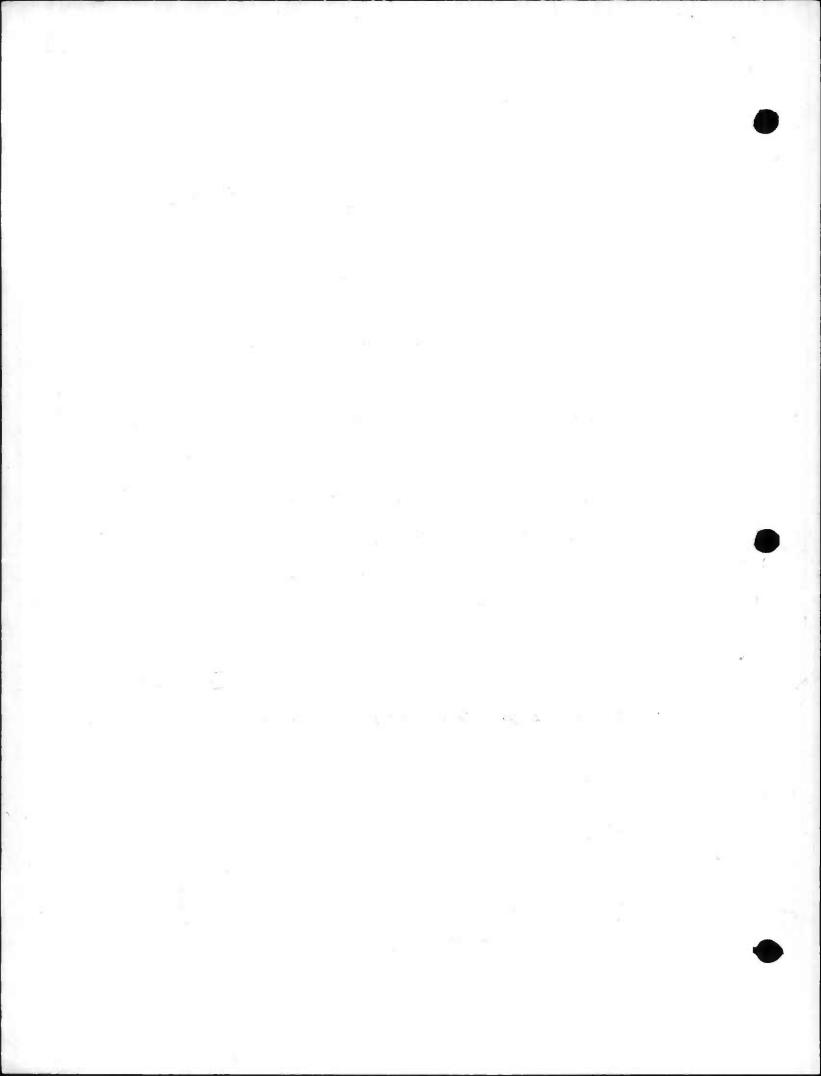
TO THE HOSPITAL BE TO THE FUNERAL BEE De filed with 72 to IMPORTANTE II Item

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME CERTIFICA	NT OF H	EALTH AND DEATH	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Lest) RUTH HARE	RISON				2. DATE OF DEATH MONTH 1/16/95	DAY YEA	3. TIME OF DEATH	
	214 24 8012	□ M 2 ∰ F 84	3. lest birthday) IF UN YRS. MONTH	DER 1 YEAR IS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/30/10	8. 9	IRTHPLACE (State or Foreign ountry)	
Œ	9a. FACILITY NAME (If not Institution, give stree		9b. C		R LOCATION OF D	EATH	9c. COUNTY C		
CTO	BON SECOUR HOSP	LIAL			IMORE				
DIRECTOR	MD .		10c. CITY, TOW	TIMOR	E		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAI	100. STREET AND NUMBER 2583 EDMON	DSON AVE,		101	21223		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	I NO	If yes, spi	ENDENT OF HISPAI acity Cuben, Maxica 2 III NO Specif	fea or No — 14. F	14. RACE — American Indian, Black, White, etc. Specify:		
	15. DECEDENT'S EDUCAT (Specify only highest grade col	TON 16st	DECEDENT'S USUAL	OCCUPATIO	ON st of working	16b. KIND OF 8	AFR USINESS/INDUSTR		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ife. Do NOT use retire HOMEMAK	d.)	•				
BE COM	17. FATHER'S NAME (First, Middle, Lest) WILLIE CANTY	7			18. MOTHER'S NA KATI	ME (First, Middle, Maide E CANTY			
TO B	190. INFORMANT'S NAME (Type/Print) MARSHANN POWELI					ALTO . MD .))	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramove 4 Donation 5 Other (Specify)	of from State cemeter)	ACE AND DATE OF DISP y, crematory or other pla	ce)			OCATION — City of		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE J		22. NAME AN	D ADDRESS OF FA	CILITY CRS FUNERA	BUTUS, N		
	· Col C	toly	1	1300	EUTAW P	L. BALTO.	MD. 212		
	23. PART I. Enter the diseases, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, ehock, or haert feliure. Liet only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):								
	resulting in death) a	DUE TO (OR AS A CO	NSEQUENCE OF):		1				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate couse. Enter UNDERLYING C. DUE TO (OR AS A CONSEQUENCE OF): My o cana al my octation.								
ERTIFIC	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A COI				No.			
AL	PART II. Other algnificant conditions	contributing to deeth but n		underlylng	g cause givan in	Part I. 24s, WAS A	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS	
MEDIC			tevere)		1 YES		OF DEATH?	
AN.	DID TOBACCO USE CO	ONTRIBUTE TO CA	AUSE OF DE						
SICI		IOSPITAL:	OTH	IER:	ACE OF DEATH (Ch	8 C Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ		28d. DESCRIBE HOW	INJURY OCCURE	D	
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — A	At home form street		ES 2 NO	281. LOCATION (Stree	d and Number as G	The state of the s	
TED	4 Homicide B Could not be determined	building, atc. (Specify)		and y, divide		City or Town, Stell		rai riodie Namosi,	
COMPLETED		N: To the best of my knowledge On the basis of examination and						se(e) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	a. mo			29c. LICENSE NUI	WBER P65	29d. DATE SIG	NED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO C		(ITEM 27) (Type, Print) Gut	an.		Bal	+ m	4 2/20/	
	JAN 2 01995 Julia	32. BEGISTRO'S SIGNATUR							



BALTIMORE, MARYLAND	6 may be retained by the hospi	ctor, page 5 should be detached	
BALTIM	after death. Page	by the funeral dire	emoval.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OF ATTEMPTS. THE LAN REQUIRES that the death certificate be executed with fours after death. Page 6 may be retained by the hospi	THE FLANETAL DIRECTION ARE: THE PERIODS have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	he like within 72 hour after event with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	95	F	A

	1 - ST.	OR FATE EGISTRAR	STATE OF MARYLA					ALTH AND	MENTA	L HYGIEN				
	1. DECE	Mary	Howan						2. DATE	OF DEATH	2	F55 3	9:00 A	м
	21	AL SECURITY NUMBER	1 □ M 2 4 F 69	ı yrs. lest bli		F UNDER 1 Y		IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) /23/25		BIRTHPL Country) MD	ACE (State or Foreign	
9		MD, GENERAL	street and number)		9		JTIM	ORE	EATH		9c. COUNTY	OF DEA	rH	
OTOGERATO			Y	1	10c. CITY, T	OWH OR						- 1	d. INSIDE CITY LIMITS?	
INCOVE	10e. STR	3416 park hei	ight AVE.					21215			USA	OF WH	AT COUNTRY?	
2	3 🖟 WI	ITAL STATUS pver Married 2 Married Idowed 4 Divorced	FORCES? 1 YES	t2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO If YES, GIVE WAR OR DATES! 13. WAS DECENDENT OF HISPANIC It yes, specify Cuban, Maxican, Fig. 1. YES 2 ☐ NO Specify:						n, Puarto Rican, atc.) Black, White Specify:			American Indian, white, atc.	
o ETEN	Elem	15. DECEDENT'S EDU (Specify only highest grade nentary/Secondary (0-12)	UCATION le completed) Coffege (1-4 or 5 +)	(Give I	DENT'S US kind of work NOT use n	k done dun etired.)	UPATION ing most	of working	16	b. KIND OF BU	SINESS/INDUS			
at once.		IER'S NAME (First, Middle, Last) THOMAS CARTE	CR					16. MOTHER'S NA						_
iffed a	19a INE	ORMANT'S NAME (Type/Print)		19b. N	AAILING AC	ODRESS (S	Street and	ANNIE		CARTER now, City or Tow		de)		_
be notified	N	OLAND CARTER		3	416 I	PARK	HEI	GHT AVE	BA					
	20a. METHOD OF DISPOSITION 1													
medical examiner must	•	ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 21217												
the state of	IMMED	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Coronary Artery Disease Coronary Artery Disease year												
traumatic event,		Congestive Heart Failure												
trauma	if any, cause.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): Hypertension												
y, or other traumatic	that in	CAUSE (Disease or Injury that initiated events resulting in death) LAST												
Inju	PART	ii. Othar significant condition	ns contributing to death bu	t not rest	uiting in 1	tha unde	eriying	cause given in	Part i.	24a, WAS AN PERFO			ERE AUTOPSY FINDIN	GS
shows any									_	t 🗌 YES :	NO NO	O	OMPLETION OF CAUSE F DEATH?	1
S N	DID 25. WAS	O TOBACCO USE (CASE REFERRED TO MEDICAL	CONTRIBUTE TO C	AUSE	OF D			S NO		ne)				_
or item	1 [WINER?	HOSPITAL: 1 Enpetient 2 ER/Outpet	tient 3 🗆		THER:	g Home	5 Realdence	6 🗆 Oth	er (Specify)				
RY PH	T X	NER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	2	186. TIME O	Υ	Bc. INJUI WORI	K?	28d. DE	SCRIBE HOW	INJURY OCCUP	ED		
Æ G	48	Accident Investigation Suicide 8 Could not be Homicide datarmined	26s. PLACE OF INJURY - building, atc. (Specify	– At homa,	, term, stre	et, tactory	, office			CATION (Street or Town, State)	and Number or	Rurel Rou	le Number,	
= 4	29a. CER (Che one)	ock only	BICIAN: To the beat of my knowledge. On the basis of examination									ause(a) a	nd manner as stated	
TO BE CO	296. 91G	nature and title of certifie	Nacem				1	D 15	MBER	29d. DATE SIGNED (Month, Day, Year) 0 3			_	
F	DY MAME	E AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF DEAT	1H (ITEM 2	DITO PO	OLF) H	N ST	P.)	BALT	TIMO	RE	MODE	7
	31. DATE	IN 2000 1995 A	JA REGISTRAR'S GONA	URE									6-1/-	

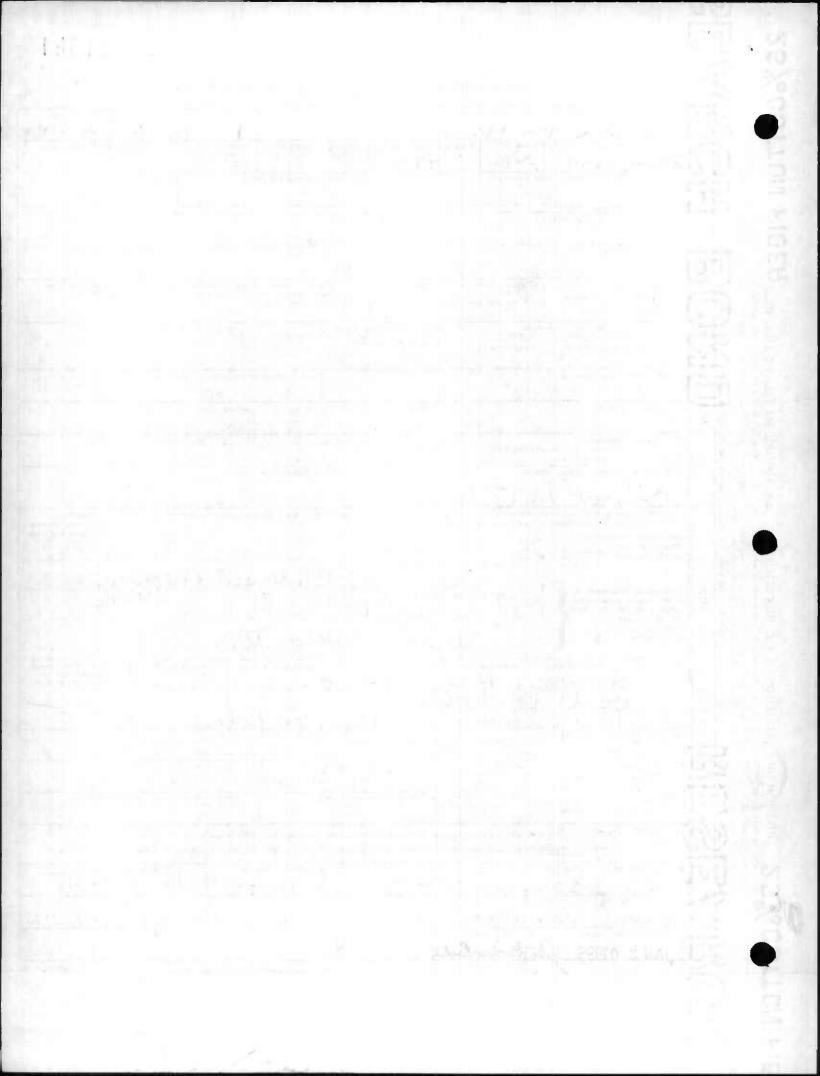


BALLIMOKE, MARYLAND 21213-0020	TO THE HOSPITAL OF ATTEMONG STREETAN THE INFORMATION THE INFORMATION OF THE HOSPITAL OF ATTEMONG PAYER.	TO THE PLANERAL DIRECTOR Affords That been possed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	be fine within 72 hours attended to the Company of the state of the st	IMPORTANT If how 28 is marked as from 28 shows any injury or other trainfale event the medical evantines much he notified at once
2	25600	A Antoira	- Upeath	S.
CIAI	S ATTE	инестон	afte sate	nm 28
2	TAL D	RAL DI	72 10	10.16
	HOSP	RIME	within	TAME
	D THE	男10	e filed	HOUR
	F	F	Ā	=

- 50	7
0	
40	
~	•
00	
(0)	
-	
BOX 68760	
0	
0	
m	
	1
P.O.	
U.	
0	
-	
63	
0	
=	
-	
0	
~	
0	
ш	
m	
RECORDS	
-1	
ef.	
-	ä
	2
~	Э
-	d
ta.	И
~	1
0	ı
-	벍
-	3
ACL.	s
=	В
CO	٩
-	9
>	ij
DIVISION OF VITAL	
	ľ
_	Ĥ
	đ
	g
	1

1	FOR STATE REGISTRAR	STATE (OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIEN	
1.	DECEDENT'S NAME (First, Middle, Last)	m t	Harley	2. DATE OF		DAY
						-

_	REGISTRAR		CENTIF	TUATE OF	DEATH	REG. NO),		
	1. DECEDENT'S NAME (First, Middle, Last)	11	0			2. DATE OF OEATH	AY YEAR	3. TIME OF OEATH	
	Jonald 7	n Har	Just				3 45	5:00A m	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	TNPLACE (State or Foreign	
	28-46-9259	12 W 2 🗆 F	47, YRS.	months DATS	HOURS MIN.	3/25/194		RYLAND	
1 33	Se. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
RO	ARUNDEL HOSPITAL	CENTER		ANNAPO	I.TS	Λ Λ	COUNTY		
15	RESIDENCE OF DECEDENT	THAIR C	LID		A.A.	COUNTI			
DIRECTOR	10a. STATE 10b. COUNT	Υ	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
ā	MARYLAND				SEVERNA	PARK, MD.		1 X YES 2 NO	
AL	10e. STREET AND NUMBER	10	H. ZIP CODE		V	WHAT COUNTRY?			
E	125 CLARENCE AVE			21146		USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X Y	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		CE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 X Y	ES 2 NO		secify Cuban, Mexic	an, Puerto Rican, etc.)	Ble	ick, White, atc.	
ВУ	3 Widowed 4 Divorced	1966- 19			ZAL III OPEC	7.	ARI		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION		USUAL OCCUPATI work done during m		16b. KIND OF BU	SINESS/INDUSTRY		
l iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)	ost of working				
교	12	4	MONTGOM	ERY COUN	TY DEPT	OF HOUSING	- ESTI	MATOR/INSPEC	
O	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maiden	Surname)		
	SAMUEL HAR	LEY			GLORIA	COOPER			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow			
2	DEBRA HARLEY		125	CI.ARENCE	AVF SE	VERNA PARK	MADVIA	ND 211/6	
5	20a. METHOD OF DISPOSITION								
	20s. METHOD OF CISPOSITION 14 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CROWNSVILLE, CARRELOR OF PRINCE) CROWNSVILLE, MARYLAND								
	21. SIGNATURE OF FUNERAL BETPIÉE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P. A.								
	10. 1/1	11 50							
3	Just 1	N. Cale				ACE, BALTI		. 21217	
	23. PART I. Enter the disesses, or ahock, or heart fallure.	complications that cau	sed the death. Do	not enter the me	ode of dying, suc	ch as cardiac or resp	Iratory arrest,	Approximats	
	IMMEDIATE CAUSE (Finsi	List only one cause o	A A	100000				Interval Between Onset and Death	
	disesse or condition resulting in death)	1	SYSHUL	l.					
	DUE TO (OH AS A CONSEQUENCE OF):								
2 2	Sequentially list conditions, Due to (on as a consequence of): Due to (on as a consequence of): Due to (on as a consequence of): Due to (on as a consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A SONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disesse or injury		MScul	URT				9	
F	thet initiated events	DUE TO (OR A	S A CONSEQUENCE C	F):	1	A			
E	resulting in death) LAST	d	Upu	eur	WAN	WS			
	PART ii. Other significant condition	ne contribution to don't	h has not assistant	V					
EDICAL	ALM CM	resi Nev	I but hat resulting	In the underlyin	g ceuse given in	Part I. 24s. WAS AN PERFO		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	601) 5110			100	•	1 🗆 YES :	2 GNO	OF DEATH?	
ME	Hemi	Donner	Hum			└		1 TYES 2 1 NO	
	- Hunos	un renew	n	USDI.	1 mon 1	anul			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000			LACE OF DEATH (C	eck only one)			
PHYSICIAN:	1 TES 2 LINO	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)			
된	27. MANNER OF DEATH	28e. DATE OF INJUI			JURY AT	28d. OEŞCRIBE NOW	INJURY OCCUREO		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Workin, Day, 101	"		YES 2 NO			H L	
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, atc. (JRY - At home, term,	atreet, factory, offic	:0	281, LOCATION (Street	and Number or Rura	I Ploute Number,	
COMPLETED	4 Homicide determined	bunding, stc. (эрөснүү			City or Town, Stete			
	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my ki	coviedes death occur	rad of the time date	and place, and du	to the country and me	The Sale		
Σ	one)	ER: On the basie of examin						(a) and manner as stated	
8	296. SIGNATURE AND TITLE OF CENTIFIE	n	1		29c. LICENSE NU	MBER 12214	29d. DATE SIGN	(Month, Day, Year)	
2	100				100	4211		891	
151	30 NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Dida.	/ Δ.	1 1	2001	1 1 2 111 1	
1-1	1401896 (- 7 VM	AN CHALAN	7 967	19age	4 00	1. 1mm	Marian	1) M) 2190	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE				V		
	IAN 2 01995 A	his dhudler he	rdell	V	4				



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. once. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

BY PHYSICIAN: MEDICAL

COMPLETED

BE

2

	1tem1 1-20-95 F	11mG/19 W	/./H. P€	er F/	H				9	5	01342
	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIFI	TMENT OF	HEALTH F DEA	AND N	MENTAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last)		es Wund					2. DATE OF DEATH MONTH	MY	YEAR	3. TIME OF DEATN
	CHARLES W. HICK 4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t hirthrims	IF UNDER 1 YEA	R IF UNDER	0.04.000	January 1	7. 19	95	7:30 P M
	137-14-9375	1 💢 M 2 🗆 F	72	YRS.	MONTHS DAY		MIN.				NPLACE (State or Foreign NSYLVANIA
~	9a. FACILITY NAME (If not institution, give street end number)				9b. CITY, TOW	N OR LOCATI	ON OF DE	ATN	9c. COI	UNTY OF E	DEATN
CTO	NORTH ARUNDEL HOS			GLEN	BURNI	E		ANN	NE AR	UNDEL	
DIRECTOR		e arunde	j	10c. CITY	SEVE	cn					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8227 GRAINFIELD				101. ZIP COD	144			S.A.	WNAT COUNTRY?	
BE COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Olvorced	WED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACL Blact 1 VES 2 X00 Specify: Specify:					E — American Indian, k, White, atc. #y: WHITE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 1.2 N A			I. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relited.) ELECTRICIAN 18b. KIND OF BUSINESS/INDUSTRY U.S. GYPSUM CO				20.			
		CKS				18, МОТІ СН	ARL(ME (First, Middle, Meider, OTTE G.	Sumame)	OMP	SON
70		ICKS	19b	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stere, Zip Code) 8227 GRAINFIELD ROAD, SEVERN, MD. 21144							
į	20e METNOD OF DISPOSITION 1 IA Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	Marie Company			F DISPOSITION		AL ¹	7 1 / 9 11		GE,	
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		\	22. NAME	AND AODRE	SS OF FAC	nusinglet	n fu	ınera	al Home
	(Hamelal	d Olar	atte	ナ	Glen	Bur	nie,	Maryland	210	61.	
	23. PART I. Enter the diseases, or c ahock, or heart fallure. L IMMEDIATE CAUSE (Final	Jat only one caus	e on aach lina.						iratory ar	reat,	Approximate interval Between Onset and Death
	disesse or condition resulting in death)	Acul	e Re	nal	Fair	lure	-				1 week
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Autre Reval Failure DUE TO (OR AS A CONSEQUENCE OF): Metastatic Oslor Cancer DUE TO (OR AS A CONSEQUENCE OF):							6 years			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		R AS A CONSEO					<u> </u>			
CERI	resulting in death) LAST						_				

4 Nomicide

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 - NO OF DEATH? 1 YES 2 NO

DID TOBACCO USE CON	TRIBUTE TO CAUSE OF DE	ATH YES NO UNC	CERTAIN 🗆
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO	26. PLI HOSPITAL: 1 (1) Inpetient 2 ER/Outpatient	ACE OF DEATH (Check only one) OTHER: 3 □ DOA 4 □ Nursing Home 5 □ Re	esidence 8 Other (Specify)
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED NO
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one)

2 MEDICAL EXAMINER: On the mination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end manner ee stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

D2.043 |

29d. DATE SIGNED (Month, Day, Year) 1-18-95

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

S HSU 1406-B ONG crain Hwy, #308, GLEN BURNIE, MARYLAND 21061 31, DATE FILED (Month

MY OF WAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68769

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: If Item 28 is marked, or Item 23 shows any lature and hiller and hiller and hiller than their transmit permit.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL HYGIEN	_				
	1. OECEDENT'S NAME (First, Middle, Lest) ROBERT	Lee	HEL	JBECK	Sr.	2. DATE OF DEATH		3. TIME OF OEATH 10:45 A M			
	The second secon	1 M 2 D F 55	In yrs. lest birthday YRS.	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. OWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	(Month, Dey. Year) Oct. 3. 1939 Maryland				
DIRECTOR	1206 Georgetown		Hari								
	Maryland Harf	ord			10d. INSIDE CITY LIMITS? t YES 2 N NO						
FUNERAL	1206 Georgetown D			US	OF WHAT COUNTRY?						
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	16.5	AS OECENDENT OF HISPAI 198, specify Cuben, Mexico 1985 2 NO Specif	n Puerto Bicen etc.)	e or No 14.	RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	me. Do NOI	f work done du use retired.)	ing most of working	16b. KIND OF BU					
TO BE COMP	17. FATHER'S NAME (First, Middle, Last) Edward Ranson Her		Market:	ing Ma	18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	xzon			
TO B	19e, INFORMANT'S NAME (Type/Print)				Street and Number or Rural		rn, State, Zip Co				
	Margaret Lynne Her				getown Driv						
must be	20a. METHOD OF DISPOSITION 1 Burlel 2AD Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al from State 20b	PLACE AND DATI etery, cremetory or FEENMOU	other place)	•	1	timore	or Town, State , Maryland			
examina	21. SIGNATURE OF FUNERAL SERVICE LICEN Ratin Martin Lav			22. NA Mi	ME AND ADDRESS OF FA	efeld. Hom	ne.	rvland 21212			
, me menea	23. PART I. Enter the diseases, or conshock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in daath)	mplications that caused at only one cause on early wildespread	ech line.	not enter th	e mode of dying, suc	h es cerdiec or resp	iretory arrest	Approximata interval Between Onset and Death			
NO	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE	OF):				3 7.3			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A									
ERT	resulting in death) LAST										
MEDICAL C	PART II. Other significant conditions of	contributing to death be	ut not resulting	in the unde	orlying ceuse given in	Part I. 24s. WAS AN PERSON	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
SIC	EXAMINER? 1 YES 2 NO NO PROPERTIES P										
ВУ РНУ	27. MANNER OF DEATH 1 Westurel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 21	c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
ETED	Homicide determined determined										
COMPL		N: To the best of my knowledge. On the basis of examination						use(s) end manner ee stated.			
TO BE	296. 90 AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										

D. Dept. B.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Urology

G. Steven Bova MD

DHMH-16 Rev 1/89

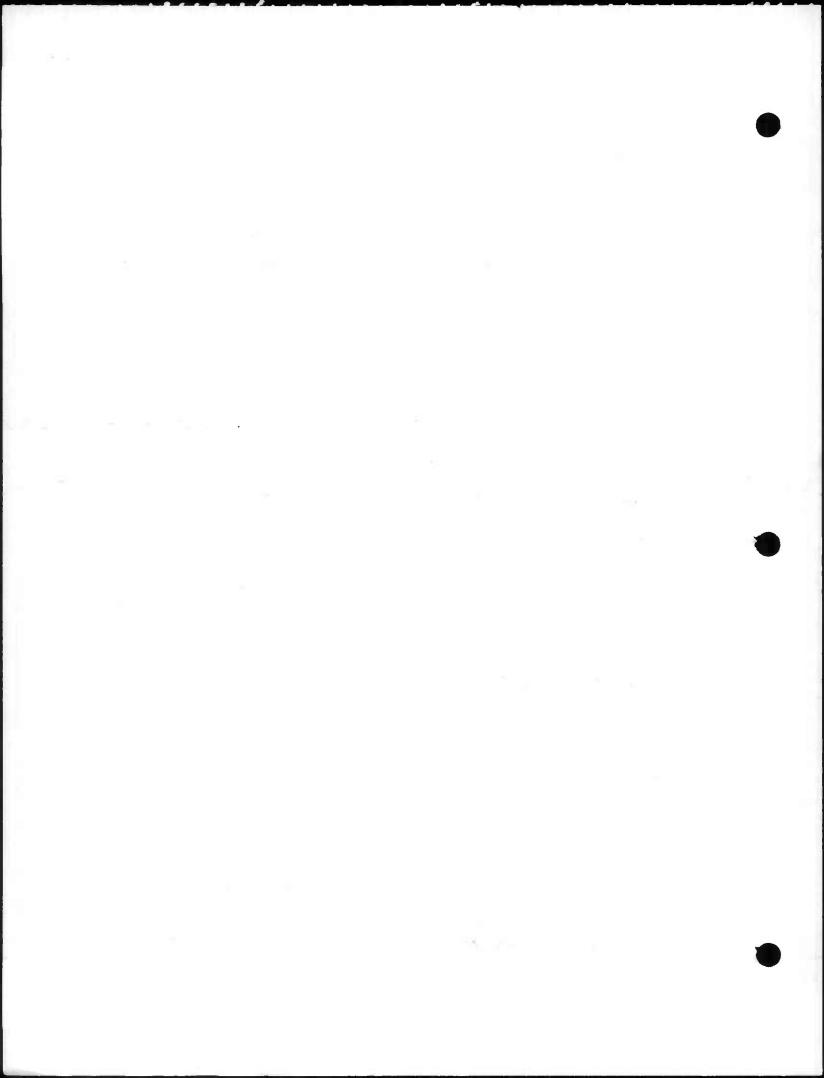
Johns Hopkins Hospital Balt 21287

and the state of the state of

	3 should	
	2	ì
	-	
	Pages	
	permit.	
JU.	ransit	
physici	bunial-t	
Bu	the	
g.	SS	
atte	Se	
9	0,0	
ospita	ched f	
Je J	deta	
2	be	
stained	should	
9	5	
ay b	pag	
E	tor,	
age	direc	
leath.	funeral	
9	196	Wal.
62	3	9m0
ž	5	1
č	lled pall	П, С
2	ly fi	atio
	dete	remi
0	E	0
95	20	иńа
ě	an	Q o
8	cian	101
cate	lly Si	e pr
É	0	ien
Ce	ngiju	F S
death	afte	ental
De	the	3 Me
13	à	and
	9	5

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT S NAME (FIS),	MIODIE, CIIST)	lizabeti	h J.	Hub	bar	d	2. DATE OF DE MONTH	DAY 9	YEAR	3. TIME OF DEATH 12:35 A. M	
10		4. SOCIAL SECURITY NUMB 218-03-389		5. SEX 6.	AGE (In yrs. Is	· · ·	IF UNDER 1 YE	1	7. DATE OF BIR (Month, Day, 7-29-	Year)	a. BIRTHE Country	PLACE (State or Foreign	
2, 3 should	стов	9a. FACILITY NAME (If not in: Northwes RESIDENCE OF DEC	st Ho			1	9b. CITY, TO	VN OR LOCATION OF D		9c. COU	NTY OF DE	ATH	
if. Pages 1,	DIREC	100. STATE MD	10b. COUNT	Baltimore			rners	Station	n			10d. INSIDE CITY LIMITS? 1 YES XXX NO	
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 564 New	pitts	burg Ave				101. ZIP CODE 21222		10g. CITI	USA	HAT COUNTRY?	
21215-0020 al or attending physician. for use as the bunal-transit	B≺	11. MARITAL STATUS 1 Never Merried 2 3 Never Merried 4 Divor		12. WAS DECEDENT ET FORCES? 1 I	YES 2	RMED 100	II yes	DECENDENT OF HISPAI , specify Cuban, Maxica YES XIX NO Specifi	en, Puarto Rican, e	cify Yes or No—		— American Indian, White, elc. Black	
	IPLETED	15. DECI (Specify only Elementary/Secondary (0-	EDENT'S EDU highest grade -12)	CATION completed) College (1-4 or 5+)	(0	ECEDENT'S US Give kind of wor e. Do NOT use Dome:	rk done durin retired.)	ATION 7 most of working	18b. KIND	OF BUSINESS/INC	USTRY		
YLA by the be del	BE COMPL	17. FATHER'S NAME (First, Millsac Car.	r						ME (First, Middle,				
	10	19a. INFORMANT'S NAME (7) Charlotte	Breh			7916	Dunh					., Md 212	
MORE ge 6 may lirector, pa		20e. METHOD OF DISPOSITION 1X Xurtel 2 Cremation 4 Donation 5 Donation	(Specify)		cemetary, cr	AND DATE OF ematory or othe 1tus	er place) Memo l	cial	1/20 1	Baltimo	-		
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF FUNERAL	L SERVICE LIC	1.4	orti	and	Ja	e and address of fa ames A. 1 701 Laure	Morton		s Fu	neral Home	
OX 68760. By consociated within X4hours after sician and completely filled in by the rior to burial, cremation, or removal traumatic event, the medical	CATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, industrial part failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Batween Onset and Death Due To (or as a conscourage or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Figure or complications) Due To (or as a conscourage or): Due To (or as a conscourage or):											
P.O. B th certificat ending phys I Hygiene p or other	CERTIFIC	CAUSE (Disease or Injur that Initiated events resulting in deeth) LAST		DUE TO (OR	AS A CONSE	OUENCE OF):							
CORD: signed by the Health and M ws any inju	MEDICAL	PART II. Other significer	nt condition	A . A . A	eth but not	resulting in	the under	ying cause given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
		DID TOBACCO US		RIBUTE TO CAUS		ATH YES			NB				
F VITAL SICIAN: The lan certificate has the State Dep	PHYSICIAN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		HOSPITAL: 1 Inputient 2 ER	l/Outpetlant		OTHER:	Home 5 - Residence					
이 등 병을 할	ВУ	1 Natural 5 F	Pending nvestigation Could not be	(Month, Day, Y	bar) JURY — At h	INJUE	M 1	INJURY AT WORK? YES 2 NO		HOW INJURY OCC	100	sute Number	
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mai	LETED	4 Homicide	determined	building, atc.					City or Town	, State)			
UNEW IT	COMPL	one) 2 MEDIO	CAL EXAMINE	CIAN: To the best of my R: On the basis of exami								and manner es stated.	
JAPA N	TO BE	296. SIGNATURE AND TITLE	ton	MA				29c. LICENSE NUI		29d. DAT	SIGNED (Month, Day, Year)	
		30. NAME AND ADDRESS OF	ostor	(1)	DEATH (ITE		OSP	tal Cen	ter				
		JAN 2 0199		22. REGISTRARY	SIGNATURE								



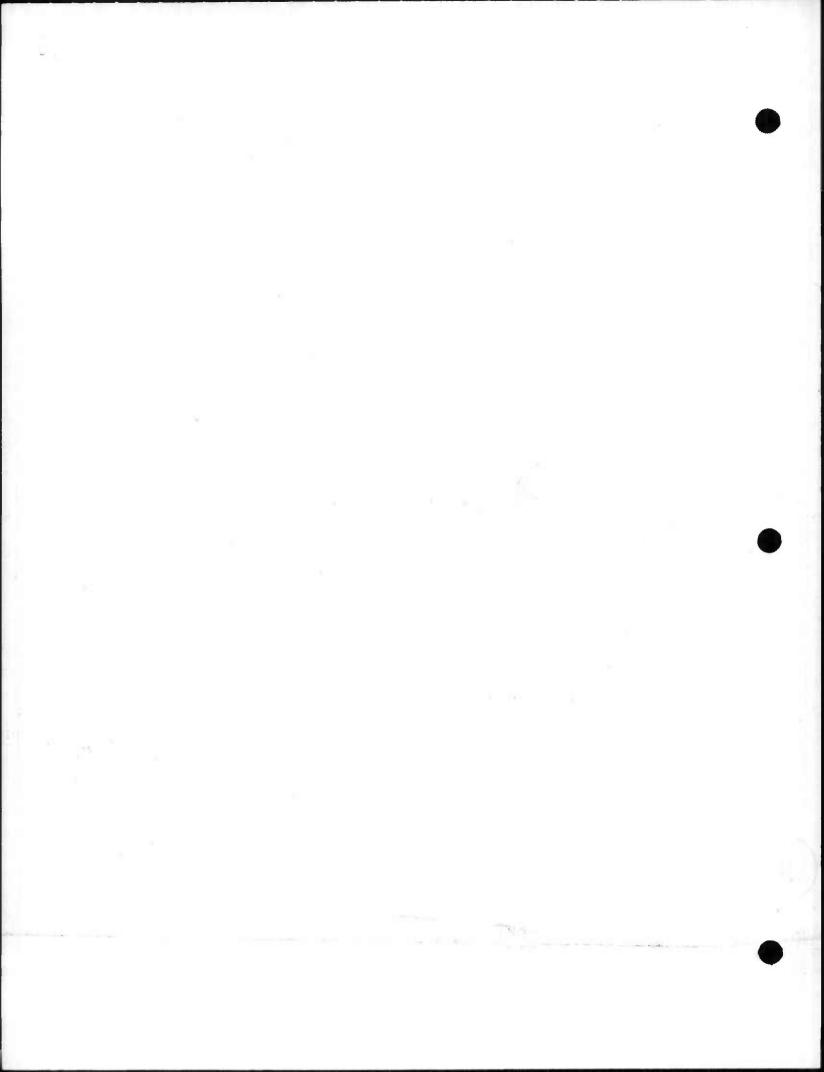
	1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, La.	STATE OF MARYLA	ND / DEPARTI	MENT OF H	DEATH AND	RE	G. NO.		
	Sarah	Hofstette	er			MONTH TAN	DAY	YEAR 5	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. lest birthdey) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	a. BIRTH	PLACE (State or Foreign
	216-20-4768	1 □ M 2 💢 F	68 YRS.	HITHS DAYS	HOURS MIN.	(Month, Day,	16/26	Ma	ryland
000	9a. FACILITY NAME (If not institution, give		9		OR LOCATION OF C	EATH	9c. COUN	TY OF DE	АТН
E	Sinai Hospital			Bala	timore				
DIRECTOR	10a. STATE 10b. COU			OWN OR LOCAT					10d. INSIDE CITY LIMITS?
	Md. 7	Baltimore		Pikesu					1 - YES 2 NO
RAL	603 McHenry Ro	ad		101	21208		10g. CITIZ	EN OF W	HAT COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spi	ocify Yes or No-	14. RACE	- American indian
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecify Cuben, Mexic 2 NO Speci	an, Puerto Rican,		Black Specif	White, etc.
4	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S US	HAL OCCUPATION	74 241	T see Kind	OF BUSINESS/INDL	IOTOM	White
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done durina mo	ist of working	100. KIND	OF BUSINESS/INDE	STHT	
MPL	12		House	vife					
COM	17. FATHER'S NAME (First, Middle, Last)	,			1	AME (First, Middle,	,		
BE	Louis W. Mwrk.	ony	Law manage of			Geisber			
2	Joseph M. Hofsa	otton Sn			Rd. Pi		y or Town, State, Zip	2120	e
	20a. METHOD OF DISPOSITION	20b.1	PLACE AND DATE OF	ISPOSITION (Na	me of		20c. LOCATION — C		
	1 Denties 2 Cremetion 3 Re 4 Denation 5 Other (Specify)		arroll C	rematio	n 1-		Hampsted		
	21. SIGNATURE OF FUNERAL SERVICE	LICE SEE		22. NAME AN	ND ADDRESS OF F	ACILITY	24 Reiste		
	C. Buai	Towell		Eline	Funeral	Home i	Reistersa	town	Md. 21136
	23. PART I. Enter the diseases, of ahock, or heart failur	r complications that caused a. List only one cause on ea	the deeth. Do not ch line.	enter the mo	de of dying, suc	ch aa cardiec o	r reapiratory arre	st,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	500	: -						Onset and Deat
	resulting in death)		PSIS						
Z	Segmentially list conditions	G I	· ble	ed					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):	5-	1 1	1			
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR 40 A (OCA -	26	HONI	611	purpur	- 9	
IH	resulting in deeth) LAST	· Chr	ONIC	TEN	91 f	aily	re		
L CE	PART II. Other significant conditi						WAS AN AUTOPSY	Lau	WERE AUTOPSY FINDINGS
DICAL CE			t not roughling in t	ne underlying	g couse given in		PERFORMED?		WERE AUTOPST FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						— 'x	YES 2 NO		DF DEATH? 1 YES 2 NO
AN: MED	DID TOBACCO USE CON	TRIBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAI	N 🗆			TE ZENO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH (Check only one)					
PHYSICI	1 VES 2 NO	1 Inpatient 2 ER/Outpat	tient 3 DOA 4	Nursing Hom	e 5 Residence				
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	WO	PK?	28d. DESCRIBE	HOW INJURY OCCI	JRED	
D BY	2 Accident investigation 3 Suicide 8 Could not b	260 PLACE OF IN HIEV	- At home, farm, street				(Street and Number of	or Aural Ac	oute Number,
X	4 Homicide determined	bonding, atc. (Specif	y/			City or Town	n, State)		
E I		SICIAN: To the best of my knowle							
ō		NER: On the basis of examination	and/or investigation, i	n my opinion, de	eath occured at the	time, data and p	lece, and due to the	cause(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	IER 1. / · / ÅA	h	- 0	29c. LICENSE NU				Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON N	VHO COMPLETED CAUSE OF SCHOOL	P,		15240:	7351 (C.	1851 > 0	1//	5/95
	Cardella		ngi Hos		21101	841	laca A.	. R	. H
	31. DATE FILED (Month, Day, Year)	32. HEGISTHAN'S SIGNA	URE	Frid!	2701	UCI VE.	rele IV	D	More
	JAN 2 01995 3	whi Davoleon Rank	17						

- T

0
~
Ö
\simeq
0
מא
~
N
-
Ò
6.4
0
=
Z
d
4
_
>
000
ш.
⋖
2
-
III.
MAI
Œ
0
\cup
5
_
_
4
-

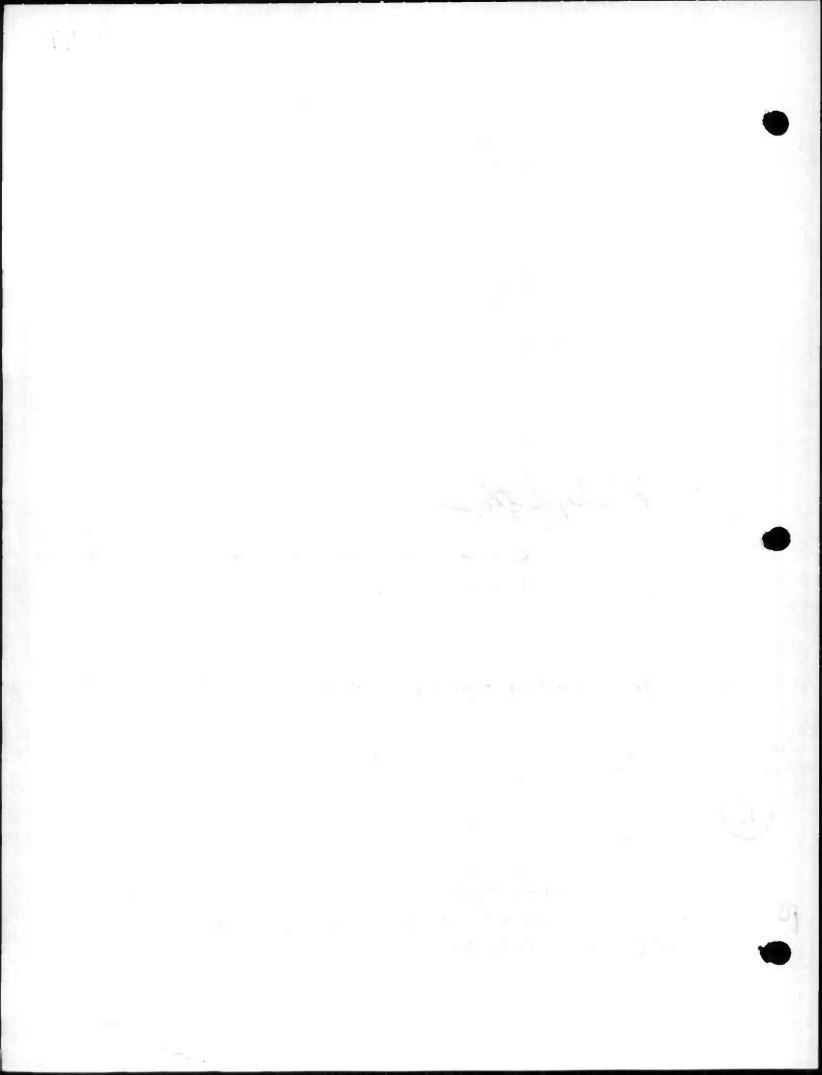
BALTIMORE, MARYLAND 21215-0020	SIGNATE The law mounter that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. Continue 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	NATE FOR TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos THE FUNETAL DIRECTOR. After this certificate has been signed by the mineral fired in by the funeral director, page 5 should be detached from within 72 hours after death with the State Dipt. of Health and Mental Hydrene prior to burial, cremation, or removal. APORTABLE II from 28 is marked, or flarm 23 shows any injury, or either traumatic event, the medical examiner must be notified at once.	

	REGISTRAR		CE	RTIF	ICATE C	F DE	ATH	100210171	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH	_
	Richard Oliver Ho	ward, Si	c.					Jan	uary 1	1 3, 1	1995	10:23 P.	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UN	DER 24 HRS.	7. DATE	OF BIRTH		n. BIRTH	PLACE (State or Foreign	
	076-34-0743	1 🔀 M 2 🗆 F	52	YRS.	MONTHS DA	78 HOUR	8 MIN.	Sept	New	York			
	On FACILITY MARKE (Mark September 1)										UNTY OF D		_
Œ						ure1		JEAN I					
18	Laurel Regional H	Ospital			La	urer		_		1	riiice	e George	_
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY	_
	Maryland Pri	nce Geor	rge		La	urel						LIMITS?	
AL	10e. STREET AND NUMBER					101. ZIP C	ODE			TIZEN OF W	HAT COUNTRY?	_	
띮	_8210 Northview					2	0707			US	SA		
FUNERAL		12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. WAS	DECENDEN	T OF HISPA	NIC ORIGIN	7 (Specify Yes	s or No-	14. RACE	- American Indien,	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	0		, specify Cu YES 2 [X] N		an, Puerto F	tican, etc.)		Specifi	, White, etc.	
	3 Widowed 4 Divorced	Vietna				A						nite	
Ē	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	(Gr	ve kind of v	USUAL OCCUP	ATION	rkina	16b.	KIND OF BU	SINESS/IN	NOUSTRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+) life.	Do NOT us	e retired.)								
MP	12 2			Self	-emplo	yed				Prin	nter		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)								fiddle, Melden				
Irving Howard Isabelle Cannon													
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	Patricia J. Howar	d		8210	North	view,	Lauı	rel, l	Maryla	ind 2	20707		
	20e. METNOD OF DISPOSITION 1 Burlel 2 To Cremellon 3 Remov	al from State	20b. PLACE A	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)									
	Baltimore-Washington Crem 1/17 Laurel, Maryl											ryland	
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	A CER	()		22. NAM	AND ADD	RESS OF F					Home, Inc	
	- Calall	CALVO	a00.		760	l San	dy Sp					MD 20707	
	23. PART I. Enter the disesses, or to	mplications that	diffred the dea	eth, Do r								Approximats	
ı	anock, or heart isiture/ Li	St only one cau	sa po edabitina.							indicoty a	,	Interval Between	
- 1	IMMEDIATE CAUSE (Final disease or condition	/	mund	Soul	dial		110	12				Onset and De	att
H	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or ASIA CONSEQUENCE OF):												
-													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF	j:							- 	
8	csuse. Enter UNDERLYING												
三	CAUSE (Disease or Injury that initisted events	DUE TO (OR AS A CONSEO	UENCE OF	7):								
	resulting in death) LAST												
Ö	PART II. Other significant conditions	contributing to	dooth but not in	ا محافاتین	- About - disk								
DICAL	course		10. 0	1/20	MA D	ing cause	given in	Part I.	24a. WAS AN PERFOR		1	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO	
ED		1 0 0	ung or	VIL.	wite			_	1 WYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	E
Σ	- COUNT	ular	man	1	ausi	ase						1 TES 2 10	-
ž.	DID TOBACCO USE CONTRI	BUTE TO CAL	JSE OF DEAT	H YE	S NO	□ UÑ	CERTAI	NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	N (Check only of OTHER:	ne)							
YS		☐ inpatient 2 🗓		□ DOA	4 - Nursing I	lome 5 🗆	Residence	6 🗆 Other	(Specify)				
표	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF I		28b. TIMI		INJURY AT WORK?		28d. DEŞ	CRIBE NOW II	NJURY O	CCURED		
₩ I	2 Accident Investigation					YES 2	□ NO		_				
8	3 Suicide 6 Could not be	28e. PLACE OF building, e	INJURY - Al hon etc. (Specify)	70, farm, s	treel, fectory, o	ffice		261. LOCA	TION (Street e	ind Numbe	er or Rural Ro	oute Number,	
4 Homicide determined													
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of r	my knowledge, des	th occurre	d at the time, o	iste end ple	ce, and due	to lhe caus	e(e) end man	iner as sta	sted.		
8	one) 2 MEDICAL EXAMINER:	On the basis of ex	amination end/or in	vestigatio	n, in my opinio	n, death occ	ured at the	Ilme, date	end place, en	d due lo t	the ceuse(e)	end menner ee stated	
EC	290. BIGNATURE AND TITLE OF CENTIFIER	1				29c. Li	CENSE NUI	MBER		29d. DA	TE SIGNED	(Morgin, Day, Year)	_
∞	Mun U	u				1)ZX	199	7 1	•	1/14	195	
2	36. HAME AND ADDRESS OF PERSON WHO					V	-/		(1-01		
	Luis A. CASAS	and	8317	che	MAY	LANE	- 4	AURE	2 W	10	207	07	
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR								_		-	
	JAN 2 0 1995 Julia	minator	MANUAL										



BALTIMORE, MARYLAND 21215-0020	TOTAL THE INFORMATION OF THE CONTROL	a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burial-transit name brace 1.2 security	or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDING PRYSICIAN! The law mounts that the owalth certificate be executed within 2.	TO THE FUNERAL BIRECOM After the certificate has been signed by the attending physician and completely fille	be fled within 72 per large parts with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Man 28 is granked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPART ERTIFI	MENT CATE	OF H	DEAT	AND I	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	Ann Ha	rrio					2. DATE MONT	OF DEATN	AY	YEAR 95	TIME OF OEATN	
	219–12–6053	5. SEX 6. AGE (in yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER :	24 HRS. MIN.	(Mont	OF BIRTN h, Day, Year) 12,1		8. BIRTNP: Country)	Maryland	
NG.	9s. FACILITY NAME (If not institution, give stree Caton Manor Nursi				TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore								
5	RESIDENCE OF DECEDENT												
DIRECTOR	Maryland Ba	ltimore	10c. CITY,	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2011 Englewood Av	2011 Englewood Avenue								10g. CITIZ	EN OF WH	AT COUNTRY?	
BY FUN		2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 XN IF YES, GIVE WAR OR DATES	MED	DED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:						or No-	14. RACE -	- American Indian, White, stc.	
	15. DECEDENT'S EDUCAT (Specify only highest grade cor		CEOENT'S U	USUAL OCCUPATION 16b. KINO OF BUSINI 16b. KINO OF BUSINI						SINESS/INOU	STRY	White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Office Worker 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) If the Notion of Business/Industry											anv		
17. FATNER'S NAME (First, Middle, Last) Thomas Edward McCormick 18. MOTNER'S NAME (First, Middle, Maiden Surname) Blanche Lannon 19a. INFORMANT'S NAME (Type/Print) Elizabeth Coulter (Daughter) 19b. Mailing Address (Street and Number or Paral Poute Number, City or Town, State, Zip Code) 8249 Fairwood Drive Pasadena Maryalnd 21122													
										122			
20s. METNOD OF DISPOSITION 1XI Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 01-20-95 DATE commeter), crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of 01-20-95 DATE commeter), crematory or other place)													
	New Cathedral Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Homes											1 Homes	
	IMMEDIATE CAUSE (Final	pplicetions that caused the dect only one cause on each line.	•	t enter t	the mod	e of dyin	g, auch	aa card	llac or reapi	atons	VIIIE	Approximate Interval Batween Onset and Daath	
CERTIFICATION	Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. HYPERTENCION DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
BY PHYSICIAN: MEDICAL (PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. CHE, PRIMARY HYPOTHYROIDISM. 1 VES 2 10 NO									CO	ERE AUTOPSY FINDINGS ANLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO		
ICIAN		OSPITAL:		отнен:		CE OF OE	ATH (Chec	ck only one	9)				
448	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 3	DOA 4	Nursh	ng Nome	5 🗆 Real	_						
BY PH	1 Natural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 2 RY M	WOR		177	28d. OE\$	CRIBE NOW IF	JURY OCCU	RED		
	3 Suicide B Could not be 4 Nomicide detarmined	no, ferm, atre	eet, factor	ry, office			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
3 Sulcide 8 Could not be detarmined 26s. PLACE OF INJURY — At home, farm, atreet, factory, offics 28f. LOCATION (Street and Number or Rural Route N City or Town, State) 28s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the firme, data and place, and due to the cause(a) and manner as stated.										nd manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICEN	SE NUME	BER		29d. DATE S	SIGNED (M	onth, Day, Yesr)	
٥	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH (ITEM	27) (Type, Pi	rint)			77.					-1995	
	R S DHARM	AS ENA, MD.	710	CH	nRI	CH.	57.	Z	BALTI	MORE		MD21225.	
	JAN 2 () 1995 This discontant												



BALTIMORE, MARYLAND 21215-0020 OR ATRIBUNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host process. The function has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burial, cremation, or removal.	
	mit. Pages	
cian.	I-transit pen	
fing physi	the buria	
or aftend	or use as	
ne hospital	letached fi	
ined by th	onld be d	
ay be reta	page 5 sh	
аде 6 т	director,	COLUMN TOWN
r death. F	e funeral	
hours afte	or remov	
cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	hhysician and completely filled in by the e prior to burial, cremation, or removal	
pecuted v	and com	
cate be	hysician e prior to	

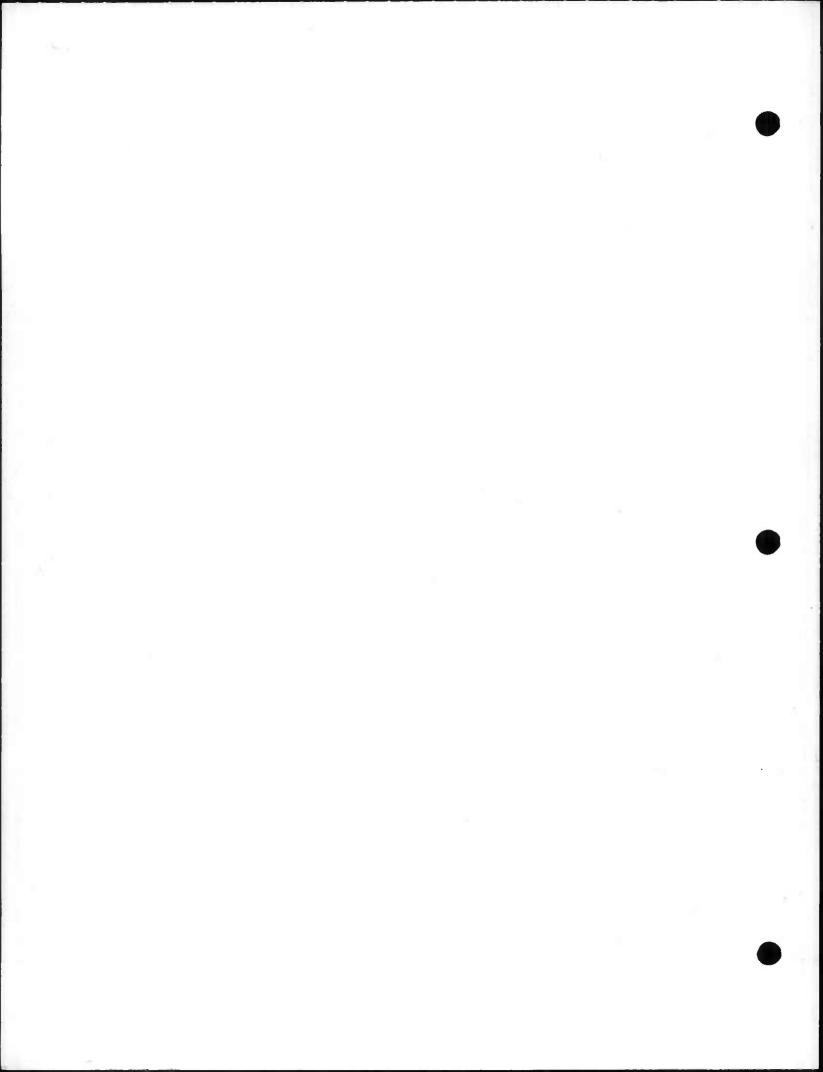
TO THE HOSP TO THE FUNE TO THE WITH T

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, I	Middle, Last)								1 DATE	OF DEATH			3. TIME OF DEATH
OLITYER HOLIMES MONTH DAY YEAR														
	4. SOCIAL SECURITY NUMBE	P	5. SEX	8. AGE (In yrs. las	ast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.						OF BIRTH	3		1545 P M IPLACE (State or Foreign
	213-01-0277		1 🕅 M 2 □ F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)		Count	ny)
	Se. FACILITY NAME (If not inst	32.2	RS. Sept. 9,1903 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUR								yland			
œ									9c. COU	INTY OF E	DEATH			
6	3505 ERDMAN		JE			BA	LTIM	ORE (CITY					
DIRECTOR		10b. COUNTY	,		Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	
当日	Maryland			-			Ba	ltime	ore					LIMITS?
										10n. CIT	IZEN OF Y	WHAT COUNTRY?		
Toe. STREET AND NUMBER 3505 Erdman Avenue 109. CITIZEN OF 10														
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13	WAS DEC			NIC OBIGIN	12 (Specify Man			E — American Indian,
									k, White, etc.					
A	3 🖺 Widowed 4 🗌 Divorc	ced	17 723, OIVE	AN ON DATES			1 YES	2 (XNO	Specif	y:			Spec	White
	15. DECE	DENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b	. KIND OF BUS	INESS/IN	DUSTRY	WIIICC
	Elementary/Secondary (0-1		College (1-4 or 5 d	·) (G	ive kind of a Do NOT us	vork done e retired.)	during mo	st of working	ng					1
릴	6th grade				lf Ba	11 E	Hawk			5	Self-En	nploy	red	-
COMPLET	17. FATHER'S NAME (First, Mid				-			18. MOT	HER'S NA	ME (First, I	Middle, Maiden	Surname)		
BE	Oliver W	Vashin	gton Hol	mes							lmina		ub	
	19a. INFORMANT'S NAME (Typ	oe/Print)		190	b. MAILINO	ADDRES	S (Street a				ber, City or Town			
٩	Donald Holme	es	(son)								ir, MD		014	
	200. METHOD OF DISPOSITIO)N		20b. PLACE				-		DAT				nern. State
	1- ⁽¹⁾ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5		ovel from State	Parky Parky	matory or or	her place)			1/1				Maryland
	21. SIONATURE OF FUNERAL	SERVICE LIC	ENGEE /	1 2 0 2 10	voou	22.	NAME A	ID ADDRE		CILITY				marylanu
Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval E onset and disease or condition resulting in death) Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 Approximately interval E onset and disease or condition resulting in death) Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 Approximately interval E onset and disease or condition of the														
									21236					
									Interval Between Onset and Death					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		DUE TO	(OR AS A CONSEC	DUENCE OF	7):								
	PART II. Other significen	t conditions	contributing to	deeth but not r	esuiting l	n the u	nderlying	Ceuse (given In	Pert I.	24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
DICAL	8.										PERFORI			AWAILABLE PRIOR TO COMPLETION OF CAUSE
										_	1 YES 2	NO		DF DEATH?
2	DID TOBACCO US	E CONTR	BUTE TO CA	USE OF DEA	TH VE	ςΠ	NO F	LING	EDTAIL	16				YES 2 NO
₹	25. WAS CASE REFERRED TO		illotte to ch		E OF DEAT			0140	LKIMI	A PLI				
SICIA	EXAMINER?		HOSPITAL:		T	OTHE	R:		r Personal		20.250			
HYS	1 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY													
2 2	1 Natural 5 Pending (Month, Day, Year) INJURY						1 🗆 1	RK? ES 2] NO	280, DE3	CHIBE HOW IN	IJUHY OC	CUHED	
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)						tory, offic			28t. LOC	ATION (Street ar or Town, State)	nd Number	or Rural F	loute Number,
7 1	29e. CERTIFIER (Check only Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.													
\$) end menner as stated.
- 11	29b. SIGNATURE AND TITLE 6		all	4							The place, and			
#	TO STANFALONE AND WITELS		44	_ /					.M.E					(Month, Day, Ybar)
2 }	30 NAME AND ADDRESS OF	DEDGON WATER	COMPLETED	~ <u>_</u>	107 -			0.0	•14 • E			JA	N. T	4,1995
	30. NAME AND ADDRESS OF F		,				mat-	Da7	t-i		Va	- 3 0	1201	
	31. DATE FILED (Month, Day, Ye		puler		reill	SU	eet,	pall	CTUIO	re, l	Maryla	na 2	T201	
	JAN 2 0 199		32 REGISTRA	hardall										

tte	60	
0	Sn J	
E	9 6	
dso	che	
9	Jeta	
to A	20	
2	PIP	
tain	Sho	
9	5	
d y	bag	
E	tor,	
96	jugo	
Te	le le	
TO THE MOSFITML OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	erificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached fo	
fler (\$	oval.
JIS 3	P P	r removal
hoi	8	9.0
2	h	ation
É	etel	rem
8	Duo	E,
5	DQ C	Sun.
8	9	2
9	sicia	rior
cati	É	d a
ine	9	gie
the co	end	£
dea	att	enta
the	th.	N P
that	9	an
SS	igne	thea
ia de	S	H
W	ě	E.
9	has	8
N.	ficate	be bed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r
CIA	Sert.	章
HAS	NS C	E S
9	Er ti	4
S S	Aff	dea
E	E H	
N.	35	0
6	8	ğ
6	蓋	12
8	薯	ã
W	HE FUNERAL DIRECTOR: After this certif	8
4	1	ř
Ħ.	4	ä

	1 - STATE REGISTRAR	STATE OF MAR			CATE C				REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	Romaine M. 4. SOCIAL SECURITY NUMBER	Ibex 5. SEX 6. A	OF // 1						January 1	5, 19		12:25 P
	212-36-4734	1 □ M 2 🂢 F	87	est birthday) YRS.	IF UNDER 1 YE		UNDER :	BAIN	7. DATE OF BIRTH (Month, Day, Year) Nov. 13,	1907	Countr	PLACE (State or Foreign y) ryland
стов	9a. FACILITY NAME (If not institution, give s 5410 Mayview Ave				96. СІТУ, ТОУ Ва	vn or Lo			тн	9c. COU	NA NA	ЕАТН
DIREC	10e. STATE 10b. COUNTY Maryland	NA		10c. CITY	Balti		2					10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	10a STREET AND NUMBER 5410 Mayview Aven	ıue				101. ZIP	CODE 2120					vhat country?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2	RMED NO	If yes, specify Cuban, Maxican, Puerto Rican, etc.) □ YES 2 NO Specify: Specify:						- American Indian, , White, atc.	
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		- (e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY								
COMPL	6th Grade 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 of 5 +)	Н	omemal	ker	- 10				n HOm	e	
C	John H. Keck					- 1			E (First, Middle, Malder	1 Surname)		
0	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS (Stre				Brown ute Number, City or To	un State Zin	Code	
2	Frank Ibex (Son)								altimore,		,	21206
	20a. METHOD OF DISPOSITION 1 N Buriat 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE	AND DATE O	FDISPOSITION	(Name of			DATE 20c. L	CATION -	City or To	wn, Stata
	1 N Burlet 2 Cremation 3 Removal from State Commettery, crematory or other place) Baltimore National 1/18 Baltimore, Maryland											
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CEI	PART II. Other eignificant condition	in the underlying cause given in Part I. 24s. WAS AN AUTOPS PERFORMED? 1 □ YES 2 □ NO					RMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN:	DID TOBACCO USE CONTI	RIBUTE TO CAUSE					NCE	RTAIN				
SICI	EXAMINER?	HOSPITAL:			OTHER:		Xo.	Idames B	Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJUF (Month, Day, Yea	RY	28b. TIME tNJU	OF 28c.	INJURY A		1	28d. DESCRIBE HOW	INJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At he	oma, ferm, st	reet, tactory, o			-	tel. LOCATION (Street City or Town, State		or Rural A	oute Number,
COMPLETED		CIAN: To the best of my kn										and manner as stated.
N.	29b. SIGNATURE AND TITLE OF CERTIFIER BLU AN	E. Par		11		29c.	LICEN	9 (ER	29d. DATE	SIGNED	(Month, Day, Year)
ار	Dr. Celiar Parra, 3007 E. NOrthern Parkway, Baltimore, Md. 21214											
	JAN 2 0 1995	12 RECISTRAR'S O	GNATURE									



urs after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with the death certificate be

HOSPITAL OR ATTENDING PHYSICIAN; The law

After the

DIRECTOR: /

TO THE HOSPITAL OR ATTENC TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT. If Item 28 Is

60

BE

5

use as the burial-transit permit, Pages 1, 2, 3 should jo detached page 5 should be notified at pe must director. examiner funeral age of medical filled in by 0 the completely traumatic event, burial, and Hygiene prior to the attending physician other t 0 signed by the atter Health and Mental Injury, 23 shows any been 1 has be Dept. Item certificate h the 9 marked, this c

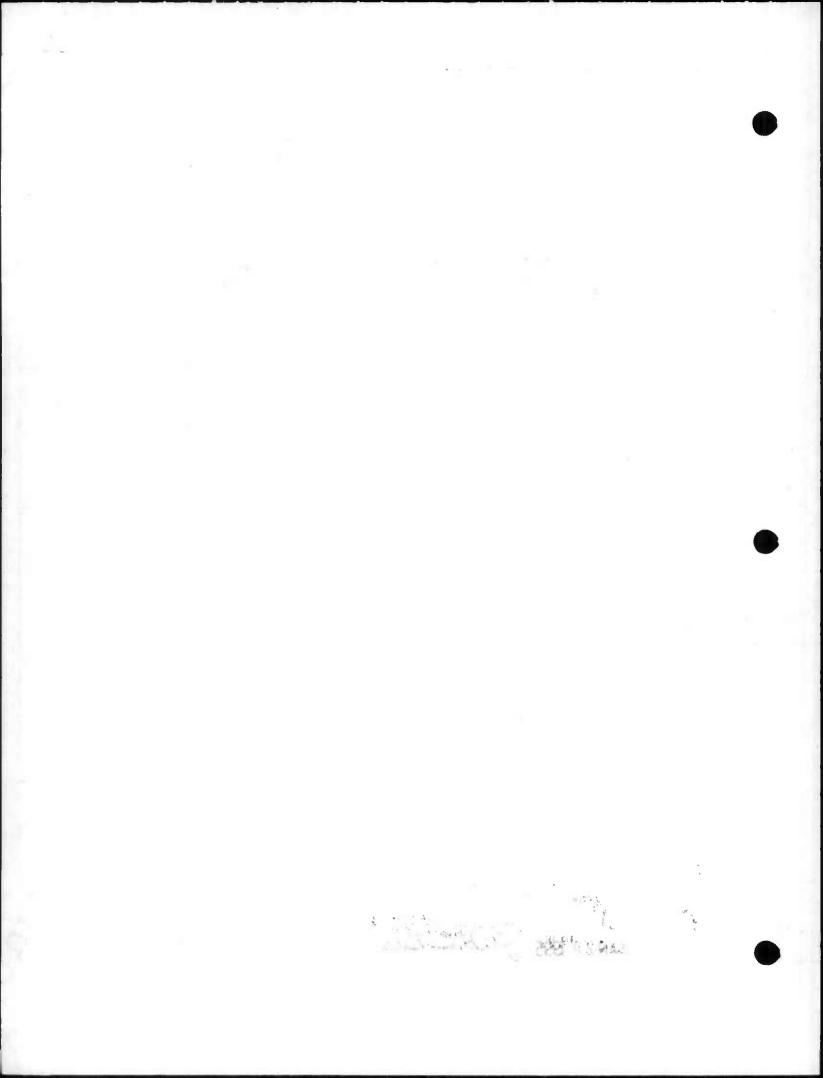
Item # 10b.10f Film # G 719 1-20-95 N.A. Per Funeral Home FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Tet-ferson MONTH YEAR James 1-15 Am 1995 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 | F 247-20-9972 South Carolina 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Bon bital Baltimore altimore DIRECTOR 2 sugge RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MI 120 1 KES 2 NO FUNERAL Hamborg 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? AZLI 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-- American Indian, White, etc. FORCES? 1 TYES 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerlo Rican, etc.) BY IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Black 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTR (Specify only highe College (1-4 or 5+) Elementary/Secondary (0-12) Jr High School Assistant Foreman New Cathedral Cemetry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Jefferson BE Carrola Sanders 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 5200 Kelway Road Willie Jefferson Baltimore, Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Cedar Hill Cemetery 24 Brooklyn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate shock, or heart fallure. List only one cause on each line. intarval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition neumonia. reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): Domontia CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH /Check only one HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Ngtural
Accident 1 YES BY 28e. PLACE OF INJURY — At home, lerm, street, lactory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide COMPLETED a Could not be

TEXTERITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, end due to the cause(e) and manner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, end due to the cause(e) end manner ee stated. 29h, SIGNATURE AND TITLE OF CERTIFIER Pay. 100/5 29c. LICENSE NUMBER 29d. DATE SIGNED (Month DC O = hi 45505 MI 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) NDE MATU and 236 chape 139 loune Cir

31. DATE FILED (Month, Day, Year) JAN29

4 Homicide 29e. CERTIFIER

32. REOISTRAR'S SIGNATURE



ITEM: 1. PER F.H. FILM G-719 1/20/95 t.t Items: 23 part 1,27,28a,b,c,d,e,f per MEO G-720 2/2/95 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)					F DEATH		REG. NO			
		MARY	ELIZABETH	1		JOY	NER	JAT		. 6	95	3. TIME OF OEATH 11:30 A _N
		4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEA	7	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
P		212-068158	1 □ M 2 🂢 F	27	YRS.	MONTHS DAY	8 HOURS MIN.		. 09, 1	967	New	York
3 should	_	9a, FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOW	N OR LOCATION OF D		. 0, 1		INTY OF OR	
1, 2, 3	TOF	1102 S.BOULDIN	STREET			BALT	IMORE CI	TY]	N/A	
rt. Pages	DIRECTOR	100. STATE 100. COUNT	v altimore		10c. CIT	TY, TOWN OR LO	CATION				10d, INSIDE CITY LIMITS? 1 YES 2 X NO	
ısit permi	FUNERAL	100. STREET AND NUMBER 6721 Glenkirk F					101. ZIP CODE 212:	39				HAT COUNTRY?
020 physician. burial-transit permit. Pages		11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT (FORCES? 1 FYES, GIVE WAF	YES 2 X	RMED NO	II yes		NIC ORIGIN	GIN? (Specify Yee or No- 14. RACE Black			- American Indian, White, etc.
215-0 attending se as the	D 8Y	3 Widowed 4 Divorced									Specify	white
21215 al or attend for use as	ETED	15. DECEDENT'S EDU (Specify only highest grad	completed)	(18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						OUSTRY	
© 2 0	COMPLE	Elementary/Secondary (0-12)	3 years		Student Co					ge		
/LAN y the hos be detach at once.		17. FATHER'S NAME (First, Middle, Last)	Tonna				18. MOTHER'S N					
NRY Ined by build be	8	Charles Gregory 190. INFORMANT'S NAME (Type/Print)	Joyner		DE MAILING	ADDRESS (See	Mary et end Number or Rural		n Ehr	2.00		
be retained by ge 5 should e notified	٩	Charles Gregory	Joyner								,,	21239
ORE, e 6 may be ector, page must be		20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cameling a grapher page of the place)										
MO direct		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENGEE	Dulan	ey Val		rial Gardens		20 Ti	moniu	ım, Ma	aryland
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		Serroy Cerane Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryl									1 1 01010	
B nours after of in by the or removal.		23. PART I. Enter the dispesses, or	complications that o	caused the d	eath. Do i	not enter the	moda of dylng, au	ch ss card	flac or read	piretory sr	rest.	Approximata
tely filled in mation, or		ahock, Dr hairt failure. IMMEDIATE CAUSE (Final disesse or condition resulting in dasth)	ACUTE NAT	RCOTIC I	NTOXIC	CATION						Interval Batwean Onset and Death
B 8 7 8			DUE TO (O	R AS A CONSI	EOUENCE O	的: -						
	TIO	Sequentistly lifet conditions, If any, leading to immediate cause. Enter UNDERLYING										
ertifical ing phy giene r	CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST										
DS, P. the death c the attendi Mental Hy njury, or	CER		d									-
S that the deal need by the att Menta lith and Menta any Injury,	DICAL	PART II. Other aignificant condition	na contributing to de	eath but not	resulting	in the underly	ing ceuse given in	Part I.	24a. WAS AI	N AUTOPSY		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
es tha gned l saith a								_	YES	2 NO		COMPLETION OF CAUSE OF DEATH?
w requires been sign or, of Healt	: ME	DID TORACCO LISE CONT	DIDLITE TO CALL	CE OF DE	ATLL M	T NO						YES 2 NO
N 6 8 5	AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAU			TH (Check only o		иПІ				
SICIAN: The certificate he the State I the State I, or Item	SIC	EXAMINER?	HOSPITAL:			OTHER:	lome XXResidence	8 Othe	r (Specify)			
D 美 華 章	PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	280. DATE OF IN (Month, Day, found 1/	Year)	28b. TIM	E OF 28c.	INJURY AT WORK? YES 2/1/1 NO	28d. DES	iect in			
L OR ATTENDING POPUL DIRECTOR: After hours after death litem 28 Is man	ED BY	2 Accident investigation 3\(\) Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I	INJURY — AI h	ome, lerm,			281, LOC	ATION (Street	and Numbe	r or Rumi Ar	usta Number
OR ATTE DIRECTOR hours afte Item 28	LETE	no continue		d at Hon	-							ldin ST.
	COMPLET	(Check only one) 2 MEDICAL EXAMINE	ER: On the best of m									end manner ee stated.
TO THE HOSPITA TO THE FUNERA De filed within 73 IMPORTANT: II	BE	296. SIGNATURE AND TITLE OF CERTIFIE	mi L	Chun	tem	0	O.C.M.			29d. DAT	IAN]	Month, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WA	O COMPLEZED CAUSE	OF DEATH (ITI	EM 27) (Type	, Print)						
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE	11 F	enn S	treet. I	Balt	imore	e, Ma	aryla	and 21201
		JAN 2 0 1995	32. REGISTRAR'S	Rendel	4							

and the second of the second o

BALTIMORE, MARYL	The face consists the dead and the constant of the constant of the face of the
BALT	Barren adam dand
	444
68760	an bushing us
BOX	and a man
P.O.	oth naving
DIVISION OF VITAL RECORDS, P.O. BOX 68760	careirae that the da
ITAL	1 The las
OF V	DUVESTAR
VISION	THE PUR ATTEMPRINE DUVESPIAM - TH
D	This run

			1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGI REG.		
			1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
V			4, SOCIAL SECURITY NUMBER	JONES 6. AGE			T	1	15 9	5 1456 "
	pin		220-76-3401	1 D M 2 D F 5	(In yrs. leet birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1936 1	BIRTHPLACE (State or Foreign Country) Aryland
	2, 3 should	СТОВ	SINGLE HOS RESIDENCE OF DECEDENT	DITA		Balt	or LOCATION OF D		9c. CDUNTY	OF DEATH
	Pages 1,	DIREC	100. STATE 10b. COUNT	Y	10c, CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LINUTS?
	permit.		100. STREET AND NUMBER	1 11	100	1/7/m	1. ZIP CODE		10g. CITIZEN	1 PYES 2 NO
020 physician.	burial-transit	FUNERAL	1130 DUKE	and ST	N U.S. ARMED	13. WAS DEC	21216 CENDENT DE HISPA	NIC ORIGIN? (Specify	Ven or No = 14	RACE — American Indian,
	ap.	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 PND	II yes, sp	ecity Cuben, Mexico 3 2 D ND Speci	an, Puerto Rican, etc.	A	Black, White, atc. Specify: Tro-American
215-0	use as	ED	18. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION CONTROL OCCUPAT	ON pat of working	16b. KIND OF	BUSINESS/INDUST	
AND 21 he hospital or	Joj per	COMPLET	Elements (0-12)	College (1-4 or 8+)	NUT:	ses	Aide	Nur	sing	Home
YLA by the	2 1	BE CO	MONTE DE O	Brown	1		18. MOTHER'S N	ME (First, Middle, Mail	den Syrneme	+7
MAR	5 should notified	TO B	190, INFORMANT'S NAME (Type/Print)	tantz	196. MAILING	ADDRESS (Street	and Number or Rural	Route Number, Christ	Jown, State, Zip Co.	MA 21211
May be	page 1		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	coval from State Con	b. PLACE AND DATE Of	EDISPOSITION (No	ame of	MATE 20c	LOCATION - City	A 4
Flage 6			4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		11/1/2	-1011	ND ADDRESS OF	CILITY CILITY		vne, Md.
BALT after death.	the funeral di oval.		Joseph	L. Kus	N	222	2 W. Nor	th Ave.	neral to	Md. 21216
hours at	d in by the or removal medical			complications that cause List only one cause on a	d the death. Do n	ot enter the mo	ode of dying, suc	ch as cerdisc or re	spiratory arrest	, Approximets interval Between
	file fon,		IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Acute	Myso	cardio	al m	another	1	Onset and Desth
68760 wecuted w	5 - 6	N	Sequentially list conditions.	b JOY DE	1 10MS	In.	20 and	Lewisch	wan	10 year
BOX	prior to	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	. Con region as	10 VO	motin	p Jun	& Alse	ne	Shear
D.O. I	Hygier Pr off	RTIF	that initiated events resulting in death) LAST	DUE)TO (OR AS A	CONSEQUENCE OF	2 Ardy	1			10000
DS, I	d Mental		PART II. Other significant condition	as contributing to death t	out not resulting I	n the underlyin	a ceure alven in	Part / Dan Man	AN AUTOPSY	0
OT =	any is	MEDICAL			out not resulting i	in the unustryin	g cause given in	PER	FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RE v requi	9 9 5	Σ	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH YE	SINOF	1 LINCEDTAI	N D		1 TES 2 NO
VITAL	ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT		2 OF TOLKIA			
F VI	the the	HYS	1 TYES 2 TO NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	petient 3 DOA 28b. TIME	4 - Nursing Horr		8 Other (Specify)	W IN HIRV OCCUR	FD.
VISION OF VI-	After this c death with marked,	ву Р	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJI	M 1 .	YES 2 NO			
	MECTOR: A purs after d m 28 is	ETED	3 Suicide 6 Could not be determined	28s. PLACE DF INJURY building, etc. (Spe.	/ — At home, farm, ≤ cify)	treet, factory, offic	•	281. LOCATION (Sin City or Town, St	eet and Number or F ate)	turel Route Number,
DI	1	Mer		CIAN: To the best of my know						
# HOSP	H	8	29h. SACHAFURE AND TITLE OF CENTINE	R: Dn the beels of examination	of end/or investigation	n, in my opinion, a	29c. LICENSE NUI			GNSD (Month, Day, Year)
100	D S M	0	SPANS AND ADDRESS OF FERSON WI	OCOMPLETED CAUSE OF DE	ATM (ITEM 27) (Type	Print)	021	8711	>	118195
+			BEILD HALING	J. Om y	Hes JA	-W-	831 0	Auna	MAR	SINEW, 21216
	Į		JAN 2 01995	Jaz Medistrans	itall					

YEAR

9c. COUNTY OF DEATH

U.S.A.

3. TIME OF DEATN

10d, INSIDE CITY

14. RACE — American Indian, Black, White, atc.

WHITE

21229

Approximsta

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

COMPLETION OF CAUSE

Interval Between

Onset and Daath

1 YES 2 NO

6. BIRTHPLACE (State or Foreign

MARYLAND

10g. CITIZEN OF WHAT COUNTRY?

Specify:

9:46

REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH PAUL FRANCIS JAN 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
JULY 17, 1940 5. SEX IF UNDER 24 HRS. DAYS 212-40-2361 1 🙀 M 2 🗌 F YRS. Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYT.AND - BALTIMORE CATONSVILLE FUNERAL 10e. STREET AND NUMBER 815 WINTERS LANE - APT-118 21228 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried
3 Widowed 4 Divorced FORCES? 1 YES 27 NO BY CTED. 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade complete) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL DISABLED 10TH GRADE once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surneme) JOHN JONES GRACE METZ 7 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 SHARON HURLEY 302 S. ROLLING / ROAD - CATONSVILLE, MD 21228 å 20s. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 Burial 2X Cremetion 3 Removal from State
4 Donation 6 Other (Specify) GREENMOUNT - CREEKELY BALTIMORE medical examiner IN MIGRATUME OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY the funeral ours after death. HUBBARD FUNERAL HOME, INC. eles 4107 WILKENS AVENUE-BALTIMORE, MD 3 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, ahock, or heart fellura. List only one cause on each line. attending physician and completely filled in 0 IMMEDIATE CAUSE (Final the SEPSIC cremation, disesse or condition resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) PERFORATION prior to burial, traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CANCER GASTRIC CAUSE (Diseese or injury other Mental Hygiene that initiated eventa resulting in death) LAST 0 Injury, signed by the a Health and Men PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 NO has been a DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate his with the State C HOSPITAL:
1 Nonpetient 2 ER/Outpetient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) OR ATTENDING PHYSICIAN: 1 TYES 2 NO 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED marked, t Naturel
2 Accident 5 Pending DIRECTOR: After the hours after death v 1 YES 2 NO BY Investigation 26e. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls COMPLETED 4 Nomicide datermined Hem 29e. CERTIFIER 1 XCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end pleca, and due to the cause(e) end menner ee atsted. THE HOSPITAL OF THE FUNERAL D TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: If II 2 __ MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 86 D41836 MD 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

the state of the s

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OF TO THE FUNERAL DO DE filed within 72 has

	phode		
	63		
	1.2		
	ERAL INTECTOR AND CONTROL REPORT SIGNED by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3		
	ırmit.		
	if De		
9	rans		
SIC	ria-		
5	2		
E E	Sth		
dile	Sea		
5	0 10		
SPIE	pa pa		
200	tach		000
2010	e de		4
5	P		-
Campa	shou		1010
2	5		8
ay L	Ded		P. P.
5	ctor.		9110
200	dire		2
	eral		min
500	F		NA2
200	y the	Dova	154
2	E D	ren	position
2	Pell	0,0	8
	ely fi	natio	45
	plet	Cren	head
2	000	rial.	
2	and	ng o	hau
2	cian	100	1
200	hysi	e pr	1
	9	gien	oth
0	tendi	F	20
3	e at	fenta	200
1	3y th	Pu	10
3	ped	th a	200
2	Sign	Hea	977
3	Deer	0	che
	has	Dept	23
	ate	tate	fam
2000	rtific	he S	10
١	ů	6	Pe
	١	* 40	ark
j	3	des	9
d	握	ě	AC
ľ	ME	iin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	T. Hitem 25 is marked or liem 22 shows any injury or other fraumatic avanting avanting an most be notified as annot
4	07	2 16	M 16a
2	ERA	in 7	1

_		1 - STATE REGISTRAR		STATE OF M		/ DEPAR CERTIF					MENTAL	HYGIENI REG. NO.	E			
	,	1. DECEDENT'S NAME (First, Middle)		Α.	-	Saw	ors	Kj			2. DATE OF	DEATH	, /	995	3. TIME OF DEATH 2.40 Am	
		4. SOCIAL SECURITY NUMBER 212-14-3928		5. SEX	6. AGE (In yrs. 73	vRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, I	Day, Year)	.192	Country	PLACE (State or Foreign y) aryland	
	_	90. FACILITY NAME (If not institution	n, give stree	et and number)						ON OF DE	ATH	<u></u>	/	NTY OF D	-	
	DIRECTOR	Good Samarita	Hos	pital			Ba	ltim	ore,	Cit	у					
	REC		COUNTY			10c. CIT	Y, TOWN C	OR LOCATI	ON				-		10d. INSIDE CITY LIMITS?	
		Maryland 100, STREET AND NUMBER	Bal	timore		Bal	timo		_Cit	y O	verl	e a			1 YES 2 NO	
	ERAL		ماده	Dood				1000	ZIP CODI	E					HAT COUNTRY?	
	FUN	11. MARITAL STATUS		Road 2. WAS DECEDENT	EVER IN U.S.	ZER IN U.S. ARMEO YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 11 yes, specify Cuban, Maxican, Puerto Rican, etc.)							or No.	- 14. RACE — American Indian,		
	BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	ed	IF YES, GIVE W		KNO				n, Maxican Specify:		Specify:				
		15. DECEDEN (Specify only higher	T'S EDUCAT	TION moleted)	16a. l	DECEDENT'S	S USUAL OCCUPATION If work done during most of working					IND OF BUS	INESS/IND	DUSTRY	WIIICC	
	LET	Elamentary/Secondary (0-12)		College (1-4 or 5 +	illege (1-4 or 5+)				retired.)							
once.	COMPL	17. FATNER'S NAME (First, Middle,	Butch	er		16. MOTI	VER'S NAM		oetze		t Pa	ckers				
100	w l	Frank Giza Gertrude Bartecki														
	2	19a. INFORMANT'S NAME (Type/Pr				19b. MAILING			d Number	or Rural A	Route Number,	City or Town		Code)		
2		George J. Mon	iodis		20h RI AC	1206 EANDDATES				lev	Drive	7	212	28 City or Ton	Prince Prince	
must	ł	1 Durdel 2 Commedice 2	Remove	ni from State	cemetery, c	crematory or o	ther plecel	n HOW (Nan		1/23					wn, Suna	
examiner must		21. SUCHATURE OF FUNERAL SERVICE CENSEE Loudon Park Loudon Park 1/23/95 Balto. Md. 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Funeral Home, Inc.														
еха	_	Word C	Schol	V.K.			В	alti	more	. M.	arvla	nd 2	1214		ille.	
event, the medical		Baltimore , Maryland 21214 23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A SUPPLICATION OF AS A CONSEQUENCE OF):											Approximate interval Between Onset and Death			
traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	S b.	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									VILORANS		
9	CERTIF	thet initieted events resulting in deeth) LAST	d	DUE TO (DUE TO (OR AS A CONSEQUENCE OF):											
any Inju	MEDICAL	PERFORMED? AWAILABLE PRIOR										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
		DID TOBACCO USE (ONTRI	BUTE TO CAI	JSE OF DE	ATH YE	s 🗆 ı	ио П	UNC	ERTAIN					1 YES 2 NO	
Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	ICAL F	IOSPITAL:	26. PL	ACE OF OEAT	N (Check	only one)			6 Other (S	Snaciful				
arked, or	ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pendic 2 Accident Invest		26e. OATE OF (Month, Da		26b. TIM		28c. INJU WOR 1 Y	RY AT			RIBE NOW IN	JURY OC	CUREO		
28 Js	HED B	3 Suicide 6 Could 4 Nomicide determ	INJURY — At I	home, term, s	treet, fact	ory, office				ION (Street au Town, State)	nd Number	or Rural A	oute Number,			
NT: H Item	COMPLE	onel		N: To the best of ex											and menner as stated.	
PORT	IO BE C	29b. SIGNATURE AND TITLE OF	pe	id M	D				29c. LICE	OSE NUMI	80 9	7	29d, DATE	E SIGNEO	(Month, Jay, Your)	
			1.D.	Good Sa	marita	n Hos		1 -	,Bal	timo	re , l	Maryl	and	,	((
		JAN 2 0 1995	gal	32. REGISTRAF	'S SANATURE											

DHMH-16 Rev 1/89

yurs after death. Plage 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 CAISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1	Andrea	Helen		acobson				2. DATE OF D MONTH Januar	y 13,	1995	3. TIME OF OEA 9:01 P
	4. SOCIAL SECURITY NUMBER 219-26-3665	5. SEX		yrs. last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day Jan . 2	RTH : Year)	Cou	ITHPLACE (State or Fi
	9a. FACILITY NAME (If not institution,		1 30	ins.	A 0==	POW TO C					ryland
œ	Franklin Squa	•	.1				r LOCATION OF D	DEATH	9c. (OUNTY OF	timore
ECTOR	RESIDENCE OF DECEDEN	_	11			Dal	timore			DAI	cimore
Ä	10a. STATE 10b. CC			10c. CI	TY, TOWN OR						10d. INSIDE CIT
DIR	Maryland	NA			Balt:	imo	re				1 X YES 2
A	10e. STREET AND NUMBER					10f.	. ZIP CODE		10g. CITIZEN OF		
빌	5677 Leiden R	oad					21206		U. S.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		ENT EVER IN U 1 YES WAR OR OAT	2 X NO	11.3	yes, spe	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Spec	an, Puarto Rican,	ecify Yea or No , etc.)	No- 14. RACE - American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S (Specify only highest	EDUCATION Bracks completed)	1	6a. DECEDENT'S	S USUAL OCC	UPATIO	ON at al wasting	16b. KINI	OF BUSINESS	INDUSTRY	,
E	Elementary/Secondary (0-12)	College (1-4 or 5	5+)	life. Do NOT	ise retired.)	my mos	at or working				
MP	12th Grade			Homema	ker			70	vn Home	9	
COMPL	17. FATHER'S NAME (First, Middle, Las	•						AME (First, Middle	, Maiden Surnar	ne)	
BE	Andrew Mannin				_			Mech			
2	19a. INFORMANT'S NAME (Type/Print)	Stuart I. Ja				nd Number or Rura					
-	-Stuart J. Jaco	oso n (Husb					oad, Ba	v			
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify)		cernete G	LACE AND DATE ery, crematory or ardens	of Fa:	ith			Baltin		Town, State Maryland
	21. SHORMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 2.										
	23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Arte	7/05	h line.	not enter the	he mod		ch as cardiac	Baltimo or respiratory		Approxim
FICATION	immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	O (OR AS A C	th line. Clero	not enter the	he mod	de of dying, su	ch as cardiac	Baltimo or respiratory		Approxim
CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Due n	D (OR AS A C	CONSEQUENCE O	not enter the	ly C	loRes	ch as cardiac	Baltimo or respiratory		d. 21213 Approxim Interval 8 Onset an
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due n	D (OR AS A C	CONSEQUENCE O	not enter the	ly C	loRes	the an cardiac	Baltimo or respiratory	r arrest,	Approxim Interval 8
MEDICAL	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. OUE TO c. OUE TO it. OUE TO it.	D (OR AS A C	CONSEQUENCE O	not enter the	ly Co	de of dying, su	s Part L 24a.	Baltimo or respiratory	r arrest,	Approxim Interval 8 Onset an Onset an Ab. WERE AUTOPSY F AMALABLE PRICH COMPLETION OF OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the conditions of the cause of t	DUE TO C. OUE TO II. HOSPITAL:	O (OR AS A CO) (OR AS A CO (OR	ONSEQUENCE OF THE PROPERTY OF	or): or):	Ly Control of the most of the	g cause given in	a Part L 24a.	WAS AN AUTOR	r arrest,	Approxim Interval 8 Onset an Onset an Ab. WERE AUTOPSY F AMALABLE PRICH COMPLETION OF OF DEATH?
SICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the cause of the ca	a. OUE TO C. OUE TO It. HOSPITAL: 1 Corporated: 280. DATE O	D (OR AS A CO) O (OR AS A CO	CONSEQUENCE CONSEQ	or HER:	26. PL.	g cause given in	a Part L 24a.	WAS AN AUTON PERFORMED VES 2 NO	r arrest,	Approximinterval 8 Onset and Onset a
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the significant conditions in the significant conditions in the significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending	a. DUE TO DUE TO A. DUE TO C. DUE TO II. DESPITAL: 1. DESPITAL: 288. DATE O ///onth.	D (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO)	CONSEQUENCE CONSEQ	orp: OTHER:	26. PL. 25. PL. WOLDER	g cause given is	a Part L 24a.	WAS AN AUTOR	r arrest,	Approximinterval 8 Onset and Onset a
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the conditions of the cause o	AL HOSPITAL: 1 Dispetal: 28s. DATE O (Mooth.)	D (OR AS A CO)))))))))))))	ONSEQUENCE CONSEQU	orner the under	26. PL 26. PL WO'N 1 Y	g cause given is	S Part L. 24s. S Part L. 24s. S Part L. 24s. S Part L. 24s. D Cother (Sor	WAS AN AUTON PERFORMEDT VES 2 NO	PSY 3	Approximinterval 8 Onset an Onset an About the second of t
LETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	AL HOSPITAL: 1 Dispetal: 28s. DATE O (Mooth.)	O (OR AS A CO (OR AS A CO O (OR AS A CO)))))))))))))))))))))))))))))))))))	ONSEQUENCE CONSEQU	OTHER: 4 (Nursin EE OF MUNICIPAL Street, Sector	36. PL 36. PL 10 Graph Home 10 Graph Home 11 Graph Home 11 Graph Home 12 Graph Home 12 Graph Home 13 Graph Home 14 Graph Home 15 Graph Home 15 Graph Home 16 Graph Home 16 Graph Home 17 Graph Home 17 Graph Home 18	ace of DEATH /C	Part L 24a. 1 C Ther (Spr. 28d, DESCRIB) 28f, LOCATION City or Riv	WAS AN AUTOP PERFORMEDT VES 2 NO HOW INJUSTO IN State)	PSY 2 OCCURED	Approximinterval 8 Onset and Onset a
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	A. DUE TO	D (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO) (OR AS A CO) (OR AS A CO O (OR AS A CO)	ONSEQUENCE CONSEQU	or HEP: OTHER: A C Nursin EE OF JUNY M street, factor	36. PL 36. PL 10 Graph Home 10 Graph Home 11 Graph Home 11 Graph Home 12 Graph Home 12 Graph Home 13 Graph Home 14 Graph Home 15 Graph Home 15 Graph Home 16 Graph Home 16 Graph Home 17 Graph Home 17 Graph Home 18	ace of DEATH /C	heck prity one) 286. LOCATION 286. LOCATION 286. LOCATION 287. LOCATION 287. LOCATION 288. LOCATION	WAS AN AUTON PERFORMEDT VES 2 NO HOW INJURY A Street and No. The street and No. The street and No. The street and No. The street and No. The street and No. The street and No. The street and No. The street and No. The street and No. The street and No. The street and No.	PSY 2 OCCURED	Approximinterval 8 Onset and Onset a

-

7	dand
۵	adda
_	Porter
000	with
9	mondad
	4
20.00	the death cardificate he amounted
	dand
	had the
TI COUL	ondivino 0
1	Image
1	É
-	CIPTA &1.
)	And
	910
	ATTERIOR

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FILEN. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
I 4.5

	STATE REGISTRAR		STATE OF I			ICATE				MEN 17	REG.				
1. OE	CEDENT'S NAME (First,								-	2. DAT	E OF OEATH	DAY_	YEAR	3. TIME OF OEATH	
4.80	Marie Marie	M. Kin	5. SEX							_		18,			
	14 18 725		1 M 2 m	6. AGE (In yrs. les 72	t birthday) YRS.	IF UNDER 1	DAYS	HOURS	MIN.	(Mor	th, Day, You	, , ,	Count		
	ACILITY HAME (If not In		-	12	1110.	9b. CITY,	TOWN O	R LOCAT	ON OF O		g. 10	, 192	UHTY OF D	laryland	
4	35 Dihe								e Ri			34.00		timore	
RES	IDENCE OF DEC	EDENT													
	Maryland	Ba	ltimore		toc, CIT	Y, TOWN OF		ocation Idle River					tod. INSIDE CITY LIMITS? t _ YES 2 2 NO		
		al Drive					101. ZIP CODE 21220				10g. CI		WHAT COUHTRY?		
10	ARITAL STATUS Never Married 2 Wildowed 4 Divo			T EVER IN U.S. AR YES 2 1		18	yes, spe	cify Cubi	OF HISPAN In, Maxica Specify	an, Puarto Rican, etc.)				E — American Indian, k, White, atc.	
	t5. DEC (Specify only	EDEHT'S EDUC highest grade	CATION completed)	pleted) (Give kind of v				N t of worki	ng	16	b. KIHD OF	BUSINESS/IF	DUSTRY		
	ementary/Secondary (0		ite. Do NOT use retired.) Clerk						Š	State	Gove	rnmer	nt		
17. FAT	17. FATHER'S HAME (First, Middle, Last) Herbert Mellor 19a. INFORMANT'S NAME (Type/Print) James Kinard				18. MOTHER'S NAME (First, Middle, Filizabeth							te, Maiden Surname) Luike			
					NAILING	ADDRESS ntiet	(Street ar	Rd.	or Rural I	House Nur	nber, City or	Town, State, Z MD 212	ip Code)		
20a. M 1 🗆 B 4 🗆 5	METHOD OF DISPOSITI	ON n 3 🗆 Rame (Specify)	ovel from State	20b. PLACE	20b. PLACE AND DATE OF OISPOSITION (Name of Circumstance Crematory 1/21/95 Baltimore								City or To	Wn, Stata	
21. 50	CHATURE OF FUNERAL	SERVICELA	SHEEK STATES	Sh	-	Br	ruzd	zins	ss of fa	une	ral H	ome P	.A.		
23.7	ART I. Enter the di	Seases, ør c	complications the	t caused the de	ath. Do r	not entar t	ha mod	East le of dy	ern ing, suc	Ave	diac or re	epiratory a	more, MD 21221		
IMME disea	shock, or he EDIATE CAUSE (Fin ase or condition iting in death)	part failura.	Lest only one sau										Intarval Between Onset and De		
		OR AS A CONSCOURAGE OF): CORONARY ART DISCARGE OR AS A CONSCOURAGE OF):													
Sequ If am	ventially list conditi y, laading to immed					O (OR AS A CONSEQUENCE OF):									
Sequif am caus		ng ry	c	(OR AS A CONSEC	DUEHCE OF	F):									
Sequif am caus CAUS that i resul	y, laading to immer te. Entar UNDERLYI SE (Disease or inju- initiated events iting in daath) LAS T. II. Other significa	nt condition	DUE TO	death but not r			ariying	Cause	givan in	Part I.	PER	AN AUTOPSY FORMED? 5 2 NO	245	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequif am caus CAUS that i resul	y, laading to immer te. Entar UNDERLYI SE (Disease or inju- initiated events iting in daath) LAS T. II. Other significa	nt condition	DUE TO	death but not r			lariying	Cause	givan in	Part I.	PER	FORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Sequif any cause CAUS that i resul	y, lasding to immedia. Enter UNDERLYI SE (Disease or injuinitiated events iting in death) LAST II. Other signification of the control of the	nt condition	DUE TO	death but not r		In the und	28. PL		givan in		PER	FORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
Sequif any cause CAUS that i result	y, lasding to immedia. Enter UNDERLYI SE (Disease or injuinitiated events iting in death) LAS' Til. Other significations of the control of t	nt condition	bue to	death but not r	asulting	OTHER:	28. PL	ACE OF D	EATH (Ch	eck only o	PER 1 YES	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
Sequif any cause CAUS that i result	AS CASE REFERRED TO XAMHER? AS CASE REFERRED TO XAMHER? TES 2 NO AHHER OF DEATH	nt condition	DUE TO	death but not r	DOA 26b. TIM	OTHER:	28. PL	S RIGHT AT INC.	EATH (Ch	eck only o	PER 1 YES	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	

D. 21859.

1/20/95

MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEHSE HUMBER 29d. DATE SIGNED (Month, Day, Year)

MTa t. M.D

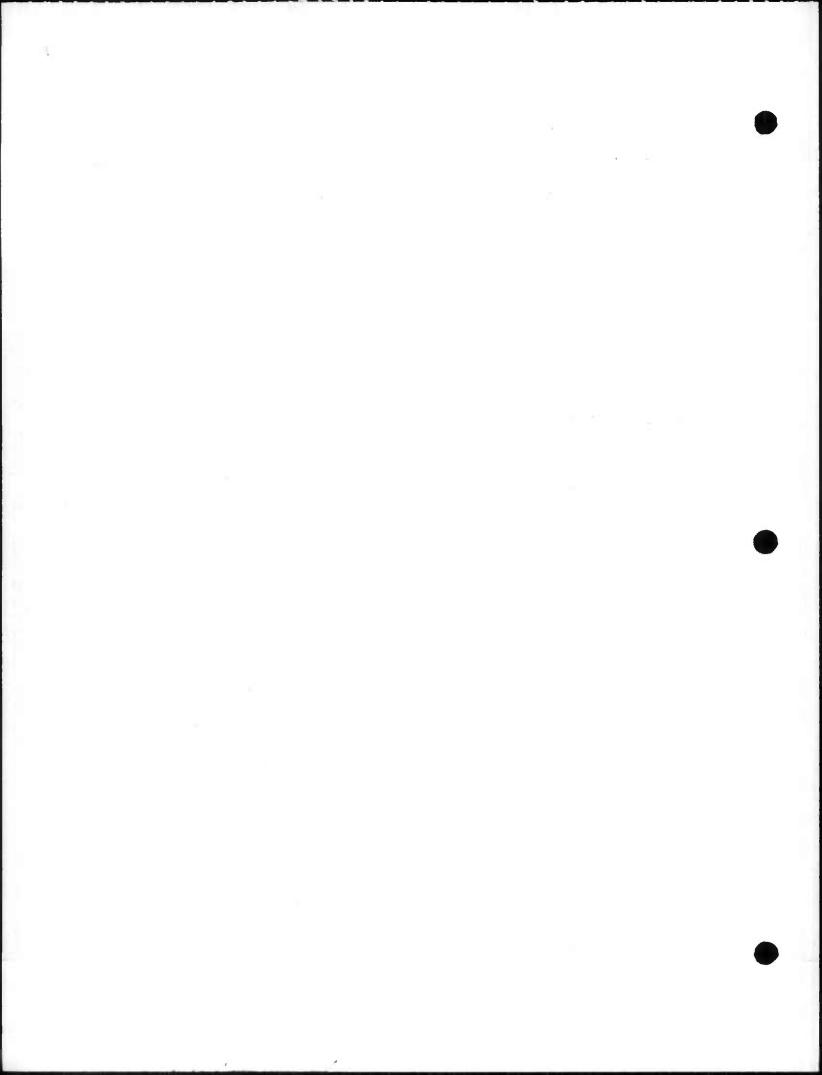
30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
MOHAMMAD TARIND BEENTLOSS MOLCOLINE BURIAN MD 21222

JAN 2 0 1995 SA REGISTRATISMONTULE

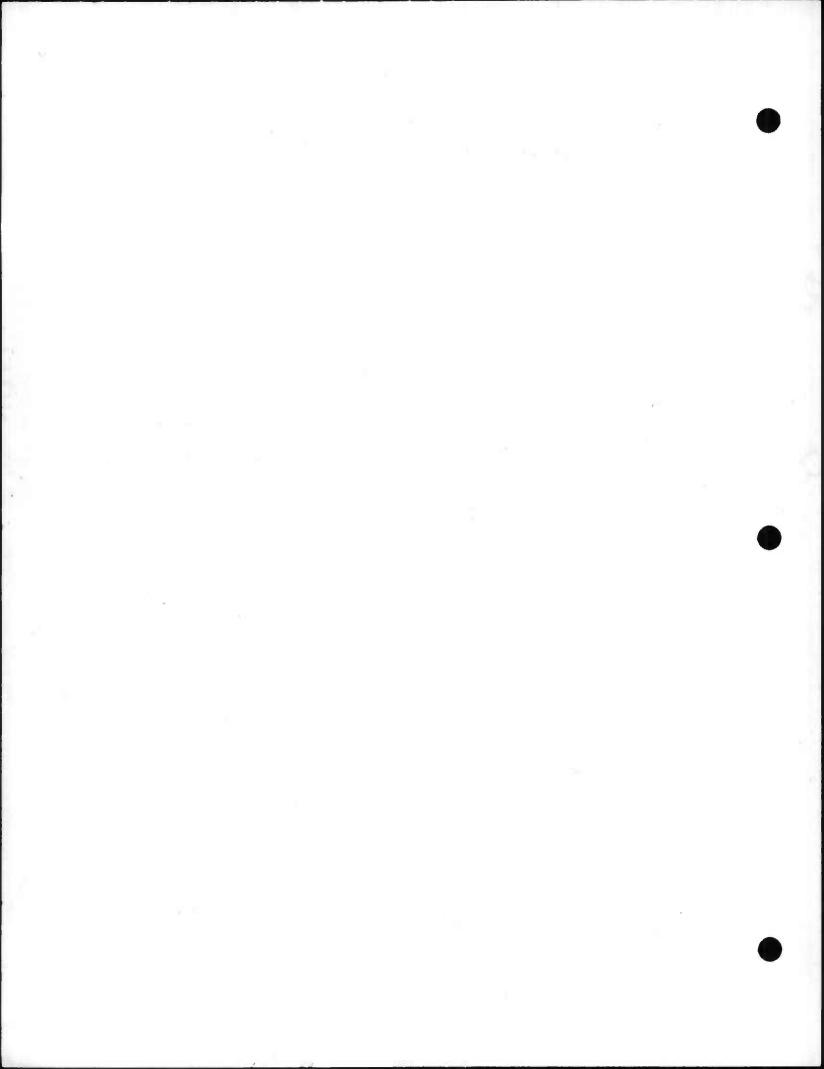
447
-
OI
CA
-
N
_
7
~
•
-
>-
-
1
-
4
5
2
4 - 1
ш
C
14
0
0
-
-
_
_
1
4
BAL
_
_
-
-
9
ဖ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	Ο.		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	=0		TIME OF DEATH
		MILDRED		IKA	MMER	ER	orge a . 1	11 199	EAR	8:40 AM
_		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
		231-09-8740	1 🔀 M 2 🗆 F	76 YRS.	MONTHS DAYS	HOURS MIN.	3-17-18		Country)	INIA
should		9e. FACILITY NAME (If not institution, give s	treet and number)		9b CITY TOWN	OR LOCATION OF D		9c. COUNTY		
S S	Œ	GOOD SAMIRATAIN			BALTI		LAIII	SC. COUNTY	OF DEAL	, m
1, 2,	СТОВ	RESIDENCE OF DECEDENT	· MODITIME		DALII	FIORE				
Pages	ш	10a, STATE 10b, COUNT	1	10c. CIT	Y, TOWN OR LOCA	TION			10	Dd. INSIDE CITY
2	DIR	MARYLAND		BA	LTIMORE	1				LIMITS? YES 2 NO
permit.	4	10e. STREET AND NUMBER				I. ZIP CODE		10g. CITIZEN		AT COUNTRY?
isi	ERAL	1039 ELTON AVEN	IUE			21224		11	SA	
215-0020 attending physician. se as the burial-transit	FUN	11, MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Y			American Indian,
215-0020 attending physic ise as the burial		1 Never Married 2 Merried	FORCES? 1 YES	2 300	If yes, sp	ecify Cuben, Mexico	in, Puerto Ricen, atc.)		Black, W	Vhite, etc.
ding ding	ВУ	3 N Widowed 4 Divorced			1 1 123	Z M NO Specif	у.		Specify: WH	ITE
215 attend	9	15. DECEDENT'S EDU (Specify only highest grade	CATION	16. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF B	USINESS/INDUST		
200	E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	est of working	i i			
D spits	P.	11 YEARS		HOME	MAKER					
the hospital detached for	TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meide			
8 2 E		ANNA ELIZA BRA								
MAR retained 5 should notified		19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Cor	de)	
		MRS. BARBARA HC	LTHAUS				BALTO.,			4
may be or, page		20g: METHOD OF DISPOSITION	201	PLACE AND DATE				OCATION — Cify		
ALTIMOR death. Page 6 ma funeral director, p		1 ← Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	oval from State	netery, crematory or	INAT ME	M PARK	1-14 P	C CO	MD.	State
Page 6		21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	• 1/1/11/1	22. NAME A	NO ADDRESS OF FA	CILTY	.G.CO.	MD	•
ALTIN death. Pag theral di theral di examiner		Ilbaria DV		1.	KACZO	ROWSKI	FUNERAL	HOME		
- E E		KUULLO K. KO	MANNY	di	1201	DUNDALK	AVE. BA	ALTO.,	MD	. 21222
nours after of in by the or removal		23. PART I. Enter the diseases or o	complications that caused List only one cause on e	d the deeth. Do	not enter the mo	de of dying, suc	h as cardiec or rea	piratory errest	,	Approximata
filled in		IMMEDIATE CAUSE (Finel	List Villy One cause on e	ech iine.						Interval Between Onset and Death
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		disease or condition resulting in death)	. SF	PSIS						\
with with crem		readiting in death)	DUE TO (OR AS A	CONSEQUENCE O						Minutes
executed within and completely o burial, crema	z		· Urinar	1,	cost -	InCort	: 010			minutes 3 days
X C	ERTIFICATION	Sequentially list conditions, our To Control of the							2000	
ta prior te be	CA	cause Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISease or Injury CAUSE (DISEase or Injury CAUSE (DISEase or Injur								2 months
certificate ding physical principle or other t	Ē	CAUSE (Disease or Injury that initiated events		CONSEQUENCE O	F):		10013			S. HIGHLIS
	ᇤ	resulting in deeth) LAST	d.							
THUS, F that the death of by the atten h and Mental h	2	2477 11 204 11 141 1								
A and and and and and and and and and and	AL.	PART II. Other algnificent condition						N AUTOPSY ORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	MEDICAL	Isabetes Me	Mitus, Co	ronary	artens	discus	€ 1 TES	100	co	OMPLETION OF CAUSE F DEATH?
requires that seen signed any shows any	WE	Congestive he	art failur	e . A	trial s	Pibnillet	tien			YES 2 NO
		DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH Y	S NO D	UNCERTAI	N D			
AL he law e has b e Dept	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA						
SICIAN: The certificate he the State he the State he the State he the State he the state he the	Sic	EXAMINER? 1 ☐ YES 2 💢 NO	HOSPITAL: 1 X Inpatient 2 ☐ ER/Outp	etient 3 DOA	OTHER:	e 5 Residence	6 Other (Specify)			
SICIA certif	PHY	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. T/M	IE OF 28c. INJ		28d. OEŞCRIBE HOW	INJURY OCCUR	ED	
NG PHYS fer this ath with		1 Natural 5 Pending	(Month, Day, Year)	IN.		PRK?				
OR ATTENDING PHYSICIAN: The OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate ha nours after death with the State Ditem 28 is marked, or item.	BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm,		7	28f. LOCATION (Street	t and Number or E	Purel Bout	to Alumber
2 after 28 L		4 Homicide 8 Could not be	building, etc. (Spec	cify)			City or Town, Sten	a)	iorai rioute	y Indinosi,
OR AT DIRECT HOURS	E	29e. CERTIFIER			V 5 1/1					
- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	4	(Check only	CIAN: To the best of my know							
S EN E	COMPLE	2 MEDICAL EXAMINE	R: On the besis of examination	n end/or inveatigation	on, in my opinion, d	eath occured at the	time, date end place, e	ind due to the ce	ruse(e) en	nd menner ea stated.
PORTANT	BE (29b. SIGNATURE MID TITLE OF CERTIFIER	1			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Mc	onth, Day, Year)
E F A W		6	P			P06	715	1 Jan	Lary	11,1995
	2	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	. Print)			1 90(-0.00	1 .7 . 1 13
		! ALVINC	ANIG MIL	0- 60	UP SAHA	RITAN	HOSPITAL	-		_ }
_{2.}		31. DATE FILED (Month, Day, Year)	32. ARGISTHAR'S SEN	ATARE!	7 7 7 1		11/11			
		JAN 2 0 1995	MY DIMENSION - NO	V-1						



		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / [DEPARTMENT OF RTIFICATE OF	HEALTH AND	MENTAL HYGIEN REG. NO						
		1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF OEATN				
		RICHARD JOA 4. SOCIAL SECURITY NUMBER 5	KRO			JAN.08,	1995	20:18 P M				
		000 00 000	M 2 D F ASE (III yrs. last)	VRS. MONTHS DAYS	HOURS MIN.	JUNE 10, 1		BIRTNPLACE (State or Foreign				
should		9e. FACILITY NAME (If not institution, give stree	t end number)	96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	OF DEATH				
2,3	FUNERAL DIRECTOR	301 FOLECROFT AV	/E.	BALTI	BALTIMORE							
Pages 1,		10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	ATION). 1		10d. INSIDE CITY				
permit. P		Md		Baltim		ity		1 X YES 2 NO				
		301 Follows	7 St.	10	01. ZIP CODE	1	10g. CITIZEN	OF WHAT COUNTRY?				
020 physician. burial-transit	UN.	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO			NIC ORIGIN? (Specify Ye	e or No- 14.	RACE — American Indian,				
P 2 2	PLETED BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, OIVE WAR OR DATES		S 2 NO Specif	in, Puerto Ricen, etc.) y:	14	Black, White, etc.				
		16. OECEDENT'S EDUCAT (Specify only highest grade cor		EDENT'S USUAL OCCUPAT hind of work done during m	ION	16b. KIND OF BU	SINESS/INDUST	TRY				
S P N				NOT use retired.)	lost or working	91	,					
The hospital detached to once.		17. FATNER'S NAME (First, Middle, Last)	·	rpent	18. MOTNER'S NA	MF (First Michelle Maiden	Sumamal					
# 84 X		Zygmunt .	Krol		18, MOTNER'S NAME (First, Middle, Meiden Surneme)							
MAR retained 5 should		10s. DECEMANT'S NAME (Type/Pitt)	196. 1	MAILING ADDRESS (Street	end Number or Rural	Acute Number, City or Tox	rn, State, Zip Coo	1/2 22220				
E SE E		20e. METHOO OF DISPOSITION	20b PLACE AN	DOATE OF DISPOSITION (N	cers F		CATION — CHY	or Town, State				
e 6		1 Donation 5 Other (Specify)	from State Cemetery, creme	atory or other place	meter	14,95 Ba	Himou	e City				
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2525 FIRST St.										
AN - 2 10	Щ	23. PART I. Enter the diseased, br. gomplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, / Approximate										
In b		shock, or near minute. Cit	phications that caused the deat t only one cause on each line.	th. Do not enter the m	ode of dying, suc	h as cerdiac or resp	iratory screat,	interval Between				
n 24 hy fill ation		disease or condition resulting in death) HEAD INJURIES										
B 6 8	RTIFICATION	a	DUE TO (OR AS A CONSEOU	JENCE OF):								
OX 68/0 be executed iician and con rior to burial, traumatic ex		Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated exercise. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
ficate be physician ne prior the	ICAT											
death certificate attending physiental Hygiene printy, or other to	RTIF	that initiated events resulting in death) LAST										
	핑	DART is Other conditions conditions										
y and the A	CAL	PART II. Other significant conditions c	ontributing to death but not rea	ulting in the underlyin	ig cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	MEDI					1 NYES 2	. NO	OF DEATH?				
13 6 8 g F		DID TOBACCO USE CONTRIB				v 🗆						
	SICIAN:		OSPITAL:	OF OEATN (Check only one) OTHER:								
YSICIAN: The Schrifticate the the State of Item	PHYS	27. MANNER OF DEATN	Inpatient 2 ER/Outpatient 3 26e. DATE OF INJURY	28b. TIME OF 28c. IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	ED .				
DING PHYS After this death with	ВУБ	1 Natural Samulifig Investigation	(Month, Day, Year) Unknown	Unk, M 1	YES 2 NO	Unknown						
R ATTENDING RECTOR: After urs after death m 28 is ma	ED	3 Suicide	28e. PLACE OF INJURY — Al home building, etc. (Specify)		00	City or Town, State)	t end Number or Rural Route Number, e)					
OR AT URS 3	7	Unknown										
	COMPLE	(Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and pisce, end due to the cause(s) and manner as atsited. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(s) and manner as stated.										
五	BE C	BIGHATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN		29d. DATE SIGNED (Month, Day, Year)						
P P 8	10	Mayne lone ye		OCI	4E	▶ JAN.09,1995						
		MANGE AND A LOCATION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ALOCATION TO Street, Baltimore, Maryland 21201										
		31. DATE FILED WORTH DISTS July	32 DEGISTRAR'S AGNATURE									



	регші	
purysician.	bunial-transit	
2	s the	
WIELE IN	Se as	
5	20	
erospara.	ched f	
2	deta	
ווכח וכא	ould be	
210	SSh	
200	age	
0	0,0	
offin	direct	
TOBOT.	funeral	
5	the	wal
2	3	remov
3	D0	0
1	119/	tion
	pleteh	I, cremati
20000	E03	lal,
3	and	ğ
2	ian	or 10
200	physic	e pri
2	Buil	ygiei
- Carri	attend	mtal H
2	島	Me
1	5	and
2	gne	eaith
200	en s	M to
	s be	DJ.
2	ha!	e De
מות ביות המווחלים הומי חות מות	tificate	e State De
-	-	0

notified at

pe

must

examiner

medical

he

event,

traumatic

other t

Injury, or

any

Shows

23

Item

0

99

82

fler this ce eath with t marked,

TH: After the

Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN a ^{DAY}95 OI 19 E. 4:30 WALTER KNIPE 11 м 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign őî DAYS HOURS 164-09-9967 XXM 2 F 86 VBS 05 PENNSYLVANIA 08 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL 7521 WHARFINGER COURT DIRECTOR GLEN BURNIE RESIDENCE OF DECEDENT 10a STATE 18h COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY ANNE ARUNDEL GLEN BURNIE MARYLAND T YES A NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CDDE 10g. CITIZEN OF WHAT COUNTRY? 7521 WHARFINGER COURT 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR DR DATES 11. MARITAL STATUS 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
t YES 2 Specify: 14. RACE — American Indian, Black, White, etc. t Never Married 2 Married BY WHITE 3 Wildowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g College (1-4 or 5+) Elementary/Secondary (0-12) PRESIDENT PROCESSING COMPANY COMPL 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Middle Maiden Sumame FRANKLIN P. KNIPE VERNA ASHCRAFT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
7521 WHARFINGER CT.GLEN BURNIE, MD. 2 21061 FRANKLIN P. KNIPE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE "METRO" CREMATORY, INC. 1/19 CATONSVILLE.MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 2106 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 21061 23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory strest, shock, or heart failure. Liet only one ceuse on each line. Approximate interval Bstween **IMMEDIATE CAUSE (Final Onset and Death** disesse or condition heimes resulting in deeth) CERTIFICATION Sequentially list conditions, TO ION AS A DO if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST ng to death but not resulting in the underlying cause given in Part I. 24h. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 24a. WAS AN AUTOPSY MEDICAL 1 VES XX COMPLETION OF CAUSE OF DEATHS ne T YES I NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH /Check only one EXAMINENT XX OTHER: ng Home S Assidence 6 (1 Other (Specify) 1 C Impatient 2 C ER/Outpatient 3 C DOA MANNER OF DEATH 38s. DATE OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be COMPLETED 4 | Homicide 29a. CERTIFIER (Check only Check only PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 286 SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 01/19/95. 2 HO COMPLETED CAUSE OF DEATH (TEM27) (Type, Print) ANASTACIÓ E SUBONG JR. M.D. 206 CRAIN HWY.S.W.-GLEN BURNIE, MD. 21061 JAN 2 0 1995 32, REGISTRAR'S SIGNATURE

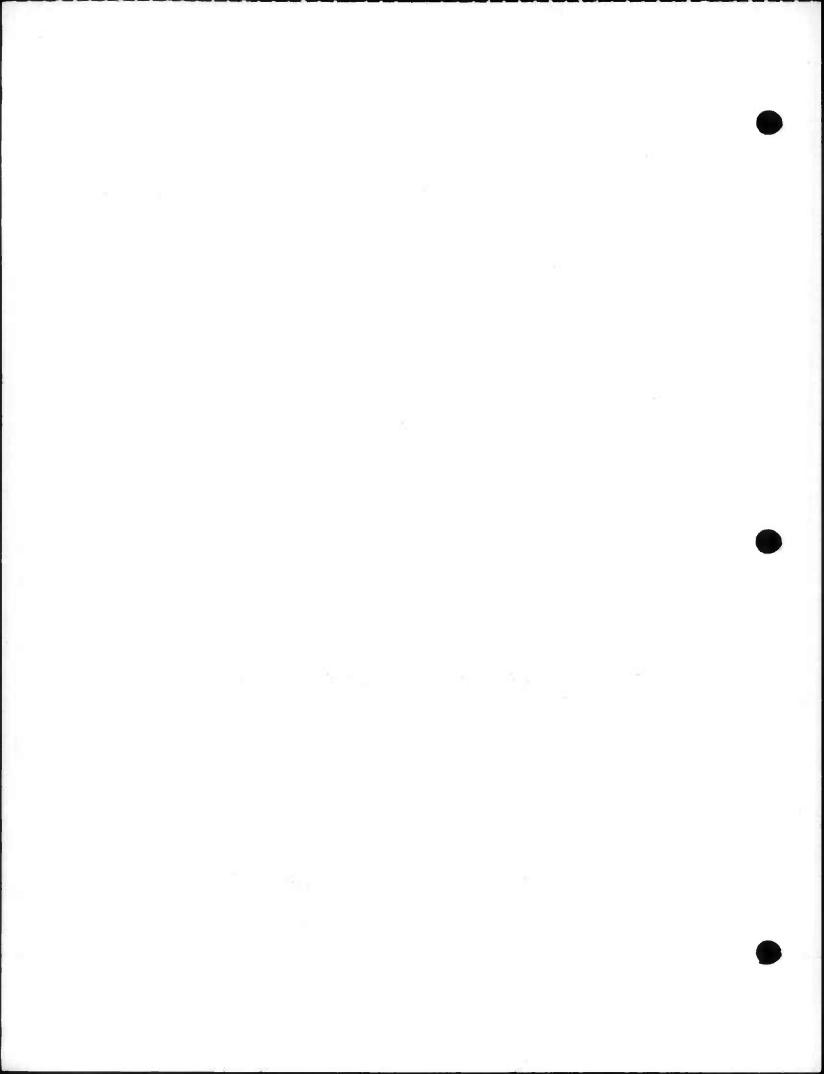
FOR

TO THE HOSPITAL OF ALTERDATE THE SICIAN: The law requires that the death certificate be executed within 23 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours are made in the State Dept. of Health and Mental Hygiehe prior to burist, cremation, or removal.

[MPORTANT: If them 22 is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCITAL

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR YEAR										3. TIME OF DEATH		
	ROLAND CAR											995	2:20 P w
					IF UNDER	DER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHI Country	PLACE (State or Foreign
	203-20-0000	X M 2 □ F	67	YRS.					JULY 17 1		927 PE		NSYLVANIA
or	9e. FACILITY NAME (If not institution, give street	0.01111				R LOCATI		ATN			UNTY OF DEATH		
5	NORTH ARUNDEL NURSING & CONV. CENTER GLEN BURNIE ANNE ARUNDEL												
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
	MARYLAND ANNE ARUNDEL GLEN BURNIE								LIMITS?				
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA									HAT COUNTRY?			
ÿ l	250 CANDLELIGHT LANE 21061 USA												
필	11. MARITAL STATUS 12 1 Never Merried 2 Merried	FORCES? 1	S OECEOENT EVER IN U.S. ARMED RCES? 1 YES 2 NO YES, GIVE WAR OR DATES			13. WAS OECENDENT OF HISPAN II yee, specify Cuban, Mexican 1 YES 2 NO Specify.			NIC ORIGIN? (Specify Yea or No in, Puerto Ricen, atc.)			14. RACE Black	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W										Specify: WHITF	
G	15. DECEDENT'S EDUCATION				USUAL OC				16b	KINO OF BUS	SINESS/IN		.IE
<u></u>	(Specify only highest grade con Elementery/Secondary (0-12)	npleted) College (1-4 or 5+)	H/m	(Give kind of work done during most of working life. Do NOT use retired.)									
MP	12		TIMEKEEPE			PER			CONSTRUCTI			CTION	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTE	IER'S NAI	ME (First, I	Aiddle, Meiden	Sumame)		
BE		SER						RNIC			SKINS		
2	190. INFORMANT'S NAME (Type/Print)									er, City or Town			
	JEAN E. KEISER			_				ANE		BURN.			
	1 Buriel 2 Cremation 3 Ramoval	from State	20b. PLACE A cemetary, creat	NODATE	ther place)	ITION (Na	ma of CM CTC	DV 1	OATI	20c. LO	CATION -	City or Tov	vn, State
	1 X Burlel 2 Cremation 3 Removal from State Commetery. Cremetery.												
	21. SIGNATURE OF FUNERAL SERVICE LIBERAL SERVICE LIBERAL STALL INGS FUNERAL HOME P.A. 3111 Mountain RD. Pasadena, MD 21122												
	HITARY L). Stal 23. PART I. Enter the diseases, or com		r.	oth Do	31	11	Mount	ain	RD.	Pasade	ena, i	1D 21	
,	shock, or heart fallure. List	t drify one ceus	se on each line.								ratory ar	rest,	Approximata Interval Between
	immediate cause (Fine) disease or condition resulting in death) a. Acute Nes piratery Failure Due to (or as a consequence of):											Onset and Death	
	resulting in death) a	DUE TO	OR AS A CONSEC	UENCE 6	5) T 9	2 10	1) 60	1 1				one war
z		Bron	cho p	me	um	on	101						12 hours
CERTIFICATION	Sequentially list conditions, if any, leading to immediate Broncho Pneumonio Due To (OR AS A CONSEQUENCE OF):												
2	cause. Enter UNDERLYING CAUSE (Disease or injury												
Ē	that initiated events resulting in deeth) LAST	that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
S	d												
DICAL	PART II. Other significant conditions of									24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Insulan-	sepen	larny	0,	200	res	M	elli	tus	1 TYES 2	E NO		COMPLETION OF CAUSE OF DEATN?
ME			grom										1 TYES 2 NO
AN	DID TOBACCO USE CONTRIBUTÉ TO CAUSE OF DEATH YES NO UNCERTAIN DE 28. PLACE OF DEATH (Check only one)												
PHYSICIAN:	EXAMINER?	OSPITAL:			OTHER						-		
HYS	27. MANNER OF DEATH	28e, DATE OF I	ER/Outpatient 3			ing Hom 28c. INJ	e 5 □ Re	eldence (N HIEN OO	CUBED	
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY INJURY			W M	WO	RK?	NO	28d. OEŞCRIBE NOW INJURY OCCURED				
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	28e. PLACE OF INJURY — At home, larm, street, fac					,	281. LOCATION (Street and Number or Rural Route Number.				oute Number,
Ē	4 Homicide 8 Could not be datermined Could not be datermined City or Town, State)												
COMPLETED	29s. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(e) end manner as stated.												
No.	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(e) end menner ee stated.												
	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (M										A VI, HE HAZE		
3 BE	Colicin CC	11	001			14	459 11			1/18/95			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									1// 0// 3				
	DR COLVIN CARTER 4710 pennington ave. Baltimore MD. 21266												
	JAN 2 0 1995	RECISTRAR	SIGNATURE										
- 1	UMIT ~ U 1000	The second											

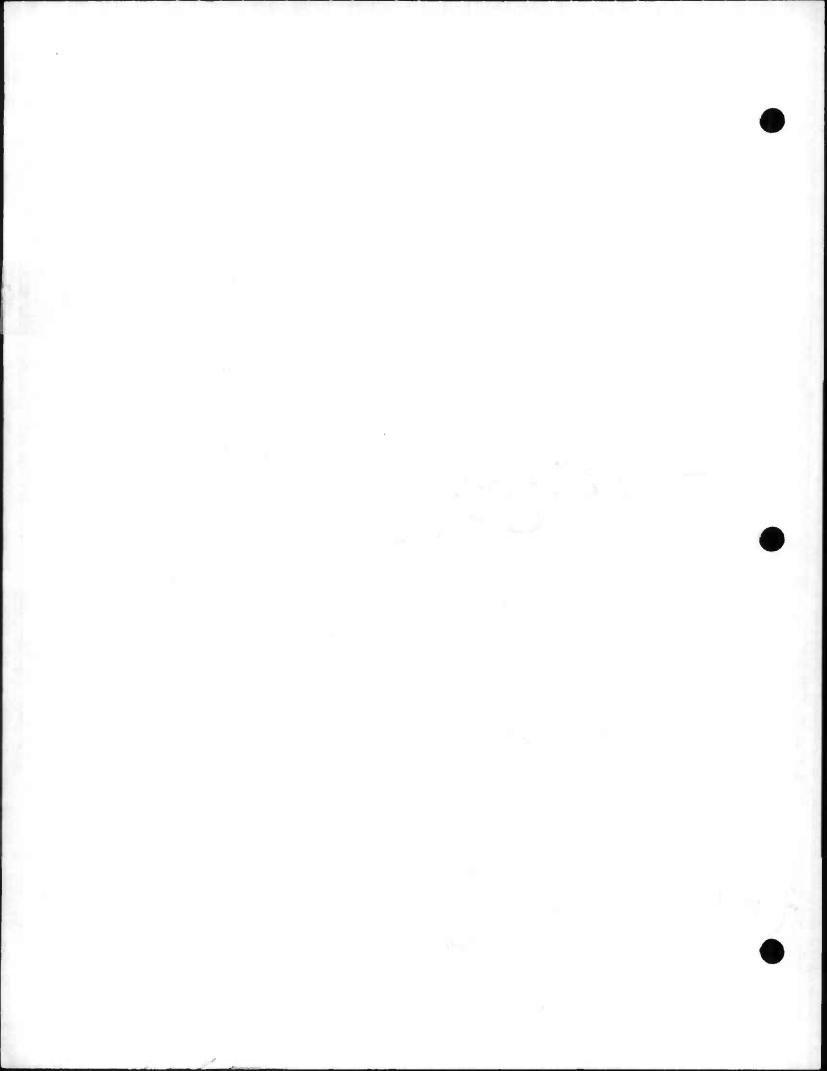


BALTIMORE, MARYLAND 21215-0020	cuted within 24 hours after death. Page 6 may be retained by the hospital or aftending obtaining
AND	the hospital
MARYL	e retained by
IMORE,	Page 6 may b
BALT	offer death.
	A hours
58760	cuted within,

DIVISION OF VITAL RECORDS, P.O. BOX 687

	E MICHAIL OR ALLEMONG TRISOCAM, THE LAW REQUIRS that the deam certificate be executed writing after deam. Page 6 may be retained by the hospital or attending physician. E MICHAIL OR ALLEMONS: After this certificate has been signed by the attending physician and completely filled in by the functor name. 5 should be detained for use as the huristranest name. Pages 1 2 a should	
--	--	--

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		OZIIIIII	OATE O	DEATH	2. DATE OF DEATH	J.	3. TIME OF DEATH	
	Eric Jason Wesley	1-Knotts				MONTH [16.1995	EAR O AF D	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7 DATE OF BIRTH	1.	BIRTHPLACE (State or Forming	
	218-02-0787 Se. FACILITY NAME (If not institution, give at	1 M 2 □ F 2	YRS.	MONTHS DAY	HOURS MIN.	Jan. 10,		(aryland	
DIRECTOR	Prince Georges Cou		heverly	JEATH	Prin	ice George			
3EC	10a. STATE 10b. COUNTY			, TOWN OR LO	CATION			10d. INSIDE CITY	
	Maryland Pr	ince George		L	aurel			LIMITS?	
AL	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?	
EB	606 Prince George	Street, #2			2070	7		USA	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF NISPANI							s or No— 14	. RACE — American Indian, Black, White, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VES	ATES		ES 2 NO Spec			Specify: White	
	15. DECEDENT'S EDUC	1989 - 19	16a. DECEDENT'S	HOUSE COOLING	TION				
ETE	(Specify only highest grade	completed)	(Give kind of w	rork done during	most of working	16b. KIND OF BU	JSINESS/INDUS	TRY	
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	Vet Tec			Animal	e Medic	ino	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	,	100 100		IS MOTHER'S N	AME (First, Middle, Meider		xite	
	Johnny W. Knotts					is M. Smith			
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street		Anoute Number, City or Toy		rde)	
2	Johnny W. Knotts							yland 20707	
	20e. METHOD OF DISPOSITION	20ь	PLACE AND DATE O	F DISPOSITION	Name of	DATE 20c. LC	_		
	1 XBuriel 2 Cremation 3 Remo	oval from State	Jy Hiller of	remeter	·Y	1/20 Lau	irel. N	laryland	
	21. SIGNATURE OF FUNEBAL SERVICE LICE		7					Home, Inc.	
	· I dall	Silando	y					el, MD 20707	
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that caused	the death. Do n	of enter the r	node of dying, su	ch as cerdiec or resp	iratory arreat		
	IMMEDIATE CAUSE (Final		11	`				Onset and Death	
	disease or condition resulting in death)		160%	conic	0				
	E	DUE TO (OR AS A	CONSEQUENCE OF):	1-1-	. 0			
N N	Sequentially list conditions,	Hacel	Inu	Wood	epico	eny S	4nd	mos	
Ě	If any, leading to immediate cause. Enter UNDERLYING	1.15	CONSEQUENCE OF):			l		
5	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	١٠					
CERTIFICATION	that initieted events resulting in death) LAST			<i>,</i>					
CE									
AL	PART II. Other aignificent conditions	contributing to death be	ut not resulting le	n the underly	ing ceuse given in	Part I. 24a. WAS AM		24b. WERE AUTOPSY FINDINGS	
8						1 _ YES :		COMPLETION OF CAUSE OF DEATH?	
ME								1 YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S NO	UNCERTA	N 🗆			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT	OTHER:	•)				
YSI	1 TYES 2 1 NO	1 Inpatient 2 - ER/Outp	ntient 3 🗆 DOA		ome 5 🗆 Residence	8 🗆 Other (Specify)			
H H	27, MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU		NJURY AT YORK?	28d. DESCRIBE NOW	INJURY OCCUR	ED	
BY	2 Accident Investigation				YES 2 NO				
COMPLETED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, at f(y)	reet, factory, of	lice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
<u> </u>	29a. CERTIFIER								
MPI	(Check only	MAN: To the best of my knowl							
00			and/or investigation	i, la my opinion	death occured at the	e time, data and place, er	nd due to the co	suse(s) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Ciele UD			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)	
0	Wita M	V-0. 7- W			DE	1 250	> //	17/95	
	30. NAME AND ADDRESS OF PERSON WHO DR CITA K. SH	AH 7350	Vau	Print) DUS	eu Ro	5WF98	ola	cel M)	
	· 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE						
- 1	- JAN 2 01995 Jul	in Studier Rad	14						

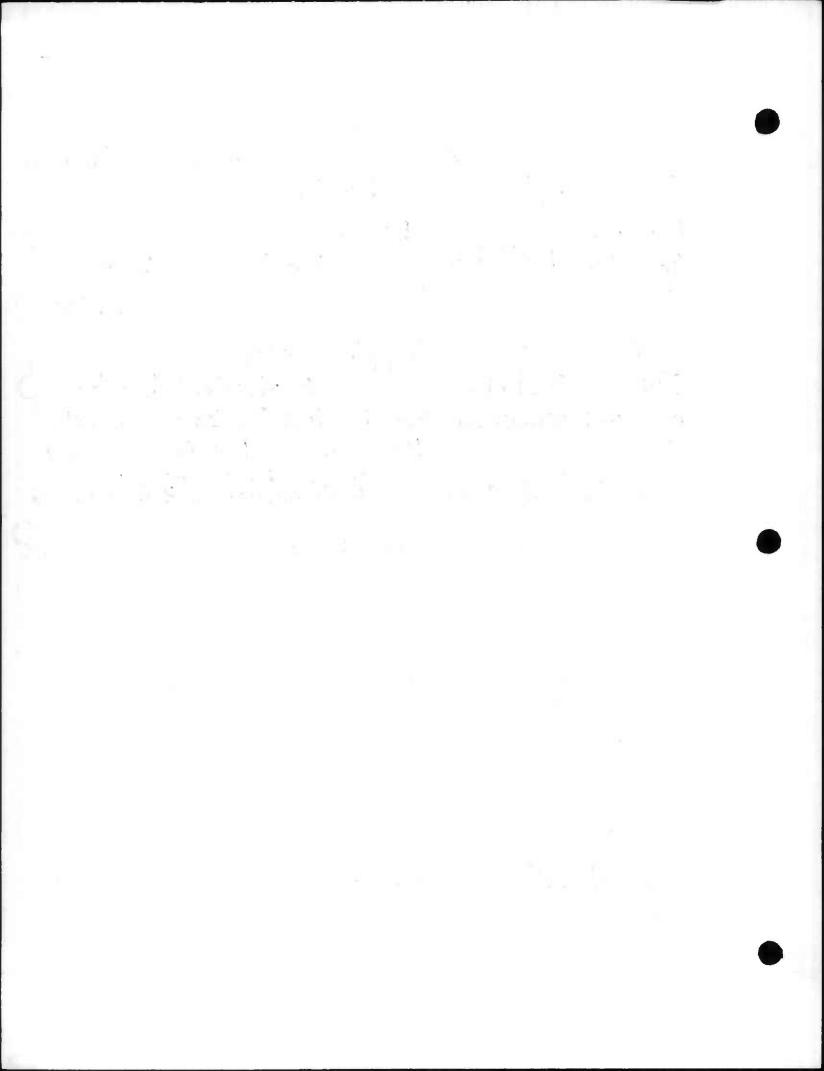


0
N
005
I
5
N
7
64
2
ANI
4
7
œ
V
Σ
NORE
F
9
2
F
_
BA

DIVISION OF VITAL RECORDS, P.O. BOX 68760

4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion, or removal.	he medical examiner must be notified at once.
TO THE HOSPITM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within,	TO THE RIMERAL PRECIDIN: After this certificate has been signed by the attending physician and completely	we then we have a print of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPRETAINT LATER 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEA	ALTH AND N	MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT MONTH			TIME OF DEATH
Ì	4. SOCIAL SECURITY NUMBER	610	560N			JAN	16	93	0407 M
	230-28-4626	1 M 2 - F 8	4 4-4		F UNDER 24 HRS. DURS MIN.	Jan. 3		A C	ACE istate or Foreign
DIRECTOR	Singi Hos	pital	9	Balti	MOLE		9c. COUN	TY OF DEAT	Н
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10	Id. INSIDE CITY
	Maryland 100. STREET AND NUMBER	4.4 >==	Ba	Itimo	PCODE		100 0000	1	LIMITS? YES 2 NO
FUNERAL	4601 Pall M	1all Ro	2	2	1215		U	SA	AT COUNTRY?
BY FU	11. MARITAL STATUS 1 Mever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR	2 NO		y Cyban, Maxican	C ORIGIN? (Specif , Puerto Rican, etc		Black, V	American Indian, hite, etc.
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	BUAL OCCUPATION		16b, KIND O	BUSINESS/INDI	USTRY	THE
PLETED	(Specify only highest grade ElementapySecondary (0-12)	College (1-4 or 5+)	(Give kind of wor	k done during most of	Working Tlerk	1			
COMPL	17. FATHER'S NAME (First, Middle, Last)	1.5	31111	10	MOTHER'S NAM	IE (First, Middle, Ma	iden Sumaga)		
BE	James D.	Liggon	405 MAN NIO A		Flak	rele	Whe	eell	es
2	Margaret He	nderson	4601	Pall N	all R	a. Ba	Ito. N	12,2	1215
	20a. METHOR OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 8 Other (Specify)	oval from State Cd	b. PLACE AND DATE OF metery, creat day, so the	DISPOSITION (Name of	of	1/25/95 200	LOCATION - C	AWN	State MJ
	21. SIGNATURE OF FUNERAL SERVICE LIC	LINGER W.	44/	JOSED V	ADDRESS OF AC	ISS FU	inera	Ho	me
\dashv	23. PARTY I. Enter the diseases, or c	omplications that cause	d the death. Do not	3333	W. No	rth Av	e. Balt	0. M	d. 21216
- 1	shock, ormaert fallure. I IMMEDIATE CAUSE (Final	ist only one cause on	each line.	anter the mode	or dying, such	aa cardiac of f	eapiratory arri	eat,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	MASSIV	E G1	BLEL	ED				33 MIII
		DUE TO (OR AS	A CONSEQUENCE OF):	V =					201.10
<u>S</u>	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):						
HILICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								ļ
=	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
		l							
AL	PART II. Other algnificant conditions						S AN AUTOPSY		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDIC		RATION,	KIGHT L	E6 CE	ZLULIT	15 1 T YE	S 2 NO	CC	MPLETION OF CAUSE DEATH?
	HO CVA, CA	DIBLITE TO CALLET	OF DEATH VEC		LIA LOCATA IA			1	YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTR	IBUTE TO CAUSE (26. PLACE OF DEATH		UNCERTAIN				
200	EXAMINER?	HOSPITAL: 1 Vinpatient 2 □ ER/Out	0	THER:	☐ Basidanna 8	Other (Specific)			
Ė	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJURY	AT T	28d. DESCRIBE H	OW INJURY OCC	URED	
2	1 Natural 5 Pending 2 Accident Investigation	(MONTH, Day, 1841)	INJUN		2 🗌 NO				
ED.	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, fectory, office		281. LOCATION (St City or Town, S		or Rural Rout	Number,
MYLE			riadra daeth assumed	et the time, data and	place, end due to	o the cause(a) and	menner as state	d.	
Σ	29a. CERTIFIER (Check only one)								
3	(Check only one) 2 MEDICAL EXAMINER	R: On the basis of examination		in my opinion, death	occured at the ti	me, data and place	, and due to the	cause(s) an	
DS 20	(Check only 1 DERTIFYING PHYSIC ONe) 2 MEDICAL EXAMINER	3: On the basis of examinetic	on and/or investigation,	AS 24	c. LICENSE NUME	me, data and place	, and due to the		
200	(Check only 1 DERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINES 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	on and/or investigation, MD EATH (ITEM 27) (Type, Pr	AS 24	occured at the ti	me, data and place	, and due to the	cause(s) an	
3	(Check only 1 DERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINES 30. NAME AND ADDRESS OF PERSON WHO	3: On the basis of examinetic	en and/or investigation,	AS 24	c. LICENSE NUME	me, data and place	, and due to the	cause(s) an	



BALTIMORE, MARYLAND 21215-0020 OF VITAL RECORDS, P.O. BOX 68760,

	Pages 1, 2, 3 should		
more than the court of the cour	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
UP INOSPINAL	detached for		DACE
retained by	5 should be		ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
go o may be	lirector, page		r must be
to death, re	the funeral of	wal.	ai examine
2001	filled in by	tion, or remo	the medica
200	d completely	wrial, crema	tic event.
20 20 20	physician ar	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	her trauma
	e attending	lental Hygie	ury, or of
THE PART OF	signed by th	lealth and N	vs any in
200	has been s	e Dept. of h	m 23 shov
	s certificate	ith the Stati	ed, or ite
	Ē	₹	¥

TO THE FO TO THE FO De filed w

5

Item # 10b.10c Film # G 719 1-20-95 N.A. Per funeral home 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF OEATH 8:25P MARIAN VERONICA Lhotsky JANUAKY 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-20-5239 DAYS 69 HOURS YRS. Aug. Manulana 17. 1926 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Fallston Gen. Hospital DIRECTOR Bel Air Hanlond RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Md. Balto Randallston Bel Air 1 YES -NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 202 Idlewile Rd. 21014 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 20 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) Specify: White IF YES. GIVE WAR OR DATES 1 TYES 2 TO NO ВУ 3 Nildowed 4 Olvorced COMPLETED 18. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)
Receiving Clerk 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Dept. Store 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname Hanny J. Trautman BE arrie Biogins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number 2 Mr. Genand W. Lhotsku Hendrix Bel Md. 21014 20a. METHOD OF DISPOSITION
*COBurlal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Redeemen 4 Donation 6 Other (Specify) Cem 22. NAME AND ADDRESS OF FACILITY
Hartley Miller Fu
7527 Harford Rd. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Smore Funeral Home l. Balto., Md. 10 de 23. PART VEnter the diseases, or compligations that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximata shock, or heart failure. List only or intervsi Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) AS A CONSEQUENCE OF: CERTIFICATION Sequantially liet conditiona, if sny, laading to immedieta csuse. Enter UNDERLYING CAUSE (Disease or Injury TO (OR AS A CONSEQUENCE OF thet initisted events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not recuiting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 0130 COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO erro 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL:
Inpetient 2 - ER/Outpetient 3 - DOA 1 YES 2 27. MANNER OF DEATH 26a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO ВУ 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due 29b. SIGNATU 29c. LICENSE NUMBER BE

DHMH-18 Rev 1/89

1611

9

Sel Air

and the same

STATE REGISTRAR

ROXIE

1. OECEDENT'S NAME (First, Middle, Lest)

MAE

1 -

YEAR

1995

3. TIME OF DEATH

2:59P

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH

18

JAN

		α,
BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The state of the s
.60	within 24 i	mpletely fille
X 687	be executed	ian and co
.O. BC	certificate	ding physic
DS, P	the death	matter atten
TAL RECORDS, P.O. BOX 68760	requires that	are that been signed by the attending physician and completely filled in by the
TAL	The law	alle has b

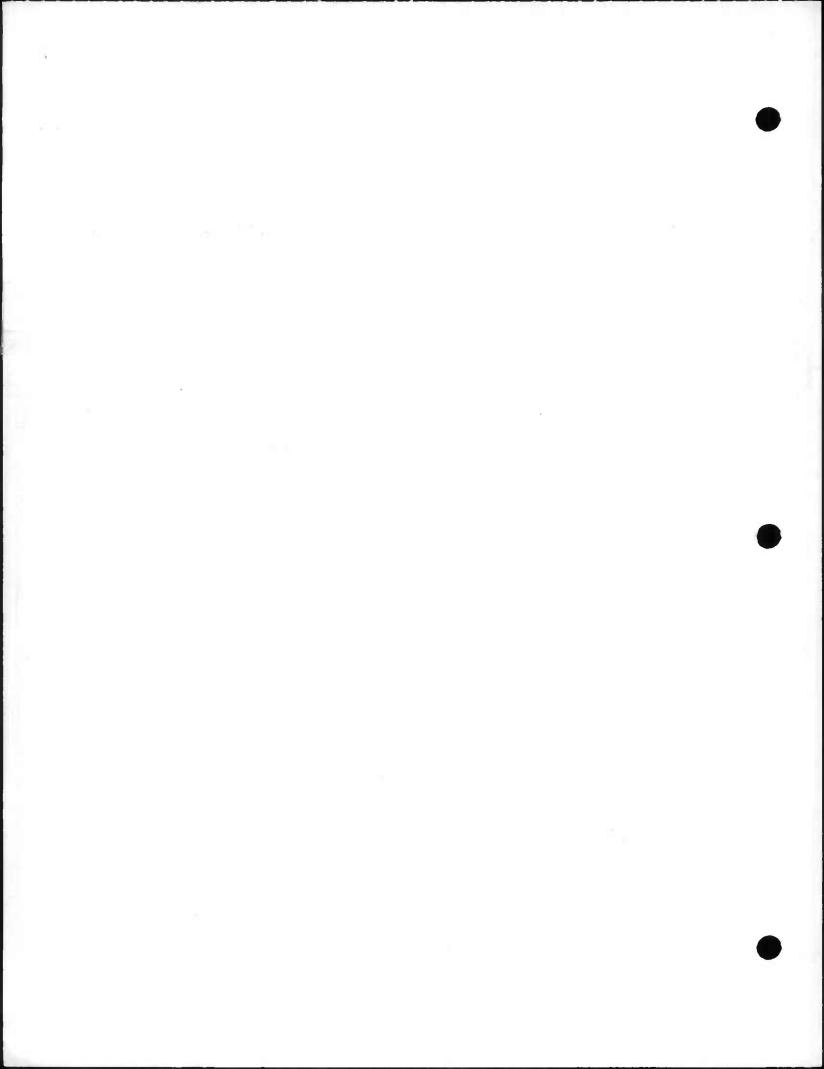
DIVISION OF VITAL RECORDS, P.O. BOX 68760

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign June 25, 216-16-1400 1 - M 2 X 75 1919 Virginia 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR iges 1, 2, 3 A601 WALTHER AVENUE BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4601 Walther Avenue 21214 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 X NO Specify BY 3 Widowed 4 Divorced Specify: White ETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only his Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Assembly Work Westinghouse 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Ingle notified at BE Not Known 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louis M. Levy 4601 Walther Avenue Baltimore, Md. 21214 Pe 20s. METHOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Donation 5 Other (Specify) New Cathedral Cem. 1/23/95 Baltimore Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milton Knight Jr Leonard J. Ruck, Inc. milton Baltimore, Md. 21214 5305 Harford Road medical 23. PART I. Enter the diseases, or complications that beyond the feeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heert fellure. List only one cause Interval Betwe IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition Intra-Oral Gun Shot hound event, resulting in death) **OUE TO (OR AS A CONSEQUENCE OF)** traumatic CERTIFICATION Sequentistiy list conditions, if sny, lesding to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 0 injury. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE M t TYES 2 NO OF DEATH? sworts t YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DINCERTAIN PHYSICIAN: 17 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Hell HOSPITAL OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA this certific HOSPITAL OR ATTENDING PHYSICIAN 4 ☐ Nursing Home 5 ☑ Residence 8 ☐ Other (Specify) b 27. MANNER OF DEATH 28a. OATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED marked. t 🗌 Natural 1250 PM Ather BY 500 abi 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify) . 3 Suicide 281. LOCATION (Street and Number or Rural City or Town, State) COMPLETED 8 Could not be DIRECTOR. 20 4 Homicide determined Residence Ballmare 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and man (Check only one) FUNERAL within 72 3 IMPORTANT: II 2- MEDICAL EXAMINER: On the death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JAN 19, 1995 O.C.M.E. 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LEVY



permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNER	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial-transit gal.	TO THE FUNCEAL CHIESTON After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page.
ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HIGHTIAL OF ATTAINING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

									9	5 (11365
	1 - FOR STATE REGISTRAR	STATE OF MA			TMENT (MENTAL HYGI REG.			
1	1. DECEDENT'S NAME (First, Middle, Lest $Fr \epsilon$	nces Le						2. DATE OF DEATH MONTH Jan.	H DAY	YEAR 3	12:30 a
	4. SOCIAL SECURITY NUMBER 152-38-3364	1 □ M 2 📉 F	80	t birthday) YRS.	IF UNDER 1 Y		IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Yea Aug. 21.	***	8. BIRTHPI Country)	ACE (State or Foreign
BE COMPLETED BY FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give Bay Meadow Nur		abilita	tion			LOCATION OF DI Burnie			TY OF DEA	
	Maryland A	nne Arunde	1	10c. CITY	Y, TOWN OR		en Burr	ie			0d. INSIDE CITY LIMITS? YES 2 NO
	1302 Aster Drive					10f. Z	1P CODE 2106	1	10g. CITIZ	USA	AT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Noverced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 3	MED	If y	es, speci	IDENT OF HISPAI ity Cuben, Mexica INO Specifi	NIC ORIGIN? (Specify in, Puerto Rican, etc.	Yee or No	Specify:	- American Indian, White, etc.
	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		(Gi life.	ve kind of w Do NOT us	usual occi vork done duri e retired.)	JPATION ing most	of working		BUSINESS/INDI	JSTRY	
	17. FATHER'S NAME (First, Middle, Lest) Sin Chong	Lee				1		ME (First, Middle, Mai Lyew		<u> </u>	
TO B	196. INFORMANT'S NAME (Type/Print) Jean Mary Long	1					Number or Rural i	Burnie,			
	20a. METHOD OF DISPOSITION 1		20b. PLACE A cemetery, createry	no date o	FDISPOSITION PROPERTY OF THE P	Name (Name		DATE 20c	LOCATION — C Baltimo	ity or Town	
	21. SIGNATURE OF FUNERAL SERVICE L	Metor	nald		Cr 29	ema 19 F	rederic	ciety of k Rd. Ba	Maryla	nd, I	Inc.
	23. PART I. Enter the diseases, or ahock, or heart failurs IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	eused the de on each line if AS A CONSEC	atre	ot enter th	s mode	of dying, auc	h sa cardisc or ra	spiratory arre	est,	Approximate interval Between Onaet and Deat
CERTIFICATION	Sequentially list conditions, if any, isading to immedists cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	c	R AS A CONSEC								
EDICAL C	PART II. Other eignificant condition	ons contributing to d	sath but not re	esulting l	n the unds	riying o	suae givsn in	PER	AN AUTOPSY FORMED?	C	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN IX 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one)

HOSPITAL: ng Home 5 - Residence 6 - Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

t YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

and place, and due to the cause(e) and manner se stated 29d. DATE SIGNED (Month, Day, Year)

5)e

31. DATE FILED (Month, Day, Voar)

JAN 2 0 1995 32. REGISTRAR'S SIGNATURE

Could not be

27. MANNER OF DEATH

Accident

Suicide

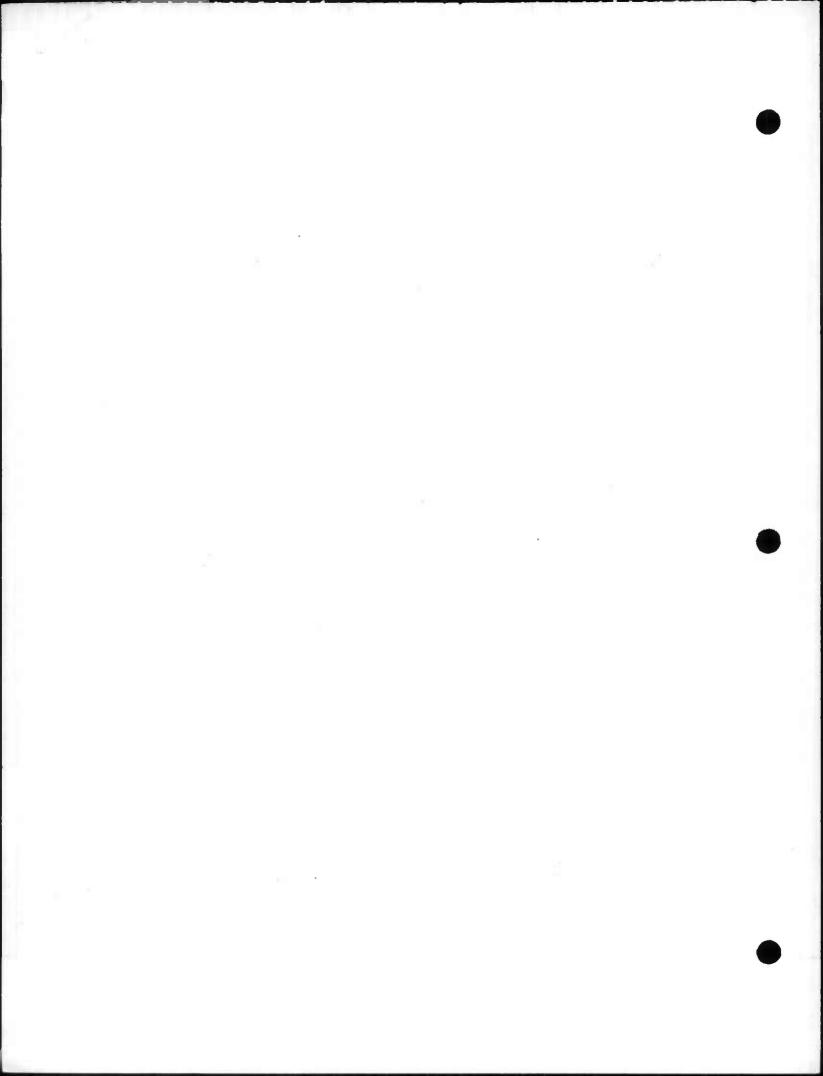
1 Natural

4 Homicide 29e. CERTIFIER

DHMH-16 Rev 1/89

1995





-	1 - STATE REGISTRAR			ERTIF	IUALI	CUL	UEAI	п		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Las	t)							2. DAT	E OF DEATN			3. TIME OF C	EATN
1	Florida Lee M	Mercer						- 1	Ja		19	95	1.0):49P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER			F OF BIRTH			PLACE (State of	
	217-20-5469	1 🗆 M 2 🗡 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	AU	g, 31, 1	207	4.4	rvland	E
_	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH	-	9c. COU	ITY OF D	EATN	
5	3516 Clifton A	lve.			Ba	ltim	ore							
ည မ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN								10d. INSIDE	TY
DIRECTOR	Maryland			В	alti	imor	е						LIMITS?	
	10e. STREET AND NUMBER		_	101.	ZIP CODE				10g. CITI	ZEN OF Y	NI AT COUNTR			
FUNERAL	3516 Clifton A	ve.					212]	6-2	50	7	13.00-1	USA		
5	11. MARITAL STATUS	12. WAS DECEDER				WAS DEC	ENDENT O	F HISPAN	IIC ORIG	IN? (Specify Yes	or No-	14. RACI	E — American k, White, etc.	Indian,
BY	1 Never Married 2 Married 3/54 Wildowed 4 Divorced		1 YES 2 WAR OR DATES	Sho			2 NO			Rican, etc.)		Spec		a le
	16. DECEDENT'S ED	NICATION	40.	25050511111									DIA	CK
	(Specify only highest gra	de completed)		DECEDENT'S (Give kind of ite. Do NOT u	work done se retired.)	during mos	in st of workin	g	1	Bb. KIND OF BUS	SINESS/IND	USTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5	+1	rse						Medic	al			
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First	, Middle, Melden	Surname)			
ш	Josh Stockley	7					Li	llia	an l	Mae Ti	lghn	nan		
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural A	Route Nu	mber, City or Tow	n, State, Zip	Code)		
-1	Weldon Lee			3516	Cli	fto	n As	ze.P	Bal·	to. Md	. 21	216		
	20a, METNOD OF DISPOSITION 1 5 Burial 2 Cremation 3 Re	movat from Stata	20b. PLAC	E AND DATE	of DISPOS	SITIONTY	me of	4	0/	TE 200-10	CATION -	City or To	owa. States	
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	ICENGE	BH	rematory d			1	<u>Ja₁</u>	n d		C.V	70	nd.	
	A . A .	C	-	1	/"	Doû	glas	SS F	un	eral S	ervi	ce		
	allow	C. N.	mica	m						n St.				
	23. PART I. Enter the diseases, o shock, or heart fallure	r complications the a. List only one ca	at caused the use on each li	death. Do i	not enter	the mo	de of dyl	ng, such	h aa ca	rdiac or respi	ratory arr	eat,	Appro	cimate I Between
	IMMEDIATE CAUSE (Finel disease or condition	Dans	.11	6.1	'n .	,	1					1.		and Death
	resulting in death)	. V 777	Ahle	CV	M (~	1-0	wie		my 12	AV	-dia	11:1	hum
,		1/6/	va a A	4. 4.4)"		V	Y	40	a friend		•	3	2 m .
0	Sequentially list conditions,	DUETO	(OR AS A CONS	EQUENCE O	F):			0.	1.4		A			of the
Sequentially list conditions, if any, leading to immediate cause. Enter the property of the cause of the caus							1							
3	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								HT		1	50	6-	
TIFICAL	that initiated events	c. DUE TO	O (OR AS A CONS	EQUENCE O	P: VV	30	ufor	\vee	HC	cle	2	1	50	ps
ERTIFI		c. DUE TO	O (OR AS A CONS	EOUENCE O	P): V V	30	ufor	V	れて	Clfe			50	ps
H	that initiated events	d				nderlying	ul()	liven in	HTC Part I.	240. WAS AN		246	D. WERE AUTOPS	
ICAL CERTIFI	that initiated events resulting in death) LAST	d				nderlying	couse g	liven in	打て Part I.	PERFOR	MED?	246	AWILABLE PR	IOR TO
ICAL CERTIFI	that initiated events resulting in death) LAST	d				nderlying	cause g	liven in	Part I.		MED?	246	AWAILABLE PR COMPLETION OF DEATH?	OF CAUSE
MEDICAL CERTIFI	that initiated events resulting in death) LAST	ons contributing to	o deeth but no	t resulting	In the u	-		liven in		PERFOR	MED?	246	AWILABLE PR	OF CAUSE
MEDICAL CERTIFI	PART II. Other significant conditions to the condition of	ons contributing to	o deeth but no	t resulting	In the u	TH Y		NO		PERFOR	MED?	246	AWAILABLE PR COMPLETION OF DEATH?	OF CAUSE
SICIAN: MEDICAL CERTIFI	PART II. Other significant conditions to the condition of	ons contributing to	o deeth but no	JSE OF	DEA	TH Y	ES	NO EATH (Cho	eck only	PERFOR	MED?	246	AWAILABLE PR COMPLETION OF DEATH?	OF CAUSE
ICIAN: MEDICAL CERTIFI	PART II. Other significant conditions of the condition of	CONTRIBUT	E TO CAL	JSE OF	DEA	TH Y 26. PL R: rsing Home 28c. INJI	ES ACE OF DE	NO EATH (Cho	sck only	PERFOR	NO NO		AWAILABLE PR COMPLETION OF DEATH?	OF CAUSE
HYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions of the con	CONTRIBUTE HOSPITAL: 1 Inpartent 2 28a. DATE O (Month.)	E TO CAL ER/Outpetient FINJURY Day, Year)	JSE OF	DEA*	26. PL R: sling Home 28c. INJI WO 1 V	ES COF DIE	NO EATH (Cho	8 Ott	PERFOR 1 VES 2 One) One (Specify) ESCRIBE HOW I	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED	AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE
D BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions of the con	CONTRIBUTE HOSPITAL: 1 Inpartent 2 28a. DATE O (Month.) 1 25a. PLACE building	E TO CAL	JSE OF	DEA*	26. PL R: sling Home 28c. INJI WO 1 V	ES COF DIE	NO EATH (Cho	8 Ott 28d. D	PERFOR	NJURY OCC	CURED	AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE
TED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions in the condition of	CONTRIBUT	E TO CAL ER/Outpetient F INJURY Day, Year) OF INJURY — At., etc. (Specify)	JSE OF 3 DOA 28b. Till IN,	DEA* OTHE 4 Nuite OF JURY M	28. PL R: sing Hom 28c. INJ WO 1 U V tory, office	ACE OF DI S = Ae URY AT RK?	NO EATH (Che aldence	8 Ott	PERFOR 1 VES 2 One) Ther (Specify) ESCRIBE HOW II CATION (Street in Yor Town, State)	NJURY OCC	CURED or Rural	AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions in the condition of	CONTRIBUT	ETO CAL ER/Outpetient F INJURY Day, Year) OF INJURY — At ,, etc. (Specify)	JSE OF 3 DOA 28b. Till IN,	DEA* OTHE 4 Nuite OF JURY M streat, tec	26. PL R: sing Home 28c. INJ WO 1 U Volory, office	ES ACE OF DI	NO EATH (Checked) NO and dua	8 Otto the co	PERFOR 1 VES 2 One) her (Specify) ESCRIBE HOW II CATION (Street in Yor Town, Stale)	NJURY OCC	or Rural	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions in the condition of	CONTRIBUTE HOSPITAL: 1 Inpetient 2 28a. DATE O (Month, In Design of the basis of	ETO CAL ER/Outpetient F INJURY Day, Year) OF INJURY — At ,, etc. (Specify)	JSE OF 3 DOA 28b. Till IN,	DEA* OTHE 4 Nuite OF JURY M streat, tec	26. PL R: sing Home 28c. INJ WO 1 U Volory, office	ES	NO EATH (Che aldence	8 Ott 28d. D	PERFOR 1 VES 2 One) her (Specify) ESCRIBE HOW II CATION (Street in Yor Town, Stale)	NJURY OCC	or Rural i	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2 Route Number,	IOR TO OF CAUSE NO NO ne stated.
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions in the condition of	CONTRIBUTE HOSPITAL: 1 Inpetient 2 28a. DATE O (Month, In Design of the basis of	ETO CAL ER/Outpetient F INJURY Day, Year) OF INJURY — At ,, etc. (Specify)	JSE OF 3 DOA 28b. Till IN,	DEA* OTHE 4 Nuite OF JURY M streat, tec	26. PL R: sing Home 28c. INJ WO 1 U Volory, office	ES	NO EATH (Checked) NO and dua	8 Ott 28d. D	PERFOR 1 VES 2 One) her (Specify) ESCRIBE HOW II CATION (Street in Yor Town, Stale)	NJURY OCC	or Rural i	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	IOR TO OF CAUSE NO NO ne stated.
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions in the condition of	CONTRIBUTE HOSPITAL: 1 Inperient 2 28a. DATE O (Month, Inc.) 28a. PLACE o building VICIAN: To the best of NER: On the basis of the contribution of the contributi	E TO CAL ER/Outpetient F INJURY Day, Year) OF INJURY — At ,, etc. (Specify) of my knowledge, axamination and/o	JSE OF 3 DOA 28b. Till IN. home, tarm, death occurr or invesspelle	OTHE OF JURY M street, tec	26. PL R: sing Home 28c. INJ WO 1 U Volory, office	ES	NO EATH (Che aldence	8 Ott 28d. D	PERFOR 1 VES 2 One) her (Specify) ESCRIBE HOW II CATION (Street in Yor Town, Stale)	NJURY OCC	or Rural i	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2 Route Number,	IOR TO OF CAUSE NO NO ne stated.

1 60 3- 8

DHMN-16 Rev 1/89

THE RESERVE OF THE PARTY OF THE

CIP

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	event, the medical examiner must be notified at once.	cremation, or removal.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
O RE COMPLETED BY BUYCLCIAM: MCDICAL CERTICICATION	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

5

TEROPLE

31. DATE FILED (Month, Day, Year)

M.

n1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

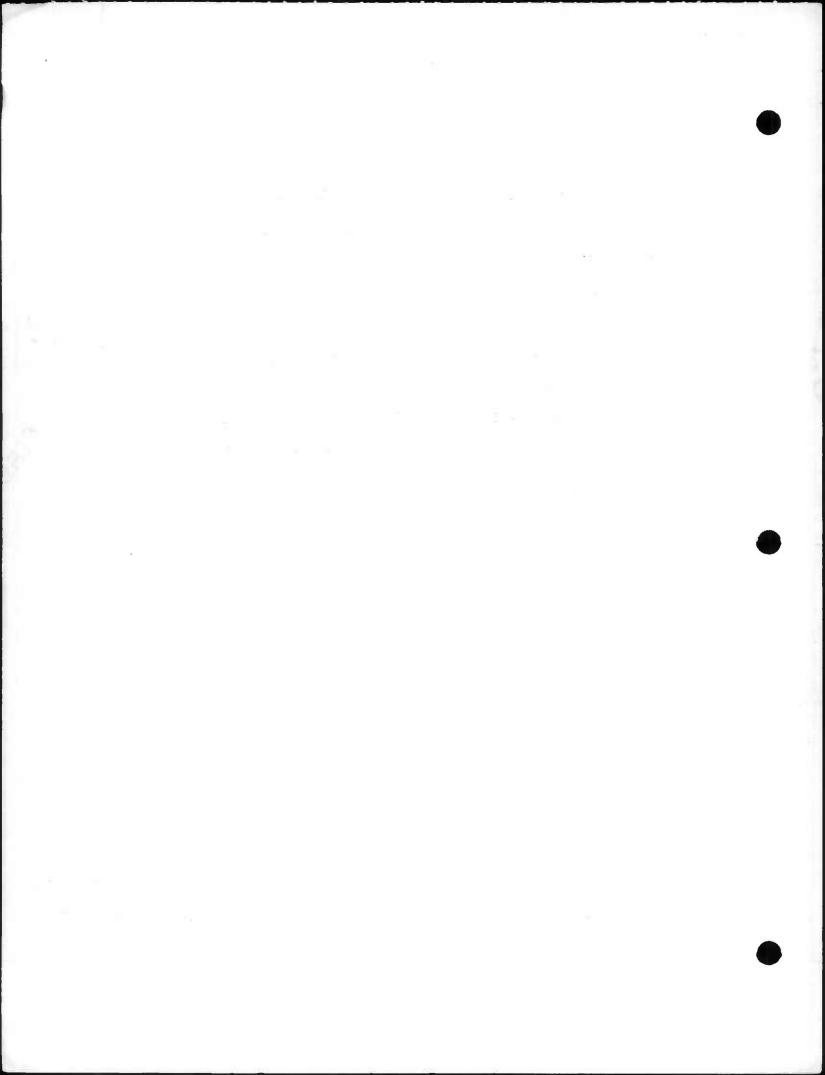
32. REGISTRAR'S DIGNATURE

95 01367 ITEMS: 23 PART I, 27, PER MEO FILM G-721 3/14/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 JAN MARTIN 17. IRENE 9:26 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 071-38-6515 47 04-23-1947 1 - M 2 X MONTHS DAYS HOURS YRS. NEW YORK 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SAINT AGNES HOSPITAL BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7930 COVINGTON AVENUE 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 BY Specify: WHITE 3 Widowed 4 Olvorced ü 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high PROPERTY SOCIAL SECURITY Elementery/Secondary (0-12) College (1-4 or 5 +) 12 N/A MANAGEMENT ADMINISTRATION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname WILLIAM В. MANNING CHRISTA E. BIGLER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21061 2 7930 COVINGTON AVENUE, GLEN BURNIE, MD. MR. MELVIN N. MARTIN 20a. METHOD OF DISPOSITION

1 Burlel 2 XCremetton 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of 1/23/ 20c. LOCATION - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) 1995 TOWSON, HILLTOP SERVICES, INC. MARYLAND 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W. 21. SIGNATURE OF FUNERALISERVICE LICENSES elle GLEN BURNIE, MARYLAND 21061 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heart failura. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ TARDIAC ARRHYTHMIA COMPLICATING BRONCHOSPASM resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 TNO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: XXYES 2 NO 1 Inpatient 2X ER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 1 X X Natural 1 YES 2 NO Investigation 2 Accident 26a. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number City or Yown, State) 6 Could not be 4 Homleide 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. 2 💢 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner se stated. 296, SIGNATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ode JAN 18, 1995 O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201



	,
_	
\mathbf{c}	
10	
w	
BOX 68760	
3	
~	
CO.	
$\overline{}$	
~	
_	
4 3	
~	
200	
ш	
_	
n	
\sim	
P.O.	
-	
85	
10	
RECORDS	
-	
F 3	
_	
-	
III.	
_	
\sim	
u	
_	
r n	
\sim	
ш.	
==	
m-	
VITAL	
-	
ч.	
_	
_	
-	
-	
L C	
ш.	
-	
u	
_	
~	
-	
-	
()	
~	
10	
U)	
_	
-	
-	
DIVISION	
_	
_	

UNISION OF VITAL DECOLOGY, F.C. 2007
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 fears the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT, II Institute 2 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF H	EALTH AND M	ENTAL HYGIEN	E	
	FRANK	MUEILER	JR.			2. DATE OF DEATH DA	7 95	3. TIME OF DEATH 12 590 M
2/6-05-720/ 1 DM 2 0 F 82 YRS. MONTHS DAYS HOURS					IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign try)
TOR	Shock Trai	uma Center/Univer		Balti	MOLE	тн	9c. COUNTY OF	DEATH
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Md. Howard Ellicott City						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10a. STREET AND NUMBER 3717 St. John's Lane 10f. ZIP CODE 10g. CITIZEN OF USA							WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Me 3 Widowed 4 Divorce		2 X NO	13. WAS DEC If yes, spi 1 YES	city Cuben, Mexican,	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14. RAC Blac Spec	E — American Indian, k, White, etc. sily: White
COMPLETED	15. DECED (Specify only hi Elementary/Secondary (0-12	PENT'S EDUCATION (ighest grade completed) College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use red Shipping	done during mo tired.)	st of working	16b, KIND OF BUS	ronics	white
	17. FATHER'S NAME (First, Middle	Mueller Sr.	Shipping	Cleir	18. MOTHER'S NAM	E (First, Middle, Maiden : genia Reut	Surname)	
TO BE	194. INFORMANT'S NAME (Type Edward Mue	e/Print)			nd Number or Rural Ro	ute Number, City or Town C. Md. 21	n, State, Zip Code)	
	20a. METHOD OF DISPOSITION 1 Description 2 Cremetion 4 Donation 5 Description 5 Descri	3 Removal from State Central New York	PLACE AND DATE OF DE				cation - city or to timore N	
	21. SIGNATURE OF FUNERAL B	PEN Walle		Dat		oer Funera Son Ave. B		3.
RIIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. C5 dist oue to (or as a	ach line.					Approximate Interval Between Onset and Daeth
MEDICAL CE	Dement 5/P Catra	conditions contributing to death be NYD.				PERFORI	MED?	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	5 Residence 6			
ED BY PHY	Suicide 8 Cou	estigation 149	28b. TIME OF INJURY	28c. INJI WO 1 T Y	PRY AT RK?	28d. DESCRIBE HOW IN CAN HOLES 28f. LOCATION (Street of City or Town, State)	ed fall	, but had
000		YINO PHYSICIAN: To the base of my know.	ledge, death occurry's ay	he time, date	eth occured at the fir	me, dete and place, and	due to the cause(
10 86	853	RESIDENT PROPERTY OF DE	//	SHOW	D232-86. CPSO=65	241 Canda	DATE SIGNED	95
	31. DATE FILED (Month, Day, Year) JAN 2 0 199	se Gazzolo 1) July d'audionnes 5 July d'audionnes	Koy MYGR ATURE	S	lniv of 1	MANCYLAND M	B CONER	.225 Glasson

spital or attending physician. ned for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

. BOX 68760

0	
0	
Ś	
Q	
Œ	
0	
E	
α	
AL	
F	i
>	
LL.	-
0	
T	٦
0	į

RICHARD K.

JAN 2 01995

TO THE HOSPICE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNCTION of this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 possession over moves.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Dy th	20	12
tained	shoul	tifled
be re	S 90	e 10
шау	or, pa	o ta
9 95	Jirectic	F
P. 72	eral	mine
r deal	al.	exa
s after	by th	dicai
hour	ed in	H
\$2 UII	nation	the
d with	J. cren	event
aecute	and co	atic
De es	ician a	пап
tificate	phys ene pi	ther
th cer	Hygi	0 0
e deal	Wenta	ury,
at th	and a	ıy in
res th	igned	78 an
requi	een s	show
e law	has t	1 23
N. Th	State	Hem
SICIA	certif	1, 01
PHY	this with	arked
MICH	18	E
Æ	ã.	28
0	1	Item
مج	E122	T. H
H08	FUN.	TAN
O THE	D THE	MPOF
×	F 5	=

						95	01369	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME ERTIFICA	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN	AY YEAR	3. TIME OF DEATH	
İ	REBEKAH SPENCER				JAN 17	7 95	10:00a™	
	237-09-5851	6, AGE (In yrs. Ia	YRS. MONT		Jun 20,	Cour		
10R	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE Camp Springs Prince							
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION L							
FUNERAL	10e. STREET AND NUMBER 5314 Greenock F	Road	<u></u>	101. ZIP CODE 20711		10g. CITIZEN OF	1 YES 2 NO	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYES 23 IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specify Cuben, Mexic	an, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, etc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 1 2	(College (1-4 or 5+)	Do NOT use retire	one during most of working		SINESS/INDUSTRY		
OMI	17. FATNER'S NAME (First, Middle, Last)	J+ Ine	JISCELE		Nursir	3		
BE C	James Horne Ligh	tbourne Sr.			ret Eliza		enson	
10 B	19a. INFORMANT'S NAME (Type/Print)	19		NESS (Street and Number or Rura	Route Number, City or Town	n, State, Zip Code)		
-	Mary M. Chaney			Greenock Ro	ad, Lothi	an, MD	20711	
	20e. METNOD OF DISPOSITION Burlei 2 Cremellon 3 Remove Donation 5 Other (Specify)	from State cemetery on	ngton	Nat'l. Cem	. 1/23 Ar	cation - city or 1		
	21. SIGNATURE OF EUNEPAL SERVICE LICEN	aul	I	22. NAME AND ADDRESS OF F Hardesty Fu 12 Ridgely	neral Hom	ne, P.A		
	IMMEDIATE CAUSE (Final	nplications that caused the dit only one cause on sech line HEPATIC FAILUF DUE TO (OR AS A CONSE	aeth. Do not en a. RE	iter the mode of dying, su	ch se cardiac or respi	ratory srrest,	Approximats Interval Between Onset end Death	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ALCOHOL ABUSE DUE TO (OR AS A CONSE	QUENCE OF):					
CERTIF	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):					
MEDICAL (ATHEROSELEROTIC PE DIABETES MELLITUS				Part I. 24e. WAS AN PERFOR 1 [XYES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF DEA	TH YES	NO □ UNCERTA	N F		1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:								
	27. MANNER OF DEATN 1 Netural 5 Pending	OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF YORK? 28c. INJURY AT WORK?						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, 1	1 YES 2 NO	28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL EXAMINED: C	N: To the beat of my knowledge, de	ath occurred at Ih	ne time, data and place, and du ny opinion, death occured at the	I the cause(a) and man	ner as stated,		
	200. SIGNATURE AND TITLE OF CENTURES	#/	/	29c. LICENSE NU				
O BE	helled X 1	Which /		MD0434		D	O (Month, Day, Year)	
	of your out annuals adapted the b			1 1 1 1 1 1 1 1	コンレ	90 JA	NUARY 17	

SEATH (ITEM 27) (Type, Print)

MC

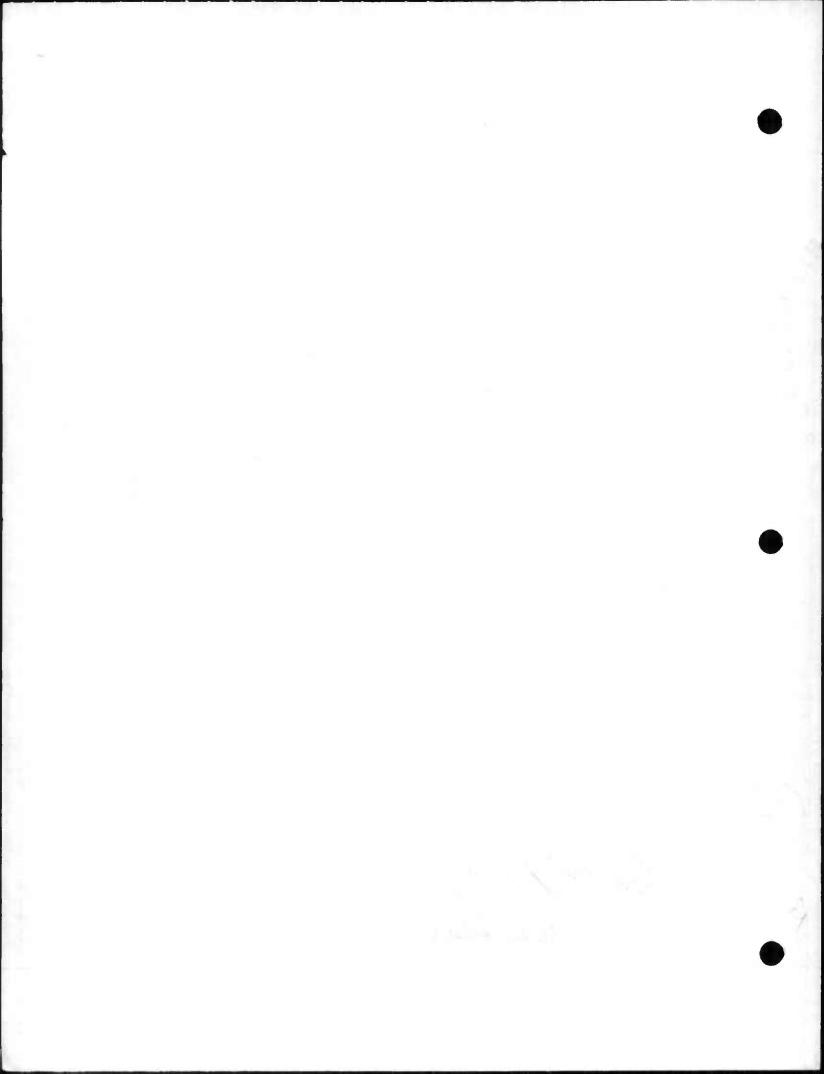
BRIDGE, MAJ, USAF,

SHEWBRIDGE

1050 West Perimeter Rd AAFB.MD 20331-6600

DHMH-16 Rev 1/89

89 MDG



1 YES 2 NO

		and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
		permit.
020	executed within abours after death. Page 6 may be retained by the hospital or attending physician,	burial-transit
7	ling	the
0	tend	35
Z	F at	use
V	교	jo
DALLINORE, MARTLAND ZIZIS-UUZU	e hospit	Jetached
_	b A	8
AH	stained t	phone
=	9	5
ת ה	nay b	pag.
2	30e 6 r	directo
Į	Jeath. F	funeral
ò	the	the
	Sin	E
Ť	ů.	Pilled
	d	(ely
2	With	plet
-	ted	COTT
5	DOBCE	and

FUNERAL DIRECTOR

ΒY

BE COMPLETED

9 pe

once.

notified at

BY

COMPLETED

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investigation

6 Could not be

1 TES 2 TNO

27. MANNER OF OEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

PINISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL IN THENDING PHYSICIAN: The law requires that the death certificate be executed with about after death. Page 6 may be retained	The Formal December And the conditions has been signed by the attending physician and completely filled in by the funeral director, page 5 should the complete of the Condition of comments of the Condition of th	IMPORTANT If them 28 is marked, or flem 23 shows any Injury, or other traumalic event, the medical examiner must be notified
y be	oage	9
9 ша	700,	Just
age	direc	10
death. F	funeral	хашіп
ffer	/ the	Cal Cal
Suns	in th	nedi
Š	filled	e a
营	etely	1, 1
M P	Homo	ever
acute	nd or	atic
96	ian a	E .
ate	hysic	T T
ertific	d Gui	oth
ath c	tendi	0
e de	the all	1
hat th	5	T Y
res ti	gnec	20 60
regui	S Use	show
34	as b	23
린	ate h	E
CIAN	ertific	0
HYS	#1	1
100	21	1
ENG.	出る	.10
5	6	23
4	THE RESEARCH DESCRIPTION After the certificate has been signed by the attending physician and completely filled in by the fa-	1
E.	ij	100
S	6	M
뽔	뵘	8
S	B 1	! ≧

1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	TMENT	OF H	HEALTH AND I	MENTAL	HYGIEN REG. NO.				
1. OECEDENT'S NAME (First	, Middle, Last)							2. DATE O				3. TIME OF OR	HTAS
MARI		2	MAR	SAN				MONTH	- 17		95	745	PM
4. SOCIAL SECURITY NUM		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF	BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or	Foreign		
046-38-695		1 🗌 M 2 🔀 F	34	YRS.	MONTHS	DAYS	HOURS MIN.	May 2		960	Countr	Cr.	
9a. FACILITY NAME (If not is					9b. CITY,		OR LOCATION OF DE	ATH		9c. COL	INTY OF D	EATH	
Howard Cou		emeral Ho	spital			Col	Lumbia				How	ard	
10a, STATE	10b. COUNT	·		100 CIT	Y. TOWN O	B I OCA	TION						
Maryland	200	loward		100. 011	i, iowii o		licott Ci	+17				10d. INSIDE C	
100. STREET AND NUMBER		Owaru				-		LLY				1 YES 2	<u> </u>
10143 Hobs		oice Lan	e			101	1. ZIP CODE	21042		10g. CIT	U.S	VHAT COUNTRY	?
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	RMED	13. V	AS OEC	ENDENT OF HISPAN	IIC ORIGIN?	Specify Yea	or No-	14. RACE	- American Ir	ıdlan,
1 Never Merried 2 🔀		IF YES, OIVE V	YES 2 X	INO			ecity Cuben, Mexican 2 NO Specify		en, etc.)		Specia	, White, etc.	
3 Widowed 4 Dive	erced						•					" White	9
	EDENT'S EDU		16a. I	DECEDENT'S	USUAL OC	CUPATIO	ON ost of working	16b, K	IND OF BUS	INESS/IN	DUSTRY		
Elementery/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT u	se retired.)					Fi	Firm		
4 Benefits Consultant Management Consulting						9							
17. FATHER'S NAME (First, M							16. MOTHER'S NAI			Sumame)			
Dominic De	Santo						Margare	et She	a				
Darryl J.		(Spous	e)	10143	Hobs	(Street a	and Number or Rural F Choice	Poute Number Lane	City or Town	n, State, Zi COTT	code) City	21042 Maryla	and
20s. METHOO OF DISPOSIT 11 Burlel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval trom State	cemetery, c	EAND DATE OF THE MEADO	ther place)			0ATE			City or To		
21. SIGNATURE OF EUNERA	S SERVICE LIC	ENGEE) 7	1	0.	L	eroy	ND ADDRESS OF FAC	sell	C Wit	zke	Fune	ral Ho	
11.0	au c	NUS K	-	<u> </u>	1	630	Edmondso	n Ave	nue (Cator	nsvil	le Mar	yland
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fig.	aart fallure.	complications tha List only one cau	ise on each li	daeth. Do r na.	not antar	tha mo	da of dying, auct	h as cardla	c or respl	ratory ar	reat,		mata Batween and Death
disease or condition resulting in death)		. ADUL	RES	CIRA	TOR	y D	ISTRES	s sy	n Diz	ome		6/2	Wks
												111	wks
Sequantially list condit if any, laeding to imme	diata		(OR AS A CONS			13.T	ric W	LCEY	2			6 /2	WKS
cause. Entar UNDERLY CAUSE (Disease or Inju		C											
that initiated eventa resulting in death) LAS	т	DUE TO	(OR AS A CONS	EOUENCE O	F):								
PART II Other election	nt conditi	a acadelbuda = 1 -	ate and have									1	
PART II. Other significa					in tha und	ierlyln	g cause given in	Part I. 2	4a. WAS AN		24b.	WERE AUTOPSY AMILABLE PRICE	OR TO
THEO	PHEUMATOID ARTHRITUS 1 VES 2 APRO OF COMPLETION OF CAUSE OF DEATH?												

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO IN UNCERTAIN I

HOSPITAL:
1 Dinputient 2 - ER/Outputient 3 - DOA

28e. OATE OF INJURY

29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) CONSULTING PHYSICIAN 1 m 195 18317 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BERNARD FARRELLMO HOSS LITTLE PATURENT PARKWAY P. COLUMBIA MD 21044 This MESSELLAR BURNE JAN 2 0 1995

26. PLACE OF OEATH (Check only one)

26b. TIME OF

28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify)

OTHER:

м

28c. INJURY AT WORK?

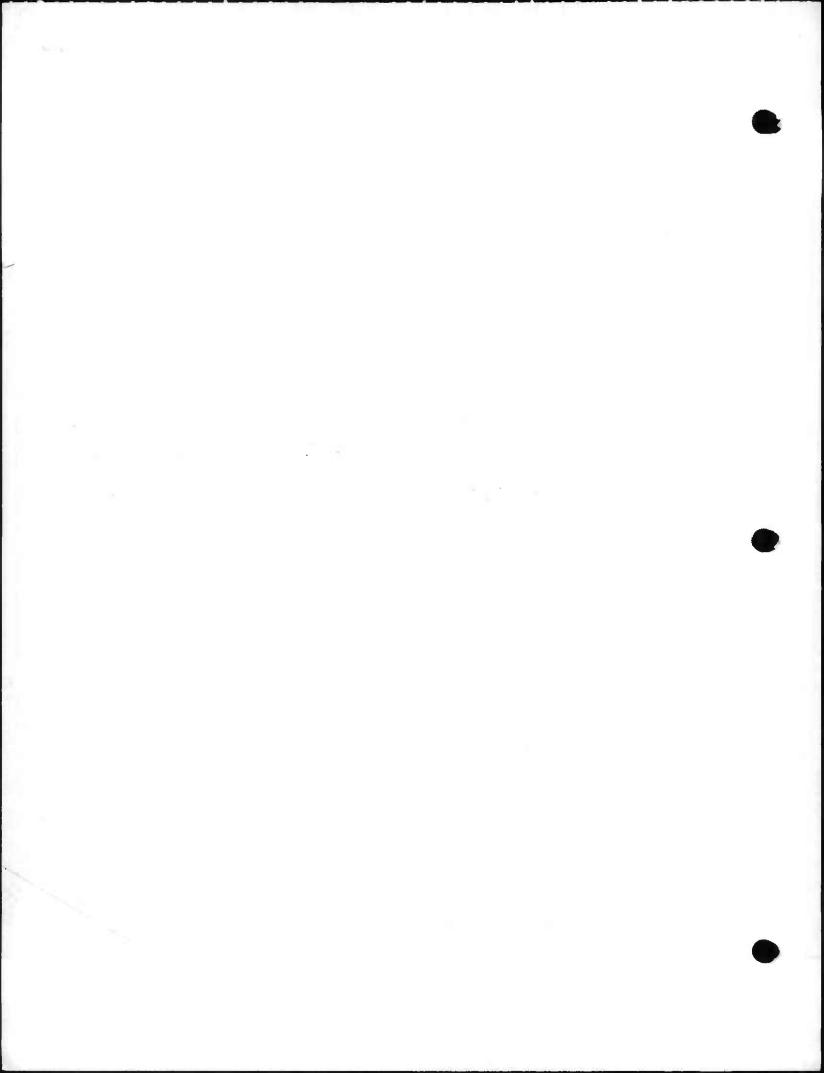
1 YES 2 NO

ng Home 5 - Residence 8 - Other (Specify)

28d. DESCRIBE HOW INJURY OCCUREO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)





BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	WEETING ATTINITIES CONTINUES CONTINUED BY THE attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	L OF TERMS HYSICIAN: The law requires that the death certificate be executed with thousafter death. Page 6 may be retained by the hospital or attending physician.	THEFTIRE ATTIMITIES CERTIFICATE has been signed by the attending physician and completely

TO THE HOSPITAL OF TERMS A HYSICIAN: The law requires that the death certificate be executed with the found after death. Page 6 may be retained by the hors TO THE FUNERAL METERIAL PROPERTY. As a first of the last of the detach be filed within 72, which the control of the last of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	ГН		BEG NO

	1 - FOR STATE OF MARY		MENT OF HE		MENTAL HYGIEN					
	1, OECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH		3. TIME OF DEATH			
	ANTHONY M. J. MIODUSZEW		JAN 13							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yeer)	6. BIR	THPLACE (State or Foreign			
	219-22-4065 X M 2 D F	67 YRS.	MONTHS DAYS	HOURS MIN.	AUG 13,1		RYLAND			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY OF	DEATH			
l e	DEPAUL HOUSE		BALTI	MORE						
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATIO	IM.			10d, INSIDE CITY			
DIRECTOR	MARYI AND	100,000		16			LIMITS?			
	MARYTAND 100. STREET AND NUMBER		BALT IN	IUKE IP CODE		10a CITIZEN OF	1X YES 2 NO			
EN EN	3300 BENSON AVE APT. 430		1,000	21227			S.A.			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER			IDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14, RA	CE — American Indian.			
BY F	1 Never Merried 2	DATES NO		Ify Cuban, Mexicer NO Specify	n, Puerto Ricen, atc.)		ock, White, etc.			
				А			WILTER			
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	JSUAL OCCUPATION ork done during most	of working	186. KIND OF BUS	SINESS/INDUSTRY	VIII			
1	Elementery/Secondery (0-12) College (1-4 or 5+)	life. Do NOT use								
N N	4TH GRADE 17. FATHER'S NAME (First, Middle, Last)	PAPER A	ASSEMBLE		SUN NE WE (First, Middle, Meiden	WSPAPER				
O O	and the second s	DUGGETIONT					WII OOF			
00	190. INFORMANT'S NAME (Type/Print)	DUSZEWSKI 19b. MAILING	ADDRESS (Street and	MARY	ANNA		MILOSEK			
유	MARY ANN BURTON (NIECE)				ORE. MARYI	,,	26			
	28e. METHOD OF DISPOSITION	0b. PLACE AND DATE OF				CATION — City or				
		OLY ROSARY		V			MARYLAND			
1 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	OLI KODAKI	22. NAME AND	ADDRESS OF FAC	YILIK		THENT IMIND			
	· 1/7/11.				NERAL HOME	-				
\vdash	23. PART I Enter the diseases, or complications that cause	ed the death. Do no	9705	BELAIR	RD BALTIMO	RE, MAR	YLAND 21236			
	23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert feliure. List only one ceuse on each line. Approximate Interval Batween									
	immediate Cause (Final disease or condition resulting in death) o. Hypertensive Can drown cube Disease 16 yr s									
	resulting in death) e. Our TO (OR AS	A CONSEQUENCE OF)	ii ii		Cot 19t Fas	1				
z										
ERTIFICATION	if any, isading to immediate	A CONSEQUENCE OF)								
2	csuse, Enter UNDERLYING CAUSE (Disesse or injury									
분	that initiated events resulting in death) LAST	A CONSEQUENCE OF)	2							
5	d			-						
AL (PART II. Other significant conditions contributing to deeth	but not recuiting in	the underlying	ause given in l			Ib. WERE AUTOPSY FINDINGS			
					PERFOR 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC							OF DEATH?			
	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES		UNCERTAIN	10					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH								
YS!	1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/OL		OTHER: 4 Nursing Home	5 - Residence	6 Other (Specify)					
F	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year)				28d. DESCRIBE HOW II	JURY OCCURED				
à	1 Natural 5 Pending 2 Accident Investigation			3 2 NO						
) e	3 Suicide 8 Could not be determined 28s. PLACE OF INJUI building, etc. (Sp.	RY — At home, term, at pecify)	raet, fectory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,			
1.80 III										
AP.	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my kno									
COMPLE	one) 2 MEDICAL EXAMINER: On the basis of examinat	ion and/or investigation,	, in my opinion, dear	th occured at the t	time, date end piece, end	d due to the ceuse	(e) end manner ee stated,			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER		2	9c. LICENSE NUM	. ~ ~	29d. DATE SIGNE	D (Month, Day, Year)			
70	1/1/ Willee			1301	182	D 1/16	0195			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D									
	Dr. William Russell, 3320 B	enson Ave.	, Baltin	ore, MD	21227					
	JAN 2 0 1995 Julia Margara Ass	BOLLIFE								
	JAN & U 1000									

l.

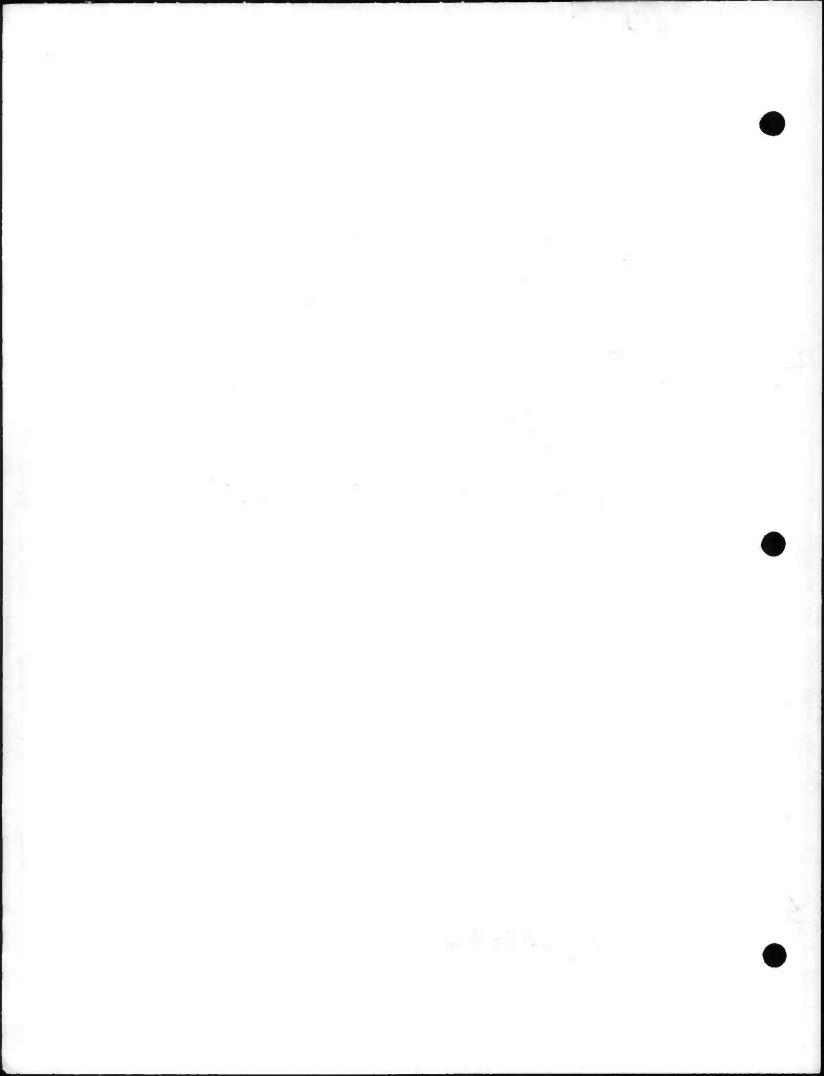
2	2
9	0
9	io.
5	- 5
7	- 6
7	7
N	-
9	OSDitz
A	the
5	À
, MARYLAND 21215-002(is after death. Page 6 may be retained by the hospital or attending other
	8
R	may
0	9
M	Page
BALTIMORE,	death.
m	after
	fthin 24 hours
	15
ð	dth

P.O. BOX 68760

Ś	
\propto	
CO	-
C	
ш	
$\overline{\alpha}$	
AL	
E	1
=	:
-	i
ш.	4
0	1
~	۲
F	H
\simeq	9
S	9
=	

୧	AL O	AL D	2
	HOSP	FUNE	within
	开	光	filed
	2	2	2

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	HEALTH AND		YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MILATEA	T. Mc Ne	11/			2. DATE OF D MONTH		45	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-26-7611	5. SEX 6. AGE (1)	n yrs. last birthday) '3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	(Year)	BIRTHPL Country)	ACE (State or Foreign		
TOR	3838 Koland			BA/9	FINE E	EATH	9c. COUNT	Y OF DEAT	Н		
L DIRECTOR	Maryland 106. COUNT Maryland 106. STREET AND NUMBER	Υ		y, town or locate	re			12	d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	3838 Roland A				21211		10	15.	T COUNTRY?		
B√	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPA Hecity Cuban, Maxico 2 NO Special	en, Puerto Rican,		Bleck, W	American Indian, Thits, atc. White		
PLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION WORK done during mose retired.)	ost of working	16b, KIND	OF BUSINESS/INDU	STRY			
E COMPL	17. FATHER'S NAME (First, Middle, Last) Robert H. To	iylor			V	AME (First, Middle,	Melden Sumame)				
TO B	199_INFORMANT'S NAME (Typo/Print)	114	19b. MAILING	ADDRESS (Street s			ty or Town, State, Zip C	ode)			
	20s. METHOD OF DISPOSITION 14 Burisl 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	etery, crematory or o	1968	/	120/85	20c. LOCATION - CH		111		
9	22. NAME AND ADDRESS OF FACILITY A. Alan Seitz, Jr. Funeral Home 3818 Roland Ave., Baltimore, Maryland 212. 22. PART I. Enter the diseases, or compilications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate										
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST	a. Due TO (on as a	consequence of	Mycco Pi J Lein	edal	0	fae chi	m	Approximata interval Between Onset and Death		
MEDICAL C	PART II. Other algorificent condition	a contributing to death be	ut not reaulting	in the underlying	g ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	AM	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?		
N. WE	DID TOBACCO USE CONT				UNCERTAI	N 🗆 .		1[YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi	etient 3 DOA	OTHER:	e 5 🗆 Rasidence	6 C Other (Spec	offy)				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	RED			
ETED B	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, stc. (Speci	— At home, farm, a	street, factory, office	8	281. LOCATION City or Tow	(Street and Number or n, State)	Rural Route	Number,		
COMPLE		CIAN: To the best of my knowler. On the besis of examination							d manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	eren M	D		29c. LICENSE NUI	MBER 7 48	29d. DATE S	IIGNED (Mo	inth/Day, Hear)		
٩	30. NAME AND ADDRESS OF PERSON WHAT A UBGROSS A	O COMPLETEO CAUSE OF OEA	TH (ITEM 27) (Type,	Print) BAZ	10 (nn	0121	1	11110		
	JAN 2/ 0 1995 Jul	62. REGISTRAND SIGNA	TURE								



BALTIMORE, MARYLAND 21215-0	be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
_	124 hours after
OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within
TINON OF VIT	TTENDING PHYSICIAN: TI
6	8

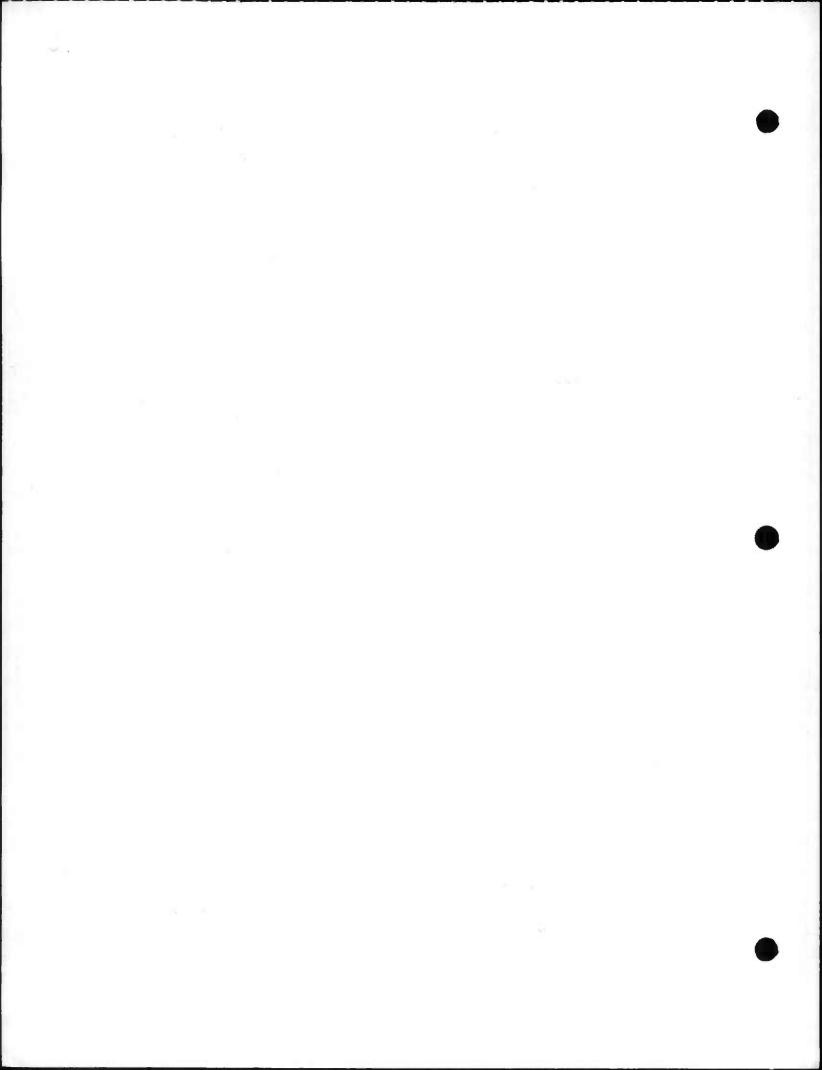
This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. g physician.

TO THE HOSPING TO THE HUNESA DE BIEG WITHOUT TO THE PROPERTY TO THE PROPERTY OF THE PROPERTY O

marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			ERTIF	ICATE	OF	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF OEATH
	EARL	М.			MAR	ST	NC	TAN			10:23A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF	BIRTH	6. BIRT	HPLACE (State or Foreign
	215-14-4517	1√□ M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS MIN.	May 4	1923	Cour	ryland
	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY.	TOWN C	OR LOCATION OF DI			c. COUNTY OF	
œ	3976 EDGEHILL						IMORE C			C. COONTY OF	DEATH
6	RESIDENCE OF DECEDENT	NOAD			DA	пт.	LMOKE C	TII			
8	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCAT	TION				10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland				Balti	imoı	20				LIMITS?
5	10e. STREET AND NUMBER				Dail		. ZIP CODE				
MA	3776 Edgehill R	hen				101	212	1 1	10	U.S.	WHAT COUNTRY?
焸											
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT FORCES? 1 {			13. W	AS DEC	ENDENT OF HISPAT	NIC ORIGIN? (S	pecify Yee or	No - 14. RAC	CE — American Indian, ck, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES				2XTNO Specif		11, 410.)		city:
	A	WWI.	L								White
ΕI	15. DECEDENT'S EDUC (Specify only highest grade			Give kind of				16b. KII	ND OF BUSINE	SS/INDUSTRY	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 4	fe. Do NOT us	se retired.)						
4	unknown		1	unkno	wn						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Midd	lle, Maiden Sun	neme)	
<u></u>	Marvin Marston						Elma :	Bordel			
BE	19a, INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS /	Street a	nd Number or Rural	Pouts Number i	City or Town S	tete Zin Coriel	
2	Helen Possidenti		4	06 W.	23rd	1 5	t. Balt	imore.	Mary1	and 2	1211
	20a. METHOD OF DISPOSITION		_								
	17 Buriel 2 Cremetion 3 Reme	oval from State		rematory or o				1/19/9		ION — City or 1	City, Md.
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Good	Snepa				1			
			1		22. N	AME AN	n Seitz	CILITY Tr.	Funera	1 Home	
	· a allar	- Seit	. Ch								ryland 21211
\neg	23. PART i. Enter the diseases, Dr o			leeth Dn r	nt enter t	he mo	de of dular eue	b so cordina	as seedlests	710, 110	Approximats
	iMMEDIATE CAUSE (Finel disease or condition resulting in desth)	DUE TO (Here:	Sclere of	fr.	-	Cardio	Vers (4	clar	Dise	interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
2	PART II. Other significent condition		to set to a								
MEDICAL								1	PERFORME	0?	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
ž	DID TOBACCO USE CONTE	RIBUTE TO CAL	JSE OF DE	ATH YE	S \square N	0 [UNCERTAI	N K			
히	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT							
is	t X YES 2 - NO	1 Inpetient 2	ER/Outpatient	3 DOA	OTHER:	ng Hom	e 5 X Residence	6 Other (Sp	pecify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF II (Month, De)		28b. TIM INJ	E OF 2 URY	WO	URY AT RK? /ES 2 NO	26d. DESCRI	BE HOW INJU	RY OCCURED	
	3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PH	CIAN: To the best of m									(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	In Chu	t no				O.C.		29	JAN	17/95
۱	30. NAME AND ADDRESS OF PERSON WH					ee	t, Balt	imore	, Mar	ryland	21201
	JAN 2 0 1995" July	CHURCHAR	SHUTTURE								



8
9
<u></u>
89
_
X
0
B
0
Δ.
- 01
S
\simeq
0
O
ш
RE
d
\vdash
=
>
4
OF
7
5
\subseteq
S
=

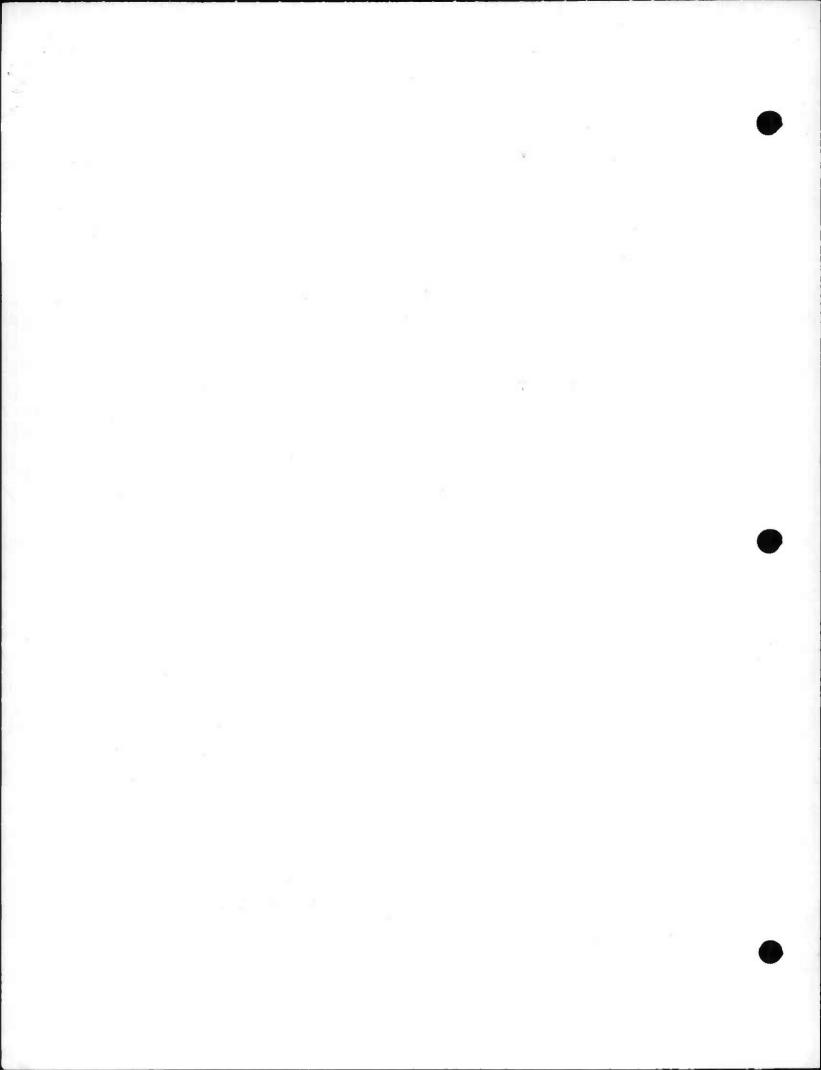
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH AND	MENTAL HYGIENE
		CERTIFICATE	0	F DEATH	DEO NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN			MENTAL	HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEA	ГН
i	LOUIS A. NO	WAK				JAN	D	S AY	95	8:36	Pw
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) if UNDER 1 YEAR if UNDER 24 HRS. 7. DATE OF BIRTH 8.									PLACE (State or Fe	
	216-42-2876	XM20F 51	YRS. MONTH	DAYS	HOURS MIN.	(Month	Day, Year)	1943	Country	17	a orgin
	Se. FACILITY NAME (If not institution, give stree	t and number)	9b. Cr	TY. TOWN	OR LOCATION OF D	EATH	C.11)	9c. COUNT	Y OF D	EATH	
DIRECTOR	HOKINS BAYVETW HO	SPITAL E.R.			ORE CIT			J COOK!		EATH .	
Ä	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCA	ION	_				10d. INSIDE CITY	,
	MD.		BAU	TM	OLE					LIMITS?	NO
AL	10e. STREET AND NUMBER			10:	. ZIP CODE			10g. CITIZE	EN OF W	HAT COUNTRY?	
E	025 S. LAKE	WOOD			21224			U	.5	· A ·	
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S.	ABMED 1:		ENDENT OF HISPA			or No — 1	4. RACE	- American Indi	en,
ВУ Г	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	KNO	1 Yes, sp	2 NO Specific		lcan, atc.)	i	Specif	, White, etc.	
					**				WF	TITE	_
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	DECEDENT'S USUAL (Give kind of work don	e durina mo	ON at of working	16b.	KIND OF BU	SINESS/INDU	STRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	ite. Do NOT use retired	,			110	11			
Ž			LABOR	EL			WAF	EHOU	SE		
8	17. FATHER'S NAME (First, Middle, Last)	11 11			18. MOTHER'S NA	AME (First, M	liddle, Maiden	Sumame)			
BE	JAMES	Nowak			EVA	2 /4	ARS,	Ki			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDRE	SS (Street a	nd Number or Rural	Route Numbe	er, City or Tow	n, State, Zip C	(ebook	2121	4
	EVA NOWAK		825 3.	LAI	F WOO]) A	VE.	BAL	10.	MD.	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove	f from State 20b. PLAC	E AND DATE OF DISP	OSITION (Ne	me of	DATE	20c. LO	CATION — CI	ty or Te	wn, State	6
	4 Donation 3 Other (Specify)	PIE	IFD (R	EMA	IORY 1-	16-9	5 0	ALTE) - (10. M	D.
	21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BALTO. HD 217										
	- Thomas	. Abrile	- (/	SKI	ARDIA +	4.	282	9 21	117	SAN S	7.4
	23. PART I. Enter the disesses, or con	aplications that caused the	death. Do not ente	er the mo	de of dving, suc	h as cardi	sc or resp	ratory arres	ot.	Approxim	ate
	Snock, or neert failure. Lie	t only one cause on each lie	ne.							interval B	etween
	IMMEDIATE CAUSE (Final disease or condition August 2000)										
- 1	disease or condition resulting in death) a. Atterosclerotic Curdiowsculur disease DUE TO (OR AS A CONSEQUENCE OF):										
-1	DUE TO (OH AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
¥	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EQUENCE OF):							-	
F	resulting in death) LAST									[
¥.	PART ii. Other significent conditions c	ontributing to death but not	t resulting in the	underlying	ceuse given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FRAMAILABLE PRIOR	
8						_	1 YES 2	500		COMPLETION OF CO	AUSE
M										1 YES 2 P	10
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DE	ATH YES 🔼	NO [UNCERTAIL	N 🗆					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PL	ACE OF DEATH (Chec								
S	1XX YES 2 □ NO	OSPITAL: Inpatient 2XXER/Outpatient	3 DOA 4 N	ER: ursing Hom	5 🗆 Residence	6 🗆 Other	(Specify)				
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	URY AT	28d. DESC	RIBE HOW I	NJURY OCCU	RED		
BY	Natural 5 Pending 2 Accident investigation	(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	M		ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, farm, street, fa	ctory, office		281. LOCA	TION (Street	and Number or	Rural Ro	oute Number,	
TE	4 Homicide detarmined	and the coponity				City bi	Town, State)				
COMPLETED	29a. CERTIFIER (Check only) 1 CERTIFYINO PHYSICIA	N: To the best of my knowledge,	death occurred at the	time, data	and place, and due	to the cour	ofe) and -	mas an atat- 4			
× I	one) 2 Medical Examiner: 0	On the beals of examination and/o	r Investigation, In my	opinion, d	eath occured at the	time, date of	nd place as	d due to the	causale)	and manner ec et	intact
	29b. SIGNATURE AND THILE OF CERTIFIER	106/									
H	TOOL O'MAN ON AND INCOME.	40/1			29c. LICENSE NUI					(Month, Day, Year) 4,1995	
2	30 NAME AND ADDRESS OF DEDECK WAYS O	OMBI ETED CAUCE OF DE ATTENTO	EN OD G.		O.C.M.					4,1333	
	30. NAME AND ADDRESS OF PERSON WHO CO	111	Penn Str	eet,	Baltimo	re, M	aryla	nd 212	201		
	1500010										
	1AN 2 01995 Julia	12. RIGISTER S SIGNATURE									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	Or The Forecast, Unitations, the units defined has been signed by the attention of process of the control of th
TO THE HOSPITA	filed within 72

	1-20-95 F11mG/19 W.H.	Per F/H				90	01313			
	1 - FOR STATE OF MARYLE REGISTRAR	AND / DEPAR	RTMENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATH						
	LYDIA ESTER PIZAR	RRO			JANUARY	18, 19				
		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	T a	BIRTHPLACE (State or Foreign			
	215-40-7507 1 m X F 6	6 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 06-07-192		UERTO RICO			
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN O	OR LOCATION OF D			OF DEATH			
5	1205 SAUNDERS WAY		GLEN	BURNIE			E ARUNDEL			
15	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?			
	MARYLAND ANNE ARUNDEI	,		BURNIE			1 TES 2 NO			
FUNERAL	1205 SAUNDERS WAY		100	. ZIP CDDE			N OF WHAT COUNTRY?			
뿔				1061		U.S.A	•			
5	1 Never Married 23 7 Married FORCES? 1 YES	2 NO	If yes, so	ecify Cuban, Maxica	HC ORIGIN? (Specify Yes	or No — 14	. RACE — American Indian, Black, White, atc.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	TES T	M∑ YES	2 NO Specifi	PUERTO R	ICAN	Specifispanic			
G	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON -	16b. KIND OF BUS	SINESS/INDUS	TDV			
1	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT us	work done during mo se retired.)	st of working	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
필	12 N/A	SECRI	ETARY		U.S. A	RMY				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			16. MOTNER'S NA	ME (First, Middle, Maiden	Surname)				
BE	DOMINGO MARRERO			EMERIT.	A FEBUS					
0	19a. INFORMANT'S NAME (Type/Print) LINDA PIZARRO	19b. MAJUNG	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow GLEN BUI	o. State Zip Co	3060			
-		11/ 5	OKNLEA							
1	20s. METHOD OF DISPOSITION 1 [X Burial 2 Cremation 3 Removal from State came	PLACE AND DATE	OF DISPOSITION (Na	me of 1	/294795 20c. LO	CATION City	y or Town, State			
		LEN HA		MORIAL	PK. GL	EN BU	JRNIE, MD.			
	21. SIGNATURE OF TUNERAL SERVICE LIGHNSEE	4	22. NAME AN	ID AODRESS OF FA	CILITY SINGLE	TON E	UNERAL HOME			
	I must sube	26	GLEN	BURNTE.	ENUE, S.W	ND 210	าศ			
	23. PART I. Enter the diseases, or complications that caused	the death. Do	not enter the mo	de of dying, suc	h as cardisc or reapi	ratory arrest	, Approximata			
	spock, or heart failure. List only one cause on ea	ch line.	. ^.	1			Interval Between Onset and Death			
1	disease or condition resulting in death) a. 15 in oat)									
	OUE TO (OR AS A CONSEQUENCE OF):									
I Z	Sequentially list conditions, b.									
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF	F):							
5	CAUSE (Disease or Injury	00110501151105.01								
SERTIFICATION	that initiated events DUE TO (OR AS A (CONSEQUENCE OF	-):							
G	d									
AL	PART II. Other algnificent conditions contributing to death but	t not resulting	n the underlying	cause given in			24b. WERE AUTOPSY FINDINGS			
MEDICAL					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE			
ME							OF DEATH?			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S 🗆 NO 🗆	UNCERTAIN	10					
CIA		6. PLACE OF DEAT	N (Check only one)							
PHYSICIAN	1 ☐ YES 2 NO HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpar	tient 3 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)					
PH	27. MANNER OF OEATN 28a. DATE OF INJURY (Month, Dey, Year)	26b. TIM INJ	E OF 28c. INJU	JRY AT	26d. DESCRIBE HOW IF	JURY OCCUR	EO			
BY	2 Accident Investigation		M 1 🗆 Y							
E	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY - building, etc. (Specific properties)	– At home, farm, s y)	street, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,			
<u> </u>										
COMPL	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowle									
8	2 MEDICAL EXAMINER: On the beals of axamination	and/or investigatio	n, in my opinion, de	eath occured at the	time, data and place, and	due to the co	euse(a) and marmer as stated.			
BE	296. SIGNATURE AND TITLE OF CENTURE	1.1		29c. LICENSE NUIV	men	29d. DATE 50	GNED (Month, day, Year)			
2	(March OUIL)	W-)		1131	55/	·)	114/41			
	30-HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)	7	1 1	, 1	111111			

DHMH-18 Rev 1/89

2. DATE OF DEATH

IANUARY 19,

7. DATE OF BIRTH

1995

5. SEX

PARK

6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

1 -

MARYLAND 21215-0020 BALTIMORE.

BOX 68760, P.O. DIVISION OF VITAL RECORDS,

213-15-7320 73 02-15-1921 1 X M 2 | F permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR KIMBROUGH ARMY HOSPITAL FORT MEADE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION HANOVER 10e. STATE 10b. COUNTY ANNE ARUNDEL MARYLAND FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21076 1919 CANONCHET COURT use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 1 Never Married 2 Merried FORCES? 1 YES 2 2 NO BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple 16b. KINO OF BUSINESS/INDUSTRY funeral director, page 5 should be detached for Elementary/Secondary (0-12) NONE NONE OWN FARM FARMER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) S. PARK HUM at (UNKNOWN) BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 C. 4918 BRAMHOPE LANE, ELLICOTT CITY, EUN PARK ours after death. Page 6 may be 9 20e METHOD OF DISPOSITION
1 W Burlel 2 Cremetion 3 Removal from State SPOSITION (Name of 1/27/ 20c. LOCATION — City or Town, State
CEMETERY 1995 CHUNCHON
SOUTH KOREA
22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 20b. PLACE AND DATE OF DISPOSITION (Name of must CHUNCHON CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF EUNETIAL SETTINCE LICE examiner SECOND AVENUE, S.W. completely filled in by the rial. cremation, or removal. GLEN BURNIE, MARYLAND 21061 medical 23. PART I Enter he diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock pr haart fallura. List only one cause on each line. IMMEDIATE CAUSE Final the disease or condition CORONARY ARIERY DISEASE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) an and con to burial. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician Health and Mental Hygiene prior to If any, leading to immediate Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? shows any i 1 YES 2 NO been of t PHYSICIAN: has be Dept. 23 the State D. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA OTHER: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) this c marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 X Natural 5 Pending 94 BY 1 YES 2 NO After 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 28 is COMPLETED 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide determined Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner se stated. MPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated, SIGNATURE AND TITLE OF CERTIFIEF BE 29c. LICENSE NUMBER 1046488 THE 2 ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JACQUELYN ISLAND, MD KACH, FT. MEADE, MD 20755-5800 31. OATE FILEO (Month, Day, Year)

3. TIME OF DEATH YEAR 0219 M 8. BIRTHPLACE (State or Foreign KOREA 9c. COUNTY OF DEATH ANNE ARUNDEL 10d. INSIDE CITY 1 YES X X NO 10g. CITIZEN OF WHAT COUNTRY? SOUTH KOREA 14. RACE — American Indien, Black, White, etc. Specify: KOREAN LEE MD.21043 Approximata Interval Between **Onset and Death** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 X NO

29d. DATE SIGNED (Month, Day, Year) 19 9

100

5

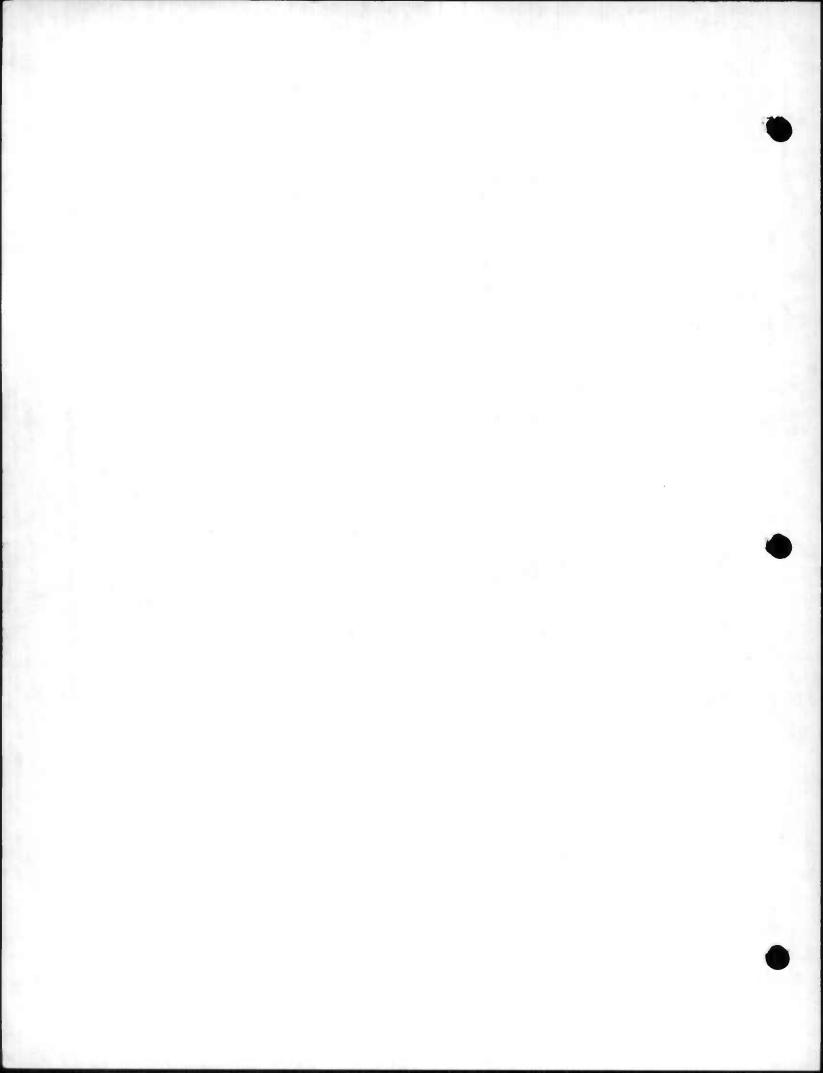
. . .

. j. j. . -

1842 BESS Continued Sugar

VOID
CERTIFICATE #

95-01377
SEE
CERTIFICATE #



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE

9

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	t pe	
an.	transi	
rysici	unial-	
20	he b	
tendi	35	
or at	L USE	
pital	ed fo	
e hos	etach	nce.
by th	be d	at o
рец	poorle	fled
e reta	5 5	10 to
lay b	page	be
± 9 €	ector,	SITE
Pag	al dir	пег
leath.	funer	жаш
after o	y the	cal e
Sunc	i D	ned
24 h	filled	he n
rithin	ietely	mt, 1
ted w	СОШР	. eve
execu	and	matic
e pe	Sician	tra
tificat	g phy	the
th cer	endin	9 .0
e dea	he aff	E S
nat th	4	y in
res th	igned	3 3
requi	S Leen S	Show
e law	has b	23
E T	cate	Item
SICIAL	certif	0
PHYS	this	rked
DING	After	E Ha
TEN	STOR:	20 L
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNETRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be med within 12 hours after death with the State Dept. Of regard and wenter byteric prior to burket, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MITAL	RAL	7
HOSE	FUNE	TAN
뿚	THE ST	POR
2	2	8 ₹

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 Louise Prus 17, LOUISE Esther January 11:30a M 6. AGE (In yrs. last birthday) 5 SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 214-16-3974 73 MONTHS DAYS ночна 1 🗌 M 2 🗆 🔀 YRS. 1921 Maryland Sept. 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Greater Baltimore Medical Center Towson Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 TYES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6132 Edlynne Road 21239 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married 1 TES 2 TO NO Specify: Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Clerical State of Maryland 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Dennis B. Dabney Pearl Farmer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edward John Prus 6132 Edlynne Road Baltimore, MD 21239 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 💢 Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Metro Crematory, Inc. 01/18/95 4 Donation 5 Other (Specify) Baltimore, MD 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Maryland, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DAWN F. McDonald 299 Frederick Rd. Baltimore, MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate shock, or heart failure. List only one cause on each line. intarvsi Between Onset and Death **IMMEDIATE CAUSE (Final** disesse or condition resulting in death) Sond diverse Ischemic DUE TO (OR AS A CONSEQUENCE OF) superior moventire restery. Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediata cause. Enter UNDERLYING mahle DUE TO OR AS A CONSEQUENCE OF): CAUSE (Disesse or Injury that initiated events; resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 NO OF DEATH? 1 ☐ YES 2 ☐ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🖄 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 📈 Netural 5 Pending 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On this besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Moaro MD lesc1 2517 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

: 1205 Took Rd

MD

ALITECIEN MENTINAPRIE LA

Lutheril

DHMH-18 Rev 1/89

a April and the Very spire of the

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

JAN 2 0 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Dr. George Lowe, 5810 Belair Road, Baltimore, Maryland 21206

32 A REGISTRAR'S AGNATURE

											95	5 0	1379	
	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR					MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	OF DEATH			3. TIME OF DEATH	
	Bertha Madel	ine	Rowles						Janu	ary]	4, 1	995	5:00 P	м
			6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER	-	7. DATE O	F BIRTN Day, Year)			PLACE (State or Foreign	
	218-26-1538	1 M 2 X F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	6, 1	909	Mar	yland	
-	Sa. FACILITY NAME (If not institution, give stre				9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COL	JNTY OF DE	ATH	
0	3824 Lyndale Aven	ue				Bal	timor	ce			_	NA		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
등	Maryland	NA				timo						- 1	LIMITS?	
	10a. STREET AND NUMBER					10f.	ZIP CODE				10g. CIT	_	HAT COUNTRY?	-
FUNERAL	3824 Lyndale Aven	ue					21213	3			U.	S. A		
N I		12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	. WAS DECI	ENDENT OF	F HISPAN	IC ORIGIN?	(Specify Ye	s or No	14. RACE	- American Indian,	
ВУГ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIYE WA		NO		If yes, spe	city Cuban 2 X NO	Specify	n, Puerto Ri	can, atc.)		Black, Specify		
													White	
I	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	(0	ECEDENT'S Give kind of a. Do NOT us	work done	OCCUPATIO	N st of working	9	16b. I	KIND OF BU	SINESS/IN	DUSTRY		
2	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)		Shirt	,					Cloth	ina	Compa	ny	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			711110	110	3361	10 MOTH	ED'C MAS		ddle. Maiden		Compa	illy	_
	Antoni Czyryca									zansk				
BE	19a, INFORMANT'S NAME (Type/Print)		15	9b. MAILING	ADDRES	SS (Street ar				r, City or Tow		in Code)		
유	L. Brenda Rowles-	Parr (Dgl											icut 0647	5
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove		20b. PLACE						DATE	7	_	City or Tow		_
	4 □ Donation 5 □ Other (Specify)	al from State	Holy	Rosa:	ther place	emete	erv		1/17	- 1			Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	/		22.	. NAME AN	D ADDRES		YLITY			,,,,,	idi y zdiid	
	1/1/1/								eral			ма	21213	
	23. PART I. Enter the diseases, or con	mplications that	caused the d	eath. Do r	not ente	r the mod	de of dvin	ng. auch	alle,	Dalfi	Intory ar	, riu.	Approximate	
	shock, or heart fellure. Lie IMMEDIATE CAUSE (Final	et only one caus	e on each line	е.								, ,	Interval Betwee	
	disease or condition	AL	2 411	-0.0	1/2/	1 10	Z	4					S. O.le	. 3
	resulting in death) a.	DUE TO (C	OR AS A SONSE	OUENCE O	F):	///	1-1-1	, , , ,					10000	$\stackrel{\smile}{\dashv}$
z	6 b													
8	Sequentially list conditions, if any, leeding to immediate	DUE TO (C	OR AS A CONSE	QUENCE O	F):									
CERTIFICATION	CAUSE (Disease or injury													
	that initieted events resulting in death) LAST	DUE TO (C	OR AS A CONSE	QUENCE O	F):									
5月	d.													_
. 11	PART II. Other aignificant conditions	contributing to d	aath but not	reaulting	In the u	nderlying	ceuse gl	lven in f	Part I. 2	4a. WAS AN		24b. 1	WERE AUTOPSY FINDING	is
MEDICAL										PERFOR		- 1 -	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ij l									_		4.10		OF DEATH?	
ž	DID TOBACCO USE CONTRI	BUTE TO CAU	ISE OF DEA	ATH YE	S 🗆	NO-13	UNCE	RTAIN						. 1
CIA	25. WAS CASE REFERRED TO MEDICAL.		28. PLA	CE OF DEAT										
XS.	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	3 🗆 DOA	OTHE		5. Define	idence (B 🗆 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF III (Month, Day,		28b. TIM	E OF URY	28c. INJU	JRY AT		28d. DEŞC	RIBE NOW I	NJURY OC	CURED		\neg
B	t Natural 5 Pending 2 Accident Investigation				М	1 🗌 YI	ES 2 🗌	NO						
03	3 Suicide 6 Could not be	28e. PLACE OF building, et	INJURY — At he c. (Specify)	oma, farm, s	street, fac	tory, office				ION (Street I	and Number	r or Rural Ro	ute Number,	
*														
a	290. CERTIFIER (Check only													
\$	one) 2 MEDICAL EXAMINER:												and manner as stated.	
EC	296. SIGNATURE AND TITLE OF CENTURE						29c. LICEN	ISE NUM	BER		29d. DAT	E SIGNED (Month, Day, Year)	\dashv
0 8	17 toca	eccu	,				DZ	7.06	73	3	▶ j	1161	55	
1 30 1	30. NAME AND ADDRESS OF PERSON WHO								_			11.	1.6	

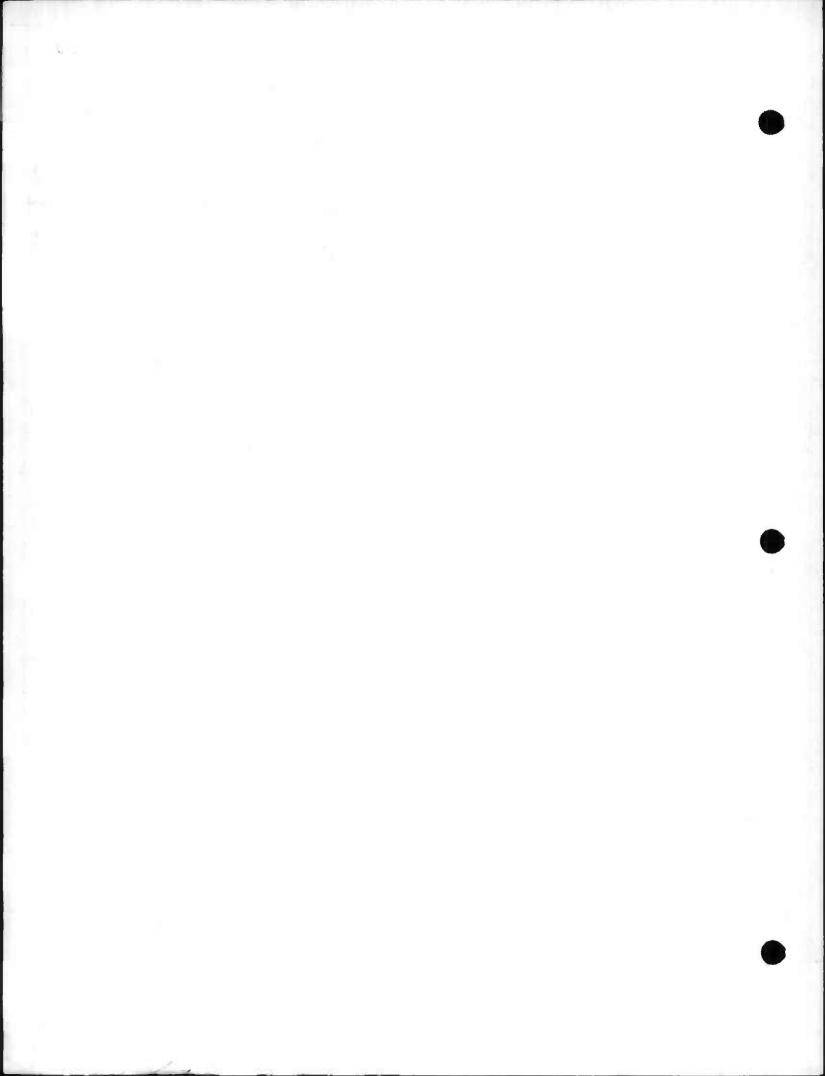
BALTIMORE, MARYLAND 21215-0020

68760,

ВОХ
P.O.
ORDS,
RECORDS
VITAL
0
O.
-,

CORNITE ON A TENNIA PHYSICIAN. The law requires that the death certificate be executed within E-nours after death. Page 6 may be retained by the hospital or attending physician,	Language and the state of the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. 3 should	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT New 24 meters, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI	TO THE FLINE	be filed within	IMPORTANT

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIE			
(8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		. 3	. TIME OF DEATH
1	Mary Pearl Raley	y				January :	14. 199	EAR	11:33 A. M
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (III	yrs. last birthday)	IF UNDER 1 YEA		7 DATE OF BIOTAL		BIRTHPI	LACE (State or Foreign
- 3	212-22-1428	□ M 2 🏋 F 8	9 YRS.	MONTHS DAY	B HOURS MIN.	Oct. 22,	1905	Country) Mar	yland
98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN									
OR									ore
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 CIT	Y. TOWN OR LO	CATIONI				
E	Maryland Balti	more	100. GH						Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	LINOTE		rerr	Hall		40- 0/7/7/7	_	TAT COUNTRY?
R/	5511 Dunrovin La	ine			28		. S		
FUNERAL			U.S. ARMED	13. WAS		ANIC ORIGIN? (Specify)			- American Indian.
		P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO	if yes		can, Puerto Rican, etc.)	14.	Black,	White, etc.
В	3 📉 Widowed 4 🗌 Divorced			'0	20 270 110 100	ary.		Specify:	White
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade con	ION (npleted)	16a. DECEDENT'S	work done during	TION most of working	16b. KIND OF B	USINESS/INDUS	TRY	
		College (1-4 or 5+)	life. Do NOT us	se retired.)					
MP	12th grade		Home	maker			wn Home		
	17. FATHER'S NAME (First, Middle, Lest) Thomas Edward How	ard				IAME (First, Middle, Maide			
BE	19a. INFORMANT'S NAME (Type/Print)	alu	401 00401000			ie Eckelb	_		
2		aughter)				ni Route Number, City or To			20
			PLACE AND DATE						
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Departure 5 Other (Specific)	from State ceme	tery, crematory or o	ther place)	Cometa	DATE 20c. L	OCATION — City	or Town	n, Stata
	1 & Burial 2 Cremation 3 Removal from State Cametery, Crematory or other place). Gardens of Faith Cemetery 1/17 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY								
	1/1/1/1	/		Schi	munek Fui	neral Home:	s, Inc.		
_	uma					Rd., Balti			1236
	23. PART i. Enter the diseasea, or com ahock, or heart failure. Lia	plications that caused tonly one cause on as	the death. Do r ch line.	not enter the	mode of dying, au	ich as cardiec or rea	piretory errest		Approximate Interval Between
	iMMEDIATE CAUSE (Finei				1	1 -			Onset and Daath
	disease or condition resulting in deeth)	Arry-	thungi	cm	40 card	a Inta	nc troy		
		DUE TO (OR ASIA	CONSEQUENCE O	P):		al Inta			
ON	Sequentially list conditions, b	DUE TO (OR AS A	CONSECUENCE OF	lenga	sease				1
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	002 10 (011 100 71	(" (
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):					1
F	resulting in deeth) LAST								!
	PART II Other elemificant conditions of	and official and a second second							
Ä	PART II. Other algnificent conditions c	ontributing to deeth bu	t not resulting	in the underly	Ing cause given i	n Part i. 24a. WAS A	N AUTOPSY DRMED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă						1 _ YES	2/1 NO		OMPLETION DF CAUSE OF DEATH?
M	DID 7001 000 1101 00							1	☐ YES 2 ☐ NO
PHYSICIAN: MEDIC	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF			<u> </u>			
1 1 2		OSPITAL:		OTHER:	PLACE OF DEATH (C	Check only one)			
ΙΥS	1 VES 2 NO 1	Inpatient 2 ER/Outpa		4 🗌 Nursing f		8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
B	2 Accident Investigation	28a. PLACE OF INJURY	At home form		YES 2 NO				
	3 Suicide 6 Could not be 4 Nomicide detarmined	building, etc. (Specif	y)	ereet, ractory, o	Tics	28t, LOCATION (Stree City or Town, State		Runal Rou	ite Number,
Ē	29a. CERTIFIER					<u></u>			
MP	(Check only CERTIFYING PHYSICIAL								
COMPLETED	2 MEDICAL EXAMINER: C	In the casts of examination	and/or investigatio	n, in my opinio	, death occured at th	e time, data and placs, s	and dus to the ca	ruse(s) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Lean alm			29c. LICENSE N	JMBER	29d. DATE SI	GNED (N	fonth, Day, Year)
٥ ا	M. HAME AND ADDRESS OF THE OWN	-0-10-			1/34	650		119	195
	30. NAME AND ADDITIONS OF PERSON WHO CO	UMPLETED CAUSE OF DEA	IN (ITEM 27) (Type,	Print)	•		- 2		
	31. DATE FILED (Month Day Year)	3 REGISTRADIS	vi ede					-	
	JAN 2 0 1995	ACCULATION.	DEC.						
	Offit is office of								



- 116

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

ON OF VITAL RECORDS, P.O. BOX 68760

# 1	,9a,10e Film # G 719 1	-10-95 NEARADY	r Funer.	al home	NT OF	THEATTH AND	ASSESSED IN		- J	5 1	0130	
	1 - STATE REGISTRAR	SINIE OL MINUIT	CER	TIFICA	NI Ur	F DEATH		GIEN G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATN			3. TIME OF DEAT	'N
1	HELEN Margaret	ROBINSON					MONTH T 7. N.T	1	2	YEAR 9.5	1734	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birt	thday) IF UN	DER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIF	TH		8. BIRTN	IPLACE (State or For	_
	213-46-2304	1 - M 2 XF 9(۱ 0	YRS. MONTH	HS DAY	B HOURS MIN.	Sept.		100%	Country	, ,	
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. C	ITY, TOW	N OR LOCATION OF D		. و 20		INTY OF D	eryland	
DIRECTOR	445 NORTH BOULDEN STREET BALTIMORE CITY na											
E	10a. STATE 10b. COUNT Maryland	na	10	Balt							10d. INSIDE CITY LIMITS?	
	10a STREET AND NUMBER			Dait	TINOI	101. ZIP CODE			10a CIT	175N OF Y	1XXYES 2	NO
FRAL	445 N. Bouldin	Street				21224				U. S		
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO		13. WAS D	ECENDENT OF NISPA specify Cuben, Maxic	NIC ORIGIN? (Spe	cify Yea etc.)	or No-	14. RACE Black	— American India	ın,
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	TES 1 TYES 2 NO Specify						Specif	White	
9	15. DECEDENT'S EDU (Specify only highest grade		(Give ki	ENT'S USUAL	ne durina	ATION most of working	16b. KIND	OF BUS	BINESS/INC	DUSTRY		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use retire								
COMPL	8th Grade 17. FATHER'S NAME (First, Middle, Last)		Н	lomema	ker			n H				
_	Charles F. Pass					111 122 12	AME (First, Middle,		Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		405 114		500.10		e Wright					
2	Charles Goldric	h (Nephew)				et and Number or Rural					10/0	
	20g, METHOD OF DISPOSITION		_			Road, Ed						
	1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State cen	netery, cremato	ry or other plac	ce)		1			City or Ton		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										Md.	_
	Robert Moderck & Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213											
	23. PART I. Enter the disesses, or	complications that ceuse	d the deeth.	Do not ent	ter the r	mode of dyling, suc	ch sa cardiac o	reapi	ratory an	rest,	Approxima	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
		Arteriosc	lerot	ic Ca	ard	iovascul	ar Dis	eas	se			
	readiting in death)	DUE TO (OR AS A									1	
z		b										
티	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUEN	ICE OF):								
<u>S</u> [CAUSE (Disease or injury	с.										
	that initiated events	DUE TO (OR AS A	A CONSEQUEN	ICE OF):								
CERTIFICATION	Tooling III cooling Excit	d										
J 1	PART II. Other aignificent condition	s contributing to death b	out not reaul	ting in the	underly	ing cause given in	Part I. 24a, V	MAS AN A	AUTOPSY	24b.	WERE AUTOPSY FIN	IDINGS
DICA							F	ERFOR			AVAILABLE PRIOR T	го
W								YES 2	CTIO	INI	OF DEATN?	
∑	DID TORACCO LISE CONTI	PIRLITE TO CALISE O	E DEATH	VEC 🗆	NO	T UNICEDTA!		FEC	2110	14	1 YES 2 N	0
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) EXAMINED OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINED TO DEATH (Check only one) HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home XIX Residence 6 Other (Specify)												
≟ ∥	27. MANNER OF DEATN	28a. DATE OF INJURY		b. TIME OF	_		6 U Other (Speci 28d, DESCRIBE	-	HIRV OC	CHRED		
ВУ Р	28e. DATE OF INJURY 1 Matural 5 Pending (Month, Day, Year) 2 Accident Investigation 2 Accident Investigation						Zou. DESCRIBE	non in	SOM OCC	JONED		
60	3 Suicide 8 Could not be determined	28a, PLACE OF INJURY building, atc. (Spec	— At home, f	farm, atreet, f	actory, of	fica	281. LOCATION (City or Town	(Street ar	nd Number	or Rural Ri	oute Number,	
5 1								_				
COMPL	29a. CERTIFIER 1 CERTIFYING PNYS	CIAN: To the best of my know	ledga, death o	ccurred at the	e 1ime, da	ate and place, and du	a to the cause(s) a	nd man	ner as stat	od.		
ē.	2 MEDICAL EXAMINE	R: On the beals of examination	n and/or Invest	tigation, in m	y opinion	, death occured at the	1lme, data and pi	aca, and	due to th	e cause(s)	and menner as ste	ited.
w II	THE SIGNATURE AND TITLE OF CERTIFIER	0 1	TAN			29c. LICENSE NU	MBER	1	29d, DAT	E SIGNED	(Month, Day, Year)	
m	1 Uarn	who !	(PV			O.C.M.		- [12,1995	5
2	ME HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27)	(Type, Print)				_				_
	J. Laron Locke	M.D. 1	11 Pe	enn S	tre	et, Balt	timore,	Ma	aryl	.and	21201	

DHMH-18 Rev 1/89

.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH DAY 3. TIME OF DEATH DIS GERTRUDE PACTOR STUBBLEFIELD 1995 January 18, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 1 🗌 M 2 🖫 F DAYS HOURS 82 YRS. 220-24-4857 July 30, 1912 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2104 North Fulton Avenue Baltimore DIRECTO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 2104 North Fulton Avenue 21217 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: В 3 Widowed 4 Divorced funeral director, page 5 should be detached for use as the Black 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ost of working COMPLET Elementary/Secondary (8-12) College (1-4 or 5 +) 6th Grade Librarian Baltimore City Public Sch, College 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Robert A. Proctor 띪 Gertrude Harris notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Lois Waters 3622 Fort Hill Drive Ellicott City, MD 21042 90 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 1 M Burial 2 Cremation 3 Removal from State Donation 6 Other (Specify) 26 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LIM 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway Kevin filled in by the fution, or removal, Baltimore, Maryland 21216 medical 23. PART I. Entar the diseasea, or complications that caused the death. Do not entar the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death the cremation. disease or condition completely event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. traumatic CERTIFICATION the attending physician and Mental Hygiene prior to burn Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS signed by t Health and PERFORMED! AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? de ашу 1 YES 20 NO Shows 1 TYES 2 NO has been Dept. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Realdence 6 - Other (Specify) ä 27. MANNEB-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED. 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER DR. LAWRENCE I. SILVERBERG > 199. DATE SIGNED (Month, Day, Year) willed. HOWARD COUNTY DOCTORS BUILDING 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITTEM 277 9380 BALTIMORE NATIONAL PIKE

Je negistran's signature

2 0 1995

ELLICOTT GITY, MD 21042

Item # 17 Film # q 719 1-20p95 N.A. Per funeral Home

the second posts again.

.2 1 (8)

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	. TIME OF OEATH
	MARY GENEROSA	SIBISKI				JANUARY		95	1:29 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPL	ACE (State or Foreign
	186-40-3712	1 - M 2 XXF	30 YRS.	MONTHS DAYS	HOURS MIN.	August 13.19	914	Country) Mary	land .
	9e. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNT		
DIRECTOR	GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE								
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY 10c CITY TOWN OBJOCATION 10d MODE COTY								al mains aire
I E	Ind. INSIDE CITY								LIMITS?
	Maryland Baltimore 1 □ YES ★\\X\X\0 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?								
FUNERAL	CAOA N. J. C. C. C. C. C. C. C. C. C. C. C. C. C.								AT COOKTAT?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		SA RACE -	- American Indian.
	Never Married 2 Merried	FORCES? 1 YES	2 X XNO NTES	If yes, s	becify Cuben, Mexic S 2 X NO Speci	en, Pueno Rican, etc.)		Black, V Specify:	White, etc.
ВУ	3 Widowed 4 Divorced		_		Λ-7Λ				hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of	S USUAL OCCUPAT	ON ost of working	166. KIND OF BU	SINESS/INDUS	TRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT s	use retired.)					
N N		4	Teach	er		Educa			
	17. FATHER'S NAME (First, Middle, Last)	Sibisk	i		- 1	AME (First, Middle, Malden			
BE	Martin Sisis	KI	401 848 11 111	0.4000000000000000000000000000000000000		lyn Vontra			
2		ilingon	100			Route Number, City or Tow		,	40
	S.M. Bernice Fe			OF DISPOSITION (A		timore, Ma	ryland extion - cit		
	20e METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Remo	val from State			61116 01				
	Cemeton 3 Removal from State Cemeton 3 Removal from State Cemetory or other place) 1/19 Glen Arm. Maryland								
	Mitchell-Wiedefeld Home								
	23. PART I. Finer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate								
	shock, or heart fallura. L	iat only one cause on as	ach iina.	not enter tha m	ode or dying, au	ch aa cerdiec or reap	iratory arrea	t,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition ARRIVED AR								
	disease or condition							MINUTES	
-	= .	SEVERE 1			mad tru	1505 00	4		HOURS
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CULINI	7		1100103
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury	& OSTEDAR	THRIT	S SEV	ERE A	NEM, A			UNKNOWN
E	that initiated eventa	OUE TO (OR AS A		OF):					4
CERTIFICATION	resulting in death) LAST	PARK		057	EDARTI	7RLT15			
AL C	PART II. Other algorificant conditions	contributing to death bu	ut not resulting	in the underiving	a ceuse aiven in	Pert I. 24s. WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINGS
. ₹	PARKINSON	1'S DISE	155	,		PERFO	RMED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE
<u> </u>			7,00			1 TYES	S F-NO	01	F DEATH?
≥	DID TOBACCO USE CONTR	IRLITE TO CALISE OF	E DEATH Y	ES I NO I	UNCERTAI	N PT		'	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			ATH (Check only one					
Sic		HOSPITAL: 1 Minpatient 2 ☐ ER/Outpi	atient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)			
<u>}</u>	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c, IN	JURY AT	28d. DESCRIBE HOW	NJURY OCCUP	RED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(MONIAL, Day, Year)			YES 2 NO				
	3 Suicide 8 Could not be	26e. PLACE OF INJURY building, atc. (Speci	— At home, term,	street, lectory, offi	:0	281 LOCATION (Street City or Town, State	and Number or	Rural Rout	te Number,
	4 Homicide determined		,			Ony or rown, state,			
121	29s. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my knowle	edge, death occur	red at the time, dat	and place, end du	to the cause(e) end ma	nner ee atated.		
COMPLETED		On the beels of examination						ause(a) er	nd menner ea stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				onth, Day, Year)
) BE	mach (In	interes n	2.7-		DZ	3832	b ,	16/0	25
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type			0-		-	
	BACK C. M	LTCHEU,	m.D.	6B1	hc P	AUIMOR	E in	D	21204
	JAN 2 0 199	32. RESS HAR SHIGH	Will Ranks	Ц	1		1		

who we see that the second

0, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attanding physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should	femation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE TWERAL DIRECTOR. After this certificate has been signed by the attending physician and comp	Mental Management of the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	The definition is it is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	NE (First, Middle, Last)	STATE OF N	MARYLAND /	DEPAI ERTIF	RTMEN	OF H	EALTH DEAT	AND I		REG. NO	_		
Sister	Mary Ad		Schmid	t					2. DATE OF MONTH	, D	, 199		8:45 P
212-56-	4. SOCIAL SECURITY NUMBER 212-56-0624 5. SEX 1 M 2457 97			st birthday) YRS.	MONTHS DAVE MOURE NAME			(Month, Day, Year) Country			Country)	LACE (State or Foreign	
77155	Villa Assumpta, 6401 N. Charles St. Baltimore Secounty of Death Baltimore												
10a. STATE				10c. CITY, TOWN OR LOCATION Baltimore								INSIDE CITY LIMITS?	
10e. STREET AND N 6401 N 11. MARITAL STATUS	Charle	s St.,					2121			la l	109. CITIZE		IAT COUNTRY?
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 DIV Specify: Specify:													
	15. DECEDENT'S EDU icity only highest grade indery (0-12)		+) (G	ecedent's live kind of Do NOT u		CCUPATH during mo	ON ist of workin	ng		ND OF BUI	ion	TRY	
John So							Agr	es	ME (First, Mide Leway	ndas	k		
S.Berni	ce Feil		SND 19	6. MAILING	ADDRES	S (Street a	arle	or Aural F	Route Number,	City or Tow Balt	n, State, Zip Co imore	, Mc	. 21212
20a METHOD OF DI 1/C Buriel 2 C 4 C Donation 5	SPOSITION remation 3 Rem Other (Specify)	oval from State	20b. PLACE CAMPLEY, CY VIII	ANOOATE	of DISPOS other place)	Ce	me of	ry	1/16		en Ar		Maryland
Sonne	22. NAME AND ADDRESS OF FACILITY MICHELL Wiedefeld Home Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212								nd 21212				
23. PART I. Enter shock IMMEDIATE CAU: disease or condi- resulting in deat	tion	a.	se on each line	i.M	مره			ing, suci	h as cardia	c or respi	ratory arres	t,	Approximate Interval Between Onset and Deatl
Sequentielly list if any, leading to cause. Enter UNI CAUSE (Disease that initiated everesuiting in death	immediate DERLYING or injury nts	c	(OR AS A CONSE										
PART II. Other si	Chronie Aspiragion premunum 1 ves 2/2 no of								VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
25. WAS CASE REFE EXAMINER? 1 YES 2		HOSPITAL:	ER/Outpatient 3	DOA	OTHEI	R:	-		6 Other (S	loecify)			
27. MANNER OF DEATH 286. DATE OF INJURY (Month, Dey, Year) 286. DATE OF INJURY (Month, Dey, Year) 286. DATE OF INJURY M 286. INJURY AT WORK? 1 YES 2 NO 286. DEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO 286. DEŞCRIBE HOW INJURY OCCURED 286. DE													
							ute Number,						
	CERTIFYING PHYS												and manner as stated.
)	TITLE OF CERTIFIE		w				29c. LICE	S &	/BER				Horith, Day, Year)
Dr. Laws	ence Bo	S, M.	D., 54	SC(tt.	Ada	n Ro	ad.	Cocke	ysv	ille.	Md	. 21030
31. DATE FILED (Mon			A'S SCHATTER							-			

---. ment of the second of the seco Eronge gerger Japan gan mitem and en en egrophile est on Deposite the same of the same .

DHMH-16 Rev 1/89

TO THE HOSPITAL OB ATTEND TO THE FLINEHAL OUT TO De filed within 72 in urs after 8.

0	
-	
S	
47	
\circ	
_	
PP	
<u>~</u>	
-	
()	
ö	
()	
$\mathbf{\mathcal{C}}$	
m	
MM	
œ	
4	
the sale	
all .	
~	
TAL	
-	
_	
57.0	н
14	
0	
·	
-	Э
-	
-	d
337	۳
·	
Marrie .	
in	ч
140	П
Service 1	u
	п
~	
mile.	ú
~	
	×
_	

m	-
P.O.	An white
	danah
RDS	
RECORDS,	the man from all
VITAL F	The last described
7	States.
0	-
DIVISION	Minister of the Party of the Pa
3	from as
	į

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) JAMES FREDRICK	SAUNDERS	2. DATE OF DEATH MONTH JANUARY 17, 1995 3. TIME OF DEATH 3. 40 A M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 220-01-1515 1 M 2 G F	7. DATE OF BIRTH O'South Office Mass 20 BIRTHPLACE (State or Foreign MARYLAND) MARYLAND									
TOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEMENT										
- DIRECTOR	100. STATE 100. COUNTY MARYLAND ANNE ARUNDE 100. STREET AND NUMBER	10d, INSIDE CITY LIMITS? 1 - YES 2 - NO									
FUNERAL	10g. CITIZEN OF WHAT COUNTRY? U.S.A.										
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 X YES GIVE WAR OR IF YES,	NIC ORIGIN7 (Specify Yes or No— an, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. SpecifyW HITE									
once. COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) N / A	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refried.) LAB TECHNICIAN	NAVAL RESEARCH DEVELOPMENT CENTER								
at once.	17. FATHER'S NAME (First, Middle, Lest) JAMES S. SAUNDERS	16. MOTHER'S NA	AME (First, Middle, Maiden Surname)								
TO BE	19a. INFORMANT'S NAME (Type/Print) MR. CARL J. SAUNDERS	19b. MAILING ADDRESS (Street and Number or Rural 1503 EVERGREEN ROA	Route Number, City or Town, State, Zip Code)								
20e METHOD OF DISPOSITION 1 B Burlai 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place) GLEN HAVEN MEMORIAL PK GLEN BURNIE,											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	GLEN BURNIE									
ry, or other traumatic event, the medical CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abrock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a consequence of): Approximate interval Betw Onest and Dusculas dystrofthy Due To (or as a consequence of): Recursive Trees, and ory failure To day Due To (or as a consequence of): To day Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of):										
PHYSICIAN: MEDICAL CERT	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I Cellulitis of Loff log, Insulin dependent diabelies Performed? Cardiony of Cathy DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
YSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28. PLACE OF DEATH (Check only one) OTHER: ipstient 3 □ DOA 4 □ Nursing Home 5 □ Residence	6 Other (Specify)								
BY PH	27. MANNER F DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED								
A	The country of the co	Y — At home, farm, street, factory, office office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
3 Suicide 4 Homicide 5 Could not be determined 8 Could not be determined 9 Determined 1 Determined 1 Determined 1 Determined 1 Determined 1 Determined 1 Determined 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 3 Description 4 Description 5 Description 5 Description 6 Description 7 Description 7 Description 7 Description 7 Description 7 Description 7 Description 7 Description 7 Description 7 Description 7 Description 7 Description 7 Description 7 Description											
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	MD Physician D449 EATH (ITEM 27) (Type-Print)	73 29d. DATE SIGNED (Month, Day. Year) January 17,1995								
		OSPITAL DR #202/GLEN BURN	NIE, MD 21061								

· Fin . .

1 -	STATE REGISTRAR	

Item # 1,2,8, Film # G 710 N.A. Per Funeral Hom e STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) BERNARD J-	SCIPIO E	Bernard J. S	Scipio		2. DATE OF D		3. TIME OF DEATH 3.35 A M
	1	4. SOCIAL SECURITY NUMBER 5			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	RTN 8.	BIRTHPLACE (State or Foreign Country) Maryland
3 should		9a. FACILITY NAME (If not institution, give stree	et and number)			OR LOCATION OF DI		9c. COUNT	States. Y OF DEATH
1, 2, 3	тон	Harber Hospital	Clutw.		Batter	une		MI) <u>, </u>
permit. Pages	- DIRECTOR	Maryland 10b. COUNTY		Ba	TIMO	ore			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
. sit	FUNERAL	2958 Cher	ryland	Road		21225		U:	N OF WHAT COUNTRY?
P 9 9	B⊀	1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 14 NO	If yea, ap	CENDENT OF HISPAI Hecify Cuben, Maxica 1 2 P NO Specif	n, Puarlo Rican	etc.)	Black, White, etc.
or attend	ETED	15. DECEOENT'S EDUCAT (Specify only highest grade cor	mpleted)	6a. DECEDENT'S USU (Give kind of work	done during mo		16b. KINI	OF BUSINESS/INDUS	TRY
	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Brick	M	ason	Co	nstru	ction
YLA by the be der	BE CO	Samuel Sc	ipio			18. MOTHER'S NA	ME (First, Middle	Majden Surname)	Y
	101	Samuel Sci	pio	716 N	Fre !	MONT	AVE,	Balto.	Md.21217
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a_METHOD OF DISPOSITION 1	from State cemet	ACE AND DATE OF DI	place)		1/21/95	Lanso	lowne, Md.
9 = 0		21. SIGNATURE OF FUNERAL SERVICIPLICEN	L. Ru	ss	Josef	h L R	ISS FI	ineral	Home M. 2121/-
in by		23. PART Enter the diseases, or con shock, or than tailure. Lie	iplications that caused the only one cause on sac	he deeth. Do not e h line.	enter the mo	de of dyling, suc	h aa cerdisc	or respiratory arres	t, Approximate interval Bstween
y fille		IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Sin	ne					Onset and Death
B 6 4 6			OUE TO (OR AS A CO	ONSEQUENCE OF):			t		19'00
OX 68 be execute sician and confor to buria	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO						1770
phy phy	IFIC/	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A CO	ONSEQUENCE OF):	se				107.5
G # B F P	CERT	resulting in desth) LAST							
A the mid white will be the	- 1	PART II. Other significant conditions of	ontributing to death but	not resulting in th	e undsrlyln	g csuse given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Se se se	IEDICAL						_ 1 -	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
L RI law req as been bept. of	N: W	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES [□ NO [UNCERTAIN	N E		1 TYES 2 NO
E se E	SICIAN:		26. IOSPITAL: Inpatient 2 ER/Outpatie		HER:	e 5 🗆 Realdenca	a D Other (Co.	- 14.1	
HONG PHYSICIAN: R. After this certificate death with the St.	PHY	27. MANNER OF CEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ			E NOW INJURY OCCUP	REO
ON OO UDING PHYS After this of death with	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY —	At home, farm, street		YES 2 NO	28t. LOCATION	(Street and Number or	Rural Route Number,
2 F 2 F 2	ETE	4 Nomicide determined	building, atc. (Specify)				City or Tow	n, State)	W
	OMPL		N: To the best of my knowled- On the basis of examination as						ause(a) and manner as stated.
TO TO Be IMPOST DIGH	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	milnon-			29c. LICENSE NUN	IBER	29d. DATE S	IGNED (Month, Day, Year)
P P 2 M	2	30. NAME AND ADDRESS OF PERSON WNO	OMPLETEO CAUSE OF DEATH	I (ITEM 27) (Type, Print)			1	116/95
		Muhaumad Nago		D. Han	mor 14	ospital	Courten	buttimen	N MD.
. V.		V	JAN 2 0 19	95 John	مياسكال	- Books			

Ď	HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	FUNETAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burkal, cremation, or removal
	50	0 5
_	2	5 9
	-	9 c
	4	7.5
Š	=	ete E
6	*	5
2	Je de	S 18
ŏ	90	Eg
<	ä	E 0
Š	2	Cia
٥	ate	S d
	iffe	P S
?	93	E 8
L	ē	E E
ñ	e	and and
5	Pe	五五
c	at	30
5	=	事年
٥	res	eal
Ц	96	20
	N L	2 5
1	6	Se de
Ļ	E e	e p
	-	Sta
>	M	in a
-	S	h t
DIVISION OF VITAL RECORDS, P.O. BOA 60/00	F	A P
	9	ath
	Ö	de de
5	EN	DR.
	A	Sa
	8	E H
ā.	7	72
	E	3.5
	8	58
	-80	66. 黄

PROPERMITABLE IIBM 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

TO. BE COMPLETED BY

						95	01	387	
	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIE	RTMENT OF HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) 1. SOCIAL SECURITY NUMBER 217-09-7678	, M,	Stre ((In yrs. lest birthday) 76 YRS.	1	2. DATE OF DEATH	ZO, 9	YEAR	TIME OF DEATH 730 OU CE (State or Foreign AND	
TOR	98. FACILITY NAME (If not institution, give ST. AGNES HOSP RESIDENCE OF DECEMENT			96. CITY, TOWN OR LOCATION OF D BAL. TIME		9c. COUNT	Y OF DEAT	1	
L DIRECTOR	MARYLAND 10e. STREET AND NUMBER	Y		y, town of location TIMORE			2.3	I. INSIDE CITY LIMITS? XYES 2 NO	
FUNERAL	518 S. STREEPE			21224		~S	А	COUNTRY?	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 X10 Specify	an, Puerto Rican, etc.)	ea or No— 14	Specify: WHIT		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 12 YEARS	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us ACC !! T	USUAL OCCUPATION work done during most of working se retired.)	JOHNS			OSPITAL	
BE CO	17. FATHER'S NAME (First, Middle, Lest) ANTON STEMMER 18. MOTHER'S NAME (First, Middle, Maiden Surname) EMILY LANGE								
5	MRS. SANDRA MCC		518 S	ADDRESS (Street and Number or Rural STREEPER ST	. BALTO.	MD.	2122		
	20e. METHOD OF DISPOSITION 1) Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21 (SIGNATURE OF FUNERAL SERVICE LI	noval Irom State	ORELAND		1-24 BA	LTO.			
	Karles K. Xa	esservist	i	KACZOROWSKI	FUNERAL	O MD	0.1	22/1	
	23. PART I. Enter the diseases or ahock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. metasta	each line.	not enter the mode of dying, suc	th as cardled or resp	oiratory arres	t,	Approximats Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· DJD	A CONSEQUENCE OF	,					
PHYSICIAN: MEDICAL C	PART II. Other aignificent condition	ns contributing to deeth t	but not resulting	in the underlying ceuse given in		RMED?	CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 X NO	
	DID TOBACCO USE CONT	RIBUTE TO CAUSE C			N 🔲			M	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DEAT	TH (Check only one) OTHER: 4 □ Nursing Home 5 □ Residence	6 Other (Specify)				
F	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM		28d. DESCRIBE HOW	INJURY OCCUP	RED		

1 Natural
2 Accident

3 Suicide

4 Homicide

29d. DATE SIGNED (Month, Day, Year)

1.20.95

26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29c. LICENSE NUMBER

96

28a. PLACE OF INJURY — At home, larm, street, lactory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Qureshi 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Itumone 229 MT

5 Pending Investigation

8 Could not be determined

32. REGISTRAN'S SIGNATURE

900 Catons Ave JAN 2 0 1995

29b. SIGNATURE AND TITLE OF CERTIFIER

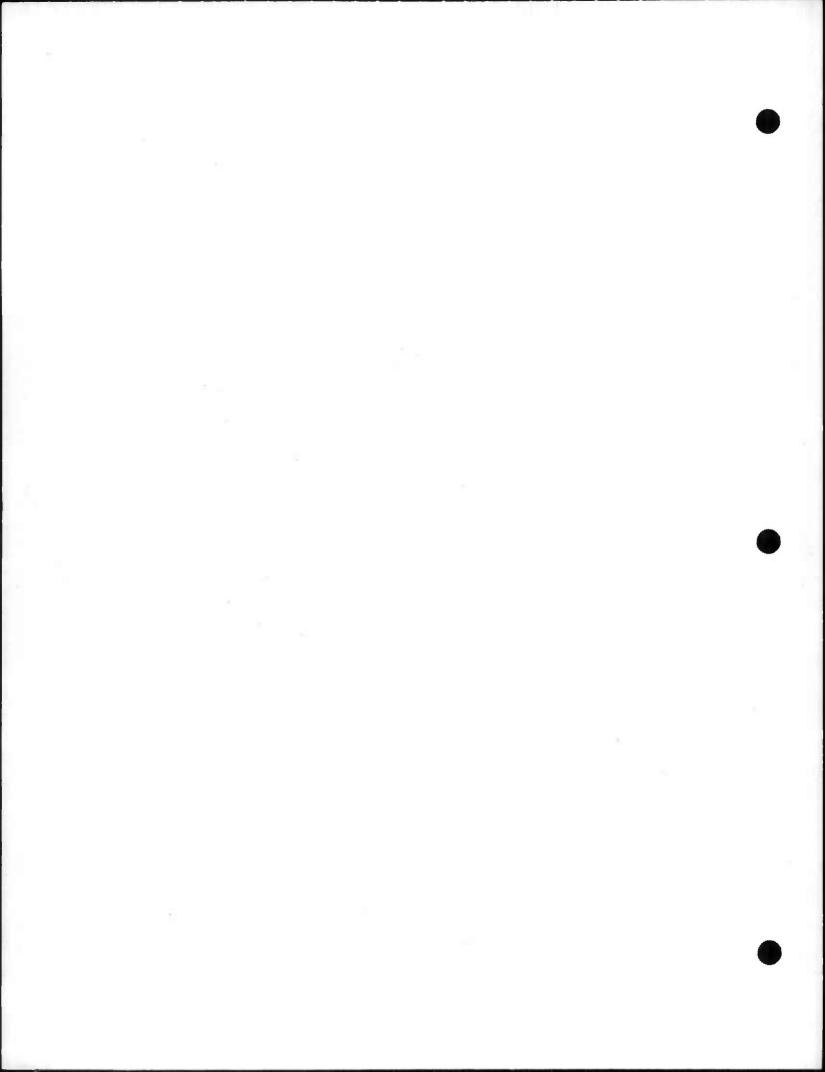


ALTIMORE, MARYLAND 21215-0020

00	
_	
	١
	á
0	4
76	1
0	1
9	1
\tilde{a}	1
8	4
۳.	9
0	1
۵.	į
-	1
0	
~	3
<u></u>	4
Ū	
VIVISION OF VITAL RECORDS, P.O. BOX 68760	The state of the s
_	-
⋖	-
	-
>	4.4
_	5
0	20.00
Z	9
0	3
S	1
>	ĺ
5	Ą
7	

BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	THE ADMINISTRAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fifled within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: Whem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DE	EPARTN	ENT OF H	EALTH AND DEATH	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) SARAH J.	SEGAL					2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH 1750 M
	4. SOCIAL SECURITY NUMBER 213-26-3703	1 M 2 XX	E (In yrs. last birt	thday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH oth, Day, Year) -22-2	1	Countr	PLACE (State or Foreign
LOR	99. FACILITY NAME (If not institution, give st University Hosp			96	Balt:	MOTE	DEATH		9c. COUN	ITY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD			,	own on Locat						10d. INSIDE CITY LIMITS? 12 YES 2 NO
FUNERAL	1500 Pentridge	Rd			101	21239			10g. CITI		HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2/2/Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 KIND)	If yes, sp	ENDENT OF HISPA City Cuban, Mexic 2' NO Speci	an, Puerti	ilN? (Specify Yes o Rican, etc.)	or No—	Bleck	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Callege (1-4 or 5+)	(Give ki	ind of work NOT use re	JAL OCCUPATION done during motived.)	st of working		Baltir			nool Syste
BE COM	17. FATHER'S NAME (First, Middle, Last) Eddie Robertso	n				18. MOTHER'S N	AME (First			001	ioor bysce
TO B	190. INFORMANT'S NAME (Type/Print) Elsie M. Mason					d Ave.				Code) 2 1 2	213
	A Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Balt				sposition (Na place) Ceme	tery	1/	23 Bal	cation — c		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Mort	on		Jam 170	1 Laur	Mor ens	Stree	et		neral Hom
	23. PAPO I. Enser the diseases, or coshock, or haert failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardia	c A	hrh	4		ch aa ce	rdlec or respi	ratory arr	eat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS SEPTIC DUE TO (OR AS POUL TO (OR AS ESR)	itis	OCK							
MEDICAL (PART II. Other significent conditions	contributing to death	but not resul	iting in th	na underlying	cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: A	DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEATH			UNCERTAI	ΝØ				1 123 2 100
17SIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY				5 🗆 Residence					
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	20	INJURY	M 28c. INJI WOI	RK?	28G. DI	EŞCRIBE HOW II	AJURY OCC	URED	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJUI building, atc. (Sp	IY — At home, (ecify)	ferm, atreet	i, factory, office			CATION (Street e y or Town, Stete)	nd Number	or Rural A	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON DESCRIPTION OF THE CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFICATION OF TH	IAN: To the best of my kno									end manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	mh-	MD	,		29c. LICENSE NU		D			(Morith, Pay, Year)
		, UNIV. of	Mary	(Type, Print	Hosp	ILAC, BO	alhn	une, M	0	1	,
	JAN 2 01995 July	32. REGISTRAR'S BIG	NATURE LLL								



	2. 3 should	
	Pages 1.	
	permit	
physician.	burial-transit	
Sing	the	
aften	Se as	
6	2 0	
pital	pq fc	
Pos	ach	
the	e de	
3	A D	
retained	5 shoul	
2	90	
Hay	ed :	
9	900	
Sage	9	
death.	funeral	
fter	the	-
53	5	-
non-	ed i	
	E A	4100
6	eteh	É
≱ p	E C	9
cute	o p	atreis.
98	n an	400
e pe	sicial	dans
l cat	phys	40.00
ertil	Bul	-
th c	lend	TO I
Sea	att	900

BALTIMORE, MARYLAND 21215-0020

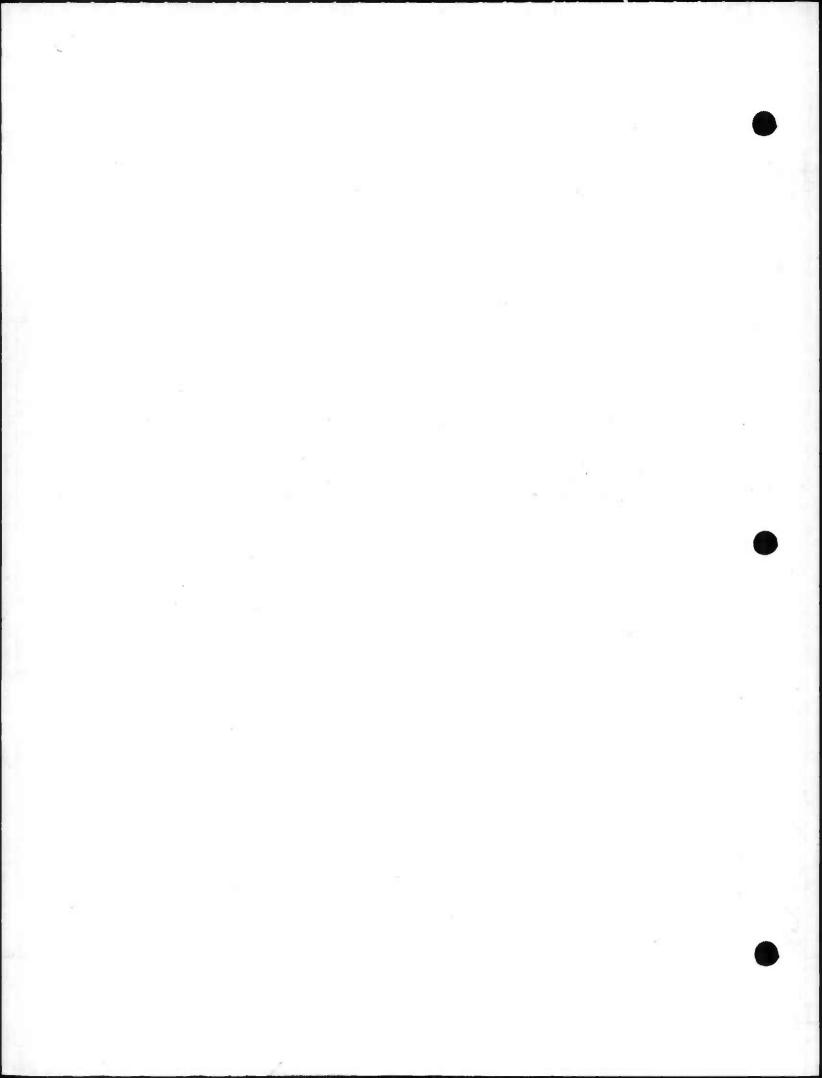
BALTIMORE, MARYLANI
THE REPORT OF VITAL RECORDS, P.O. BOX 68760,

TO THE REPORT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

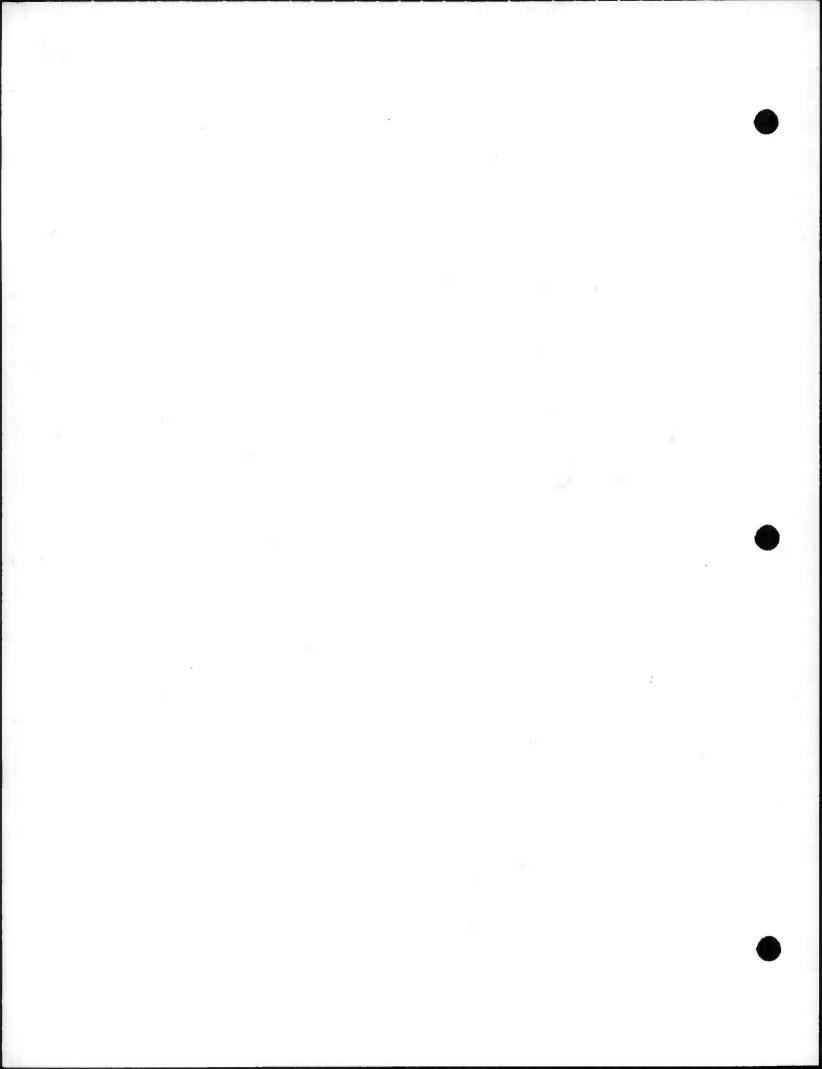
IMPORTANE: If item 26 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI	IENE
REGISTRAR	CERTIFICATE OF DEATH REG.	NO.

	1 - STATE REGISTRAR	STATE OF				OF HE			REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle MDR)	0. Last)	EVEN		-				2. DATE OF DEATH DANS 17, I	 995	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER	24 HBS	7 DATE OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign
1	479-09-1028	1 🔀 M 2 🗆 F	74	YRS.					Nov. 19,1		Illi	nois
œ	Ba. FACILITY NAME (If not institution	-				, TOWN OR		ON OF DEA	ТН	9c. COUN	NTY OF DEA	ATH
5	Bayview Medi				Balı	timo	re					
DIRECTOR		COUNTY Ine Arunde	:1		ry, town o	PR LOCATIO	IN					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3AL	10a. STREET AND NUMBER						ZIP CODE			10g. CITE	ZEN OF WH	IAT COUNTRY?
FUNERAL	510 King Mal						111			USA		
BY	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 V YES 2 N WAR OR DATES	MED 10	1		Ify Cubar	n, Maxican,	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No-		- American Indian, Whita, etc. White
ED	15. DECEDENT	I'S EOUCATION est grade completed)	16a, DE			CCUPATION			16b, KIND OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) //fe.	. Do NOT u	se retired.)	during most	OF WORKING	g				
MP	12	1	011	fice	er				Air Fo			
	17. FATHER'S NAME (First, Middle, L William Stev								E (First, Middle, Maiden :			
BE	19a, INFORMANT'S NAME (Type/Prin		101		AADDECC			_	oute Number, City or Town			
2	Teresa Steve								, Odento:			113
	20a. METHOD OF DISPOSITION		20b. PLACEA	ANDDATE	OF DISPOS	ITION (Name	a of		OATE 20c. LO	CATION (City or Town	n, State
	N☐ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific	(ty)/						Cem	1/20 C			
	21. SIGNATURE OF FUNEBAL SEIN	VICE/LICENSEE			22. 1	NAME AND	ADDRES	SS OF FACI				
	Dall	7 4411							ve. Anna			
	23. PART I. Enter the disease	s, or complications the	et coused the de	eth. Do	not enter	the mode	of dyl	ng, auch	as cardiac or respi	ratory arr	est,	Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	aliura. List only ona car			tos	7 17	Far	lu	scle			Interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSEC			2	at	er	scle	cs,	żs -	
MEDICAL	PART II. Other algnificent con	nditione contributing to	death but not n	eaulting	in the un	derlying o	ceuee g	iven in P	Part I. 24a. WAS AN PERFOR	MED?	6	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO U	ISE CONTRIBIT	E TO CALIS	SE OF	DEAT	un AE	s 🗀	NO			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI		I TO CAUC	DE OI	DEAT			NO EATH (Chec	k only one)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER 4 W Nurs	R:			Other (Specify)			
¥	27. MANNER OF DEATH	26a. DATE OF		28b. TIM		26c. INJUR WORK	TA YF		26d. OESCRIBE HOW IP	JURY OCC	UREO	
BY F	1 Natural 5 Pendin 2 Accident Investig	19	ray, real;		M	1 YES		NO				
	3 Suicide 6 Could a datarmi	not be building.	OF INJURY — At hor , atc. (Specify)	ma, tarm,	atrast, fecto	ory, offica			261. LOCATION (Street a City or Town, State)	nd Number	or Rural Ros	ute Number,
COMPLET		XAMINER: On the beals of a										and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CE	- ///	11/1					NSE NUME				Month, Day, Year)
TO B		1114	This				2	44	796	D 1.	-18	.95
F	30. NAME AND ADORESS OF PERS	ON WHO COMPLETED CAL	SE OF DEATH (ITEM	VI 27) (Type	, Print)	5-0		1	1000	4.3	RA	MAZIZI
	31. DATE FILEO (Month, Day, Year)	D AHYMEY	mn.	JHG	16,5	150	SH	ONX	INSBAY	VICTO	7 010	MM 21221
	IAN 2 01995	July Durch	AR'S GRATURE									



		1 - FOR STATE OF MARYLA	ND / DEPAR	TMENT OF H	IEALTH AND	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last) ROBERTA		SCHWART		2. DATE OF OEATH MONTH	PAY YEA 17, 1995	
₽		132-40-0676 1□M2 MgF 43	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH	0. BI	RTHPLACE (State or Foreign buntry) W York
1, 2, 3 should	СТОВ	PS. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT		BALTIMO	RE CITY	EATH	9c. COUNTY O	F DEATH
permit. Pages	DIRE	Maryland Howard		y, town on Locat olumbia	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
70	NERAL	8877 Stonebrook Lane			21046		U. S	A.
JANU 21215-0020 the hospital or attending physician, detached for use as the burial-tran once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 KNO	If yes, sp		NC ORIGIN? (Specify Ye III, Puarto Rican, etc.) /:		ACE — American Indian, Hack, White, atc. pecify: White
pital or atter	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4	18a. DECEDENT'S (Give kind of w life. Do NOT use Homemak	,	ON st of working		JSINESS/INDUSTR	Υ
2 2 2 E		17. FATHER'S NAME (First, Middle, Last)	OTH	KEI	18. MOTHER'S NA Edythe	ME (First, Middle, Maiden	naking Surname) HAA	S
be retained by the 5 should be at a notified at	TO B	19a. INFORMANT'S NAME (Type/Print) Mark A. Schwartz			nd Number or Rurel I	Route Number, City or Tow		046
ALLIMORE, death. Page 6 may be funeral director, page be axaminer must be r		1 IR Buriel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	tery, cramatory or of	Cemetery	1/5	20/95 Pin	nelawn,	
death.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	,	Hubb. 4107	Wilkens	ral Home, Avenue B	Baltimor	e, MD 21229
ed within thours completely filled in the sal, cremation, or release event, the median		23. PART I. Enter the disesses, or complications that ceused shock, or heart fellure. List only one ceuse on each immediate Cause (Finel disesse or condition resulting in desth) Due To (or AS A Condition or Cause Ca	ch line.			h es cerdiec or reap		Approximata Interval Batween Onset and Death 2 days
certificate be executing physician and Hygiene prior to burn other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF): 	cast	Cance		dyears
2 2 2 5	AL C	PART II. Other significent conditions contributing to deeth but	not resulting in	n the underlying	ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
w requires that the state of the signed by the pt. of Health and I shows amy Init	N: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S 🗆 NO 🗵	UNCERTAIN	1	NO	OF DEATH?
The transfer has ate De	SICIAN:		B. PLACE OF DEAT	H (Check only one) OTHER:		6 Other (Specify)		
ME PHYSICIAN: The this certifical my tell or it	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME INJU	E OF 28c. INJURY WO	JRY AT	28d. DESCRIBE HOW I	INJURY OCCURED	
E ATTENDE RECTOR TO ATTENDE		3 Suicide 8 Could not be determined 28e. PLACE OF INJURY – butlding, etc. (Specify	At home, ferm, st	treet, factory, office		281, LOCATION (Street City or Town, State)	and Number or Rur	al Route Number,
Mend Co	COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowled						e(s) and manner as stated.
TO THE TO THE PORTS	TO BE	206. SIONATURE AND TITLE OF CERTIFIER AND ALL			M370		29d. DATE SIGN	ED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO CONFLETED CAUSE OF DEAT UN DIA UAU TWENLIO 31. DATE FILED (Month, Day, Year) 32. REGISTRAP (RIGHNET)	JOHNS		INS F	1089 ITAL	BALTM	MORE MD
		JAN 2 0 1995 Jalia Studier Control	Ц"					



BALTIMORE, MARYLAND 21215-0020	ay be retained by the hospital or attending physician.	processes the cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		28 is perfect, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TIMOR	n. Page 6 m	eral director,		niner must
BAL	s after death	by the fune	emoval.	dical exan
	hours	ed in	, or re	med
	12 U	aly fill	lation,	the
,09	1 with	mplete	Crem	rvent
687	ecuted	nd co	DUNIAI,	atic e
X	be exc	Sian a	01 10	aum.
8	ficate	physic	ne pu	ner tr
0	r certi	Duipu	Hyge Hyge	or oth
S, F	death	e afte	lental	ury,
BD	at the	by th	and N	y inj
00	res th	gned	eam	rs an
RE	requi	een s	0	show
AL	e law	has b	Cepi.	1 23
H	M: Th	Ficate Control	State	iten
Ē	SICIA	lierti	THE THE	d. 0
ISTON OF VITAL RECORDS, P.O. BOX 68760,	E	1	6	N.
0	L	à	a dea	11
₽.	40	P	É	2

OF VITAL RECORDS, P.O.

TO THE HOSPITAL IR.
TO THE PUNERAL PIE.
De filed within 72.
IMPORTANT: II III.

. 4 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE	F DEATH	REG. NO	D.		
9	1. DECEDENT'S NAME (First, MICHOL LOST) LAVERNE SAN	DERS			-	DAY	YEAR	OF DEATH
		yrs, last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	17 7	15 11	-00 AM
- 8	217-58-5088 10M2 WF 41	YRS.	MONTHS DAY		(Month, Day, Year) 1/2/54		Balto.	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DI	EATH	9c. COUNT	TY OF DEATH	
DIRECTOR	Green Street Veterans Cer	nter	Bal	timore				
Ĭ,	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LO	CATION			10d. IN	SIDE CITY
ā	Maryland	В	atiim	ore				MITS?
A	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZI	EN OF WHAT CO	
E	3620 Manchester Avenue			21215			USA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS 0	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	a or No-	14. RACE — Ame Black, White,	ricen Indian,
8	1 Never Married 2 ☐ Married FORCES? 1 N YES 3 ☐ Wildowed 4 ☐ Divorced FORCES? 1 N YES IF YES, GIVE WAR OR DATI			specify Cuban, Maxica ES 2 NO Specifi			Specify:	lack
COMPLETED	15. DECEDENT'S EDUCATION 1	6a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BI	JSINESS/INDU		Idek
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of w life. Do NOT use	rork done during e retired.)	most of working				Min and a day of
립	12th	Nur	se		Home	jton i	VUOTI	Nursing
0	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
	Leverette Sanders			Marth	a Trules	ster		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or To	wn. State. Zip (Code)	
2	Martha Trulester Wagstaff			n Park D				21208
- 1	20s. METHOD OF DISPOSITION	LACE AND DATE O					Ity or Yown, Stat	
		ery, crematory or on		Dk Com	1/20/95			
- 1	21. SIGHATURE OF FUNERAL SERVICE LICENSEE	ng mem	22, NAME	AND ADDRESS OF FA	CILITY		co. ni	
	MATL () LU	11	LER 460	OY O. DY O LIBERT	ETT & SO Y HEIGHT	N FUN	NERAL ENUE 2	HOME 1207
	22. PARTA. Enter the diseases, or complications that caused t	he death. Do n	ot enter the	mode of dying, suc	h as cerdiac or resp	piratory arre	st, A	pproximate
	MMEDIATE CAUSE (Final	h line.		are and the same second	A reconstruction of the second		le	sterval Between
1	disease or condition							THE SELECT SHEET
	resulting in death) a. Oue TO (OR AS A C	ONSEQUENCE OF	1				-	
-	- 1105						i	
ō	Sequentially list conditions, if any, leading to immediate	ONSEQUENCE OF	9:				- i	
7	cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A C	ONSEQUENCE OF	j:				-	
CERTIFICATION	resulting in death) LAST						Ţ	
2								
¥.	PART II. Other significant conditions contributing to death but	not resulting in	n the underly	ing cause given in		N AUTOPSY		UTOPSY FINDINGS DLE PRIOR TO
EDICAL	CMV retaits				1 YES	2 19 NO	OF DEA	ETION OF CAUSE TH? /
M							1 🗀 YI	ES 2 1 NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S I NO	■ UNCERTAIL	N 🗆			
PHYSICIAN:		PLACE OF DEAT		70)				
is	EXAMINER? 1 ☐ YES 2 ☐ NO HOSPITAL: 1 ☐ Impatlant 2 ☐ ER/Outpet	ent 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Raaidenca	8 Other (Specify)			
£	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME		INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCU	JRED	
BY I	1 Natural 5 Pending 2 Accident Investigation	1110		YES 2 NO				
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — building, etc. (Specify	At home, farm, s	treet, factory, o	Mica	281, LOCATION (Street		r Rurel Route Nui	nber,
	4 Homicide detarmined)			City or Town, State)		
۱۳	29s. CERTIFIER (Check only (Ch	lge, death occurre	d at the time d	ete and place, and due	to the cause(s) and m	nner en eleter	4	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of agamination a							nner as stated.
	296. ASDMATURE AND TITLE OF CONTINER			-				
H	11/10 11/10 5 11/10	Q	000	29c. LICENSE NUI		29d. DATE	SIGNED (Month,	Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H /ITEM 979 /3	Print)	MR0692		1-1/	1+19	7
	10 N Greene Str.	Bal	ina,	e Mi	212	01	•	
	JAN 2 01995 Juli Da REVISTRAN SIGNAT	VRE						

THE RESERVE OF THE PARTY OF THE

the period of the Wilder of the

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING
FINEFAL DIRECTOR: After
wither 72 hours after deat

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

28 H

=

PORTANT

置置署

2 21

	C		
	2		
	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
	F. 2		
	Eled		
Ē.	ansit		
ysicia	rial-tr		
ng ph	ne bu		
tendir	as th		
or at	r use		
pital	of be		
e hos	etach		000
e E	20		10
ined	pinor		flad
e reta	5 5		noi
ay b	page	:	2
E 9	ector,		Sign
Š	al din		nor
leath.	funer		Yamı
after	y the	HUVAII	8
DUIS	in b	Je Jel	neu
Š	filled	IOH, C	5
uth.	letely	ema	100
ted w	comp	9	BV8
DOBCI	and		Datic
2	ician	5	į
uhcat	phy of	2110	ner
L Cer	nding	TANK .	10 10
deat	e afte	TO I I I	2
at the	D .	N DIE	
es th	peug	10.00	HE S
NG PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in	ati witi the State Debt, of realth and wental riviers phot to Duffal, cremation, of femoval.	A DUT
aw.	as be	able.	1.5 8
The	ate h	Idie	E
CIAN	ertific	o and	20
HAS	this c	MICH	ues.
5	ter	I I	E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 17, 1995 Ruth Elizabeth Silk January 9:36 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign (Month, Day, Year)
March 21, 1922 DAYS HOURA 1 M 2 X F 72 215-14-7601 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Bayview Medical Center Baltimore RESIDENCE OF DECEDENT 10b COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland NA Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5038 East Eager ST. 21205 U. S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. II yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high mentary/Secondary (0-12) College (1-4 or 5+) 12th Grade Photographer Walters Art Gallery 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Charles Dobson Ethel McGraw 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Albert Charles Silk (Son) 5038 East Eager St., Baltimore, Md. 21205 20s. METHOD OF DISPOSITION

1 Durisl 2 Cremellon 3 Removal from State
4 Donation 5 Other (Specify) Entombment 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Holly Hill Mausoleum Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) Coronary Artery Disease years DUE TO (OR AS A CONSEQUENCE OF): Gastrointestinal hemorrhage CERTIFICATION 2 weeks Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING Anemia l year CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF):

that initiated events resulting in death) LAST

		u.					_
PART ii. Other	aignificant condition	ns contributing t	o death but no	ot resulting in t	the underlying	cause given in Pa	rt

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

18 195

1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🕱 UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Nome 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO Investigation Accident 28s. PLACE OF INJURY — At home, farm, street, lectory, office 3 Sulcide 261. LOCATION (Street and Number or Rural Routs Number, City or Town, State) 6 Could not be 4 Homicide

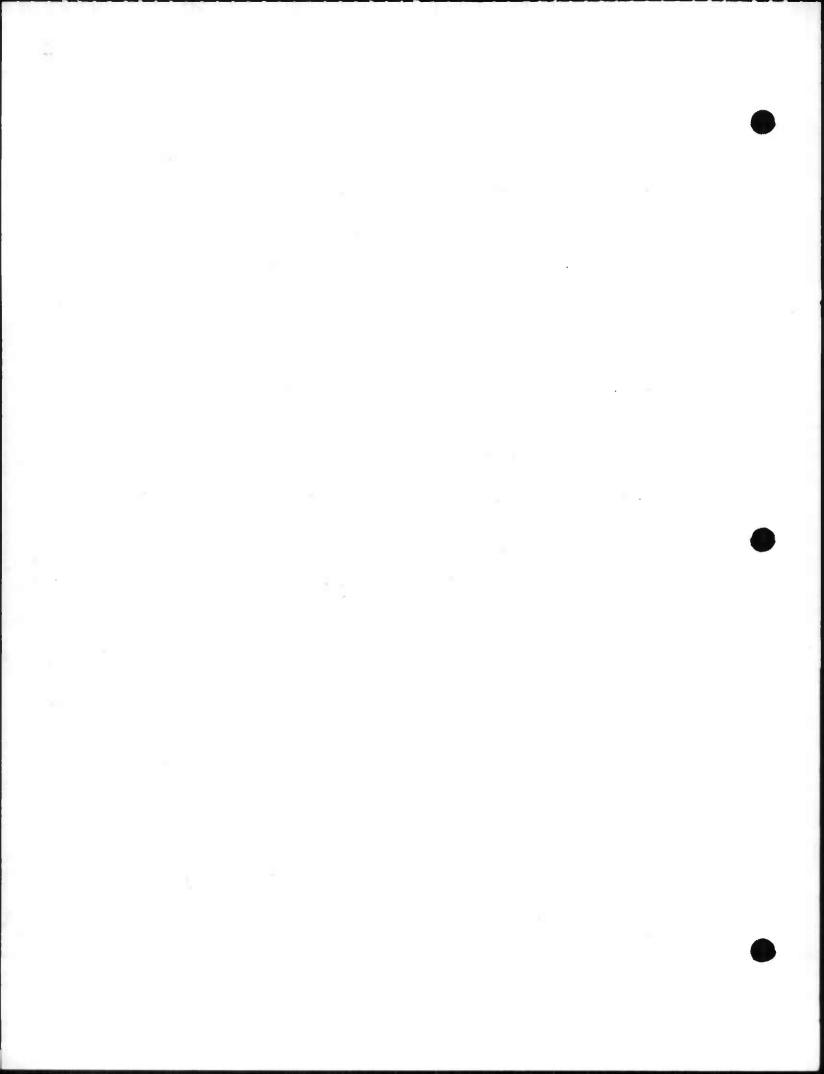
301

(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,		
296. SIGNATURE AND TITLE OF SERTIFIED	29c. LICENSE NUMBER	29d. DATE 8

	0(1	a len	Que -				
30. NAME A	ND ADDRESS C	OF PERSON	WHO COMPLE	O CAUSE OF	OEATH (ITEM 27	(Type, Print)	
- 1		1		/			٩.

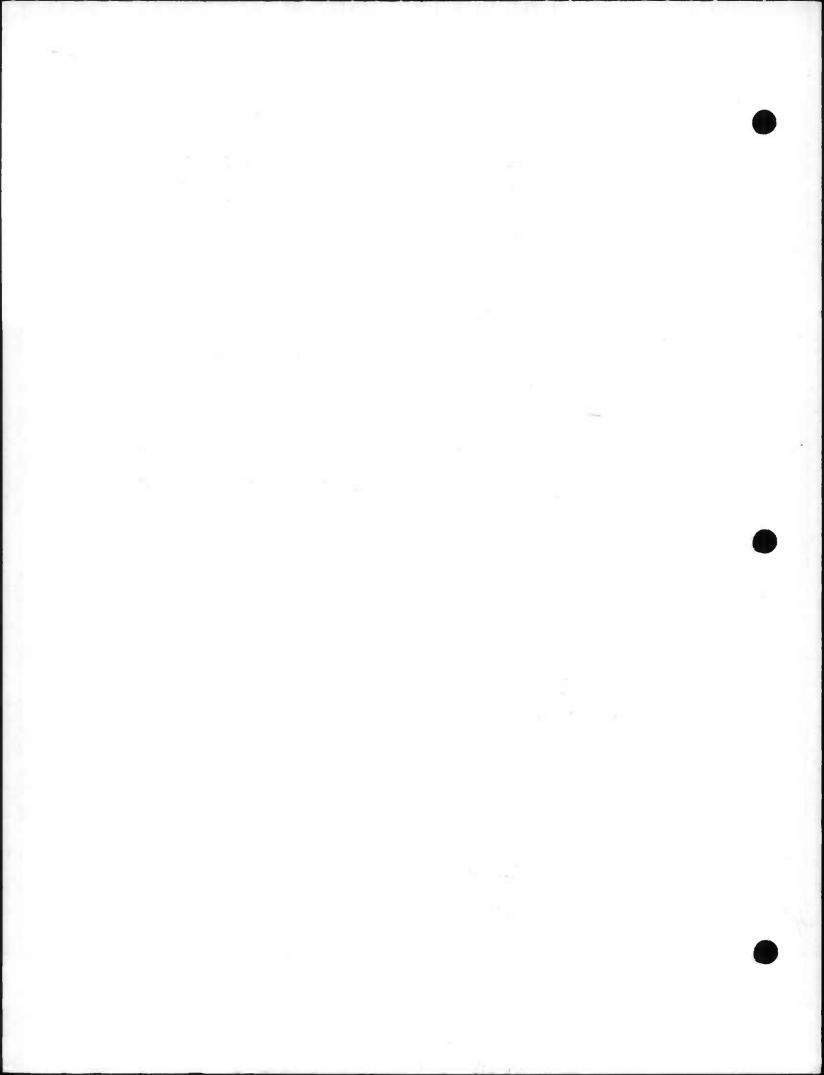
MP Johns Hopkins

32 REGISTRAR'S SONATURE

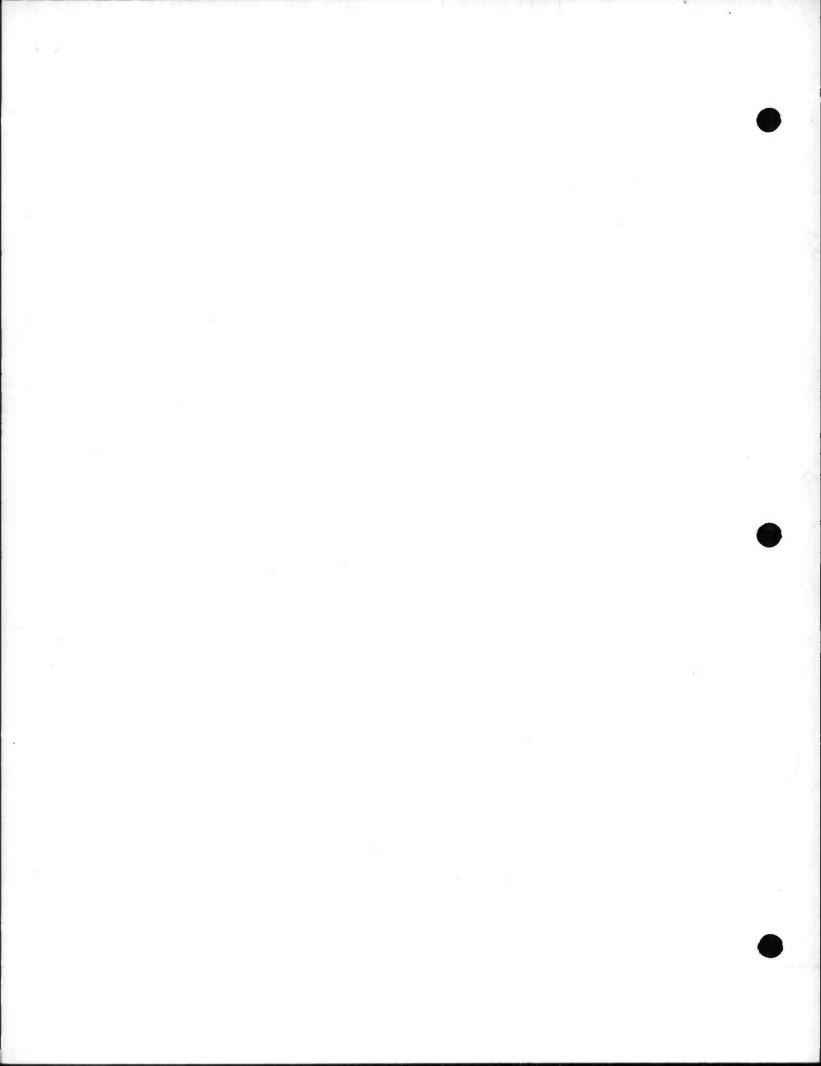


siCIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the bear of though and Manual Unique principles in burial progression of the pr	ure Jose Dept. O medial and mental stylers put no Union Union and the medical according an experience of the medical according to the style of the medical according to the style of the st
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be es	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a	Distant.

Item19a,Film719		o .						
1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIFI	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, L	ast)	02.11111	OATE OF BEATTI	2. DATE OF DEATH		3. TIME OF DEATH		
JEROME SADLER				JANUARY 1	5, 1995	8:05 P		
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	Aldread Con M. A.	8, Bit	RTHPLACE (State or Foreign		
214 01 0931	1 □XM 2 □ F	78 YRS.	MONTHS DAYS HOURS MIN	Dec. 8,19	16 Car	olina		
9a. FACILITY NAME (If not institution, s	and the second s	1	9b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY O	F DEATH		
VA Medical Cen		ward	Fort Howa	rd	Bal	ltimore		
VA Medical Cen RESIDENCE OF DECEDEN 10a. STATE Maryland H		10c. CITY	, TOWN OR LOCATION			tod. INSIDE CITY		
Maryland H	arford		Fallston			1 TYES 2 X NO		
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
100. STREET AND NUMBER 2119 Bellva 11. MARITAL STATUS 1 Never Married 2 Married	le Road		210	47	U.S.	. A.		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? tV Y		13. WAS DECENDENT OF HIS If yes, specity Cuban, Mar	PANIC ORIGIN? (Specify Yes	or No — t4. R	ACE — American Indian, lack, White, stc.		
3 Widowed 4 X Divorced	FORCES? 17 Y	R DATES	1 TES 2 X NO Sp		St	White		
		16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUS				
(Specify only highest (Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of w	ork done during most of working	100 11110 01 000	, and a second			
12		Upholst	erer	Upholst	ery Co.			
15. DECEDENT'S (Specify only highest (Specify only highest (12)) 12 17. FATHER'S NAME (First, Middle, Last			18. MOTHER'S	NAME (First, Middle, Meiden	Surname)			
(Names Unknown) Sadler			ames Unknowr				
199. INFORMANT'S NAME (Type/Print) M. Jerome & Sad	ler (son)		ADDRESS (Street and Number or Ru 19 Bellvale Ro			21047		
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
Garrison Forest Vet. Cem. 1/18 Owings Mills, MD								
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AND ADDRESS OF	FACILITY uneral Homes	z Inc			
WARS	5			Rd., Baltin		21236		
IMMEDIATE CAUSE (Final disesse or condition resulting in desth)	PNEUMON S	NIA as a consequence of):			interval Betwee		
Sequentisily list conditions, if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR A	AS A CONSEQUENCE OF						
	d							
S/P LARYNGEC' S/P TRACHEOS'	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE						
S/P TRACHEOS	TOMY			1 TES 2	ES NO	OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO							
DID TOBACCO US 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	AL .		28. PLACE OF DEATH	28. PLACE OF DEATH (Check only one)				
1 - YES 2 ZANO	HOSPITAL: 1 Ø-Inpatient 2 ER/0	Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residen	ce 8 Other (Specify)				
1 Neture: 5 Pending	28s. DATE OF INJUI (Month, Day, Yel	RY 28b. TIME		28d. DEŞCRIBE HOW II	NJURY OCCURED			
	26. PLACE OF IN I	URY — At home, farm, s Specify)	treet, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,		
2 Accident Investigat 3 Suicide 6 Could not 4 Homicide detarmine	building, atc. (
3 Suicide 6 Could not 4 Homicide detarmine	building, etc. (nowledge, death occurre	d at the time date and alone and	his to the course's and	nar as atm-d			
3 Suicide 6 Could not 4 Homicide 6 determine CERTIFIER Check only X CERTIFVING P	building, stc. (d		d at the time, data and place, and					
3 Suicide 6 Could not determine CERTIFIER CCheck only 2 MEDICAL EXA	HYSICIAN: To the best of my k		, in my opinion, death occured at	the time, data and place, and	d dua to the caus	e(a) and manner as stated.		
3 Suicide 4 Homicide 6 Could not determine CERTIFIER (Check only 2 MEDICAL EXAL 29b. SIGNATURE AND TITLE OF CERT	HYSICIAN: To the best of my k		29c. LICENSE	the time, data and place, and	d dua to the caus	re(a) and manner as stated.		
3 Suicide 6 Could not determine 4 Homicide 6 CERTIFIER (Check only 2 MEDICAL EXAL.) 20b. SIGNATURE AND TITLE OF CERTIFIER	HYSICIAN: To the best of my ki	affion and/or investigation	1, in my opinion, death occured at	the time, data and place, and	d dua to the caus	e(a) and manner as stated.		
3 Suicide 4 Homicide 6 Could not determine 6. CERTIFIER (Check only 2 MEDICAL EXAL 20b. SIGNATURE AND TITLE OF CERTIFIER	HYSICIAN: To the best of my ki	ation and/or investigation	29c. LICENSE 29c. LICENSE 29c. Printi	NUMBER	29d. DATE SIGN	re(a) and manner as stated.		



	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR	TMENT OF H	DEATH AND	MENTAL HYGIEN	E	
- 1	1. DECEDENT'S NAME (First, Middle, Last) YVONNE J.	(ROBINSON	1)	TUCKE	.R	JANUARY I	Ď, 19 9	3. TIME OF OEATH 5:45 A M
	4. SOCIAL SECURITY NUMBER 218-80-9589 9a. FACILITY NAME (If not institution, give str	1 □ M 2 ¬XF 35	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/4/1959	BA	ALTIMORE, MD.
DIRECTOR	THE JOHNS HOPKINS				RE CITY	EATH	9c. COUNTY	OF DEATH
	MARYLAND 100. STREET AND NUMBER			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	603 ARCHER STREET			2	1230		USA	OF WHAT COUNTRY?
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2X NO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2X NO Specifi	NIC ORIGIN? (Specify Yes in, Puarto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: AF. AMERICAN
PLETED	15. DECEDENT'S EOUC. (Specify only highest grade of Elementary/Secondary (0-12)		Sa. DECEDENT'S (Give kind of a life. Do NOT us HEALTI	,	ON st of working	16b. KINO OF BUS	SINESS/INDUSTI	RY
E COMPL	17. FATHER'S NAME (First, Middle, Lest) WASHINGTON M.	TUCKER			18. MOTHER'S NA	ME (First, Middle, Maiden E V. JONE		
TO B	19a. INFORMANT'S NAME (Type/Print) NORMAN ROBINSO		603	ARCHER :	STREET,	Route Number, City or Town		
	20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State comete MT	ry, crematory or o	of disposition (Nather place) CEMETER	Y 1/14	/95 LANSI	DOWNE,	MARYLAND
	23. PART I. Enter the diseases, or co	Oster		ESTEP 1300	BROTHERS	S FUNERAL I	MORE. M	
SAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF HANDONSEQUENCE O	regative of the	e bact acture 200	ereme		Approximate interval Between Onset and Death Week 1900 3400 107005
MEDICAL	PART II. Other algnificent conditions	contributing to death but	not resulting	n the underlying	cause given in	Part I. 24s. WAS AN PERFOR 1 TYES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			H (Check only one)	UNCERTAIN	1 080		
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 26c. INJI		6 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURE	D
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, s			26f. LOCATION (Street a City or Town, State)	nd Number or Ru	rel Route Number,
COMPLE		IAN: To the best of my knowleds						se(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER THE MUCH	ell Lebushi	no res	cal	29c. LICENSE NUN	MBER	≥ San	NED (Month, Day, Year)
	31. DATE FILEO (Month, Day, year)	COMPLETED CAUSE OF GEATH	600 N	· Wolk	St B	altimore	am,	21205
	JAN 2 01995 Jul	32 REGISTRAR'S DENATU	Ų,					



2-00
÷
10
21
C
4 4
_
0.1
21
-
r 1
-
_
b.
_
-
MARYLAND 2121
The Street
-
-
_
~
_
441
~
ш.
_
\sim
\mathbf{U}
_
-
BALTIMORE,
-
The same of
1
•
m
0
0
Č
0,0
50,
.09
1097
.760,
8760,
18760,
68760,
68760,
68760,
x 68760,
X 68760,
0X 68760,
OX 68760,
OX 68760,
3OX 68760,
BOX 68760,
BOX 68760,
. BOX 68760,
). BOX 68760,
D. BOX 68760,
O. BOX 68760,
.O. BOX 68760,
O.O. BOX 68760,
P.O. BOX 68760,
P.O. BOX 68760,
, P.O. BOX 68760,

DIVISION OF VITAL RECORDS HOSPITAL OR ATTENDING PHYSICIAN:

Pages 1, 2, 3 should permit. burial-transit physician. attending use as the hospital or for be detached be retained by the Ħ page 5 should notified pe Раде 6 глау must completely filled in by the funeral director, examiner removal medical 0 the cremation, event. burial, traumatic prior to the attending physician Mental Hygiene prior to 0 requires that the death n signed by the any this certificate has been with the State Dept. of 23 tem 9 marked. L DIRECTOR: After thi 2 hours after death w fitem 28 is mark TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 뿚

DIRECTOR

FUNERAL

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR WIL -LIAM TURNER 95 01 1.15 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-26-7262 1 M 2 - F 05/23 Maryland 9a. FACILITY NAME (if not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Bayview Medical Center N/A Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD N/A Baltimore 1 💢 YES 2 🗌 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4910 Bowland Avenue 21206 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Bethlehem Steel Laborer 10th N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Turner Julia Braxton 19a. INFORMANT'S NAME /Type/Print 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Virginia Turner 4910 Bowland Avenue/Baltimore, MD 21206 20s. METHOD OF DISPOSITION Randallstown Randallstown Randallstown 20b. PLACE AND DATE OF DISPOSITION (Name of Py Burtel 2 Cremetion 3 - Re King Memorial Park 22. NAME AND ADDRESS OF FACILITY March Funeral Home East 1101 E. North Avenue/Baltimore, MD 21202 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate ehock, or heert failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition PULMONARY EMBOLISM 4 days resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DEEP VENOUS I MONT Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING PROSTATIC CARCINOMA METASTATIC CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 10 NO OF DEATH? 1 YES 27 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗷 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1° Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural INJURY 5 Pending Investigation М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Klandhumo 01 16 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EASTERN AVE. BALTIMUTE MD - JOHN'S HOPKING BAYVIEW MEDICAL CONTEK KULBIR SANDHU

32. AGETRANES SIGNATURE
JULY WHITE RENGELL

100 A B 100 A

-	
-	
N	
4.4	
BALTIMORE, MARYLAND 2121	
N	
4.4	
0	
-	
~	
a	
-	
-	
>	
00	
ш,	
1	
-	
450	
-	
. 50	
ш	
Œ	
-	
	В
_	
5	
-	
_	•
-	
and .	
de	
-	
m	
-	ď
1	
0	٦
68760	
8	
-	
00	
w	
0	
_	
h -d	

	1. DECEDENT'S NAME (Firs	at Adiobetic 3 **			ERTIF	ICATE O	F DEATH	REG. N	0.		
	LE120	it, Middle, Llist)	E. T	Axic	1/2			2. DATE OF DEATH	DAY C	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM 212-42-6360	BER	5. SEX	6. AGE (In yrs. :	last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH	7	Country	
	90. FACILITY NAME (If not i	institution, give	41	31		9b. CITY, TOWI	OR LOCATION OF D		Bc. COUN		TIMORE,
ECTOR	BON SECOUR		TAL		100	BALTI	MORE				
SEC1	RESIDENCE OF DE	10b. COUNT	TY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY
DIR	MARYLAND				BA	LTIMORE					LIMITS?
FUNERAL	10e. STREET AND NUMBER						101. ZIP CODE		1000		HAT COUNTRY?
NE	502 GLEN	ALLEN	RD .	T EVED IN U.S.	DMED	12 WHO D	21229	NIC ORIGIN? (Specify)	USA		
BY FL	1 🔀 Never Married 2 🗆 3 🗆 Widowed 4 🗆 Div			YES 2		If yes,		en, Puerto Rican, etc.)	rate of No.	Black, Specify ARF.	- American India White, etc.
ED		CEDENT'S EDI		16a. i	DECEDENT'S	USUAL OCCUPA work done during	TION most of working	16b. KIND OF E	USINESS/INDL	JSTRY	
COMPLETED		lementary/Secondary (0-12) College (1-4 or 5+)					nost of working				
00	17. FATHER'S NAME (First, A	Middle, Last)		RUDE			18. MOTHER'S N	AME (First, Middle, Maid	en Surname)	dis	
BE	HERMAN 19a, INFORMANT'S NAME (TAYL	OR				FRANCE		TAYLOR		
5		YLOR						Route Number, City or T			21220
	20s. METHOD OF DISPOSITION 1 Secretary Description 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Completely, cramatory, or other place).									rn, Stata	
	4 Donation 8 Other		remains and	KING	MEM.						*
	Lloy	ul 1	n. Os	ter	- 61	1300	EUTAW PI	RS FUNERAL LACE, BALT	IMORE,	MAR	
	immediate cause (Fi disease or condition resulting in death)	eart failure.	s. ACM	t caused the use on each II	ne.	not enter the r	node of dying, su	ch as cardiac or res	spiratory arre	est,	Approximation interval Be Onset and
		Sequentially list conditions,					a Vn	Jane 1	Uh		40
NO	Sequentially list condi		· Aeu	Te	Pul	nuna	un Ed	one	Uh		20
CATION	Sequentially list condi- if any, isading to imm cause. Enter UNDERLY CAUSE (Disesse or in)	ediste YING	· Aeu	OR AS A COME	PULL EQUÉNCE O	"Slive	uy Ed	Jane 1	Uh		2d
	Sequentially list condi if any, leading to immo cause. Enter UNDERLY	ediste rING ury	· Aeu	OR AS A COME	Pul	"Slive	uy Eck le Sig	one plumo	Uh		2d 18
MEDICAL CERTIFI	Sequentially list condi if any, isading to imme cause. Enter UNDERLY CAUSE (Disesse or inj that initiated events	ediste yiNG lury ST	b. Aeu oue to c. Oue to	(OR AS A CONS	EQUENCE O	nuna Stue Sei	y Ed k Sign Sure ling cause given in	PERF	AN AUTOPSY ORMED? 2 D7NO		WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COF DEATH?
MEDICAL CERTIFI	Sequentially liet condition, is any, is ading to immersuse. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAST PART II. Other signification of the condition of t	ediste //ING lury ST	DUE TO C. DUE TO HOSPITAL:	(OR AS A COME (OR AS A COME death but no	Equience of the second of the	FI SCUE In the underly 26. OTHER:	PLACE OF DEATH (C	PERF 1 VES	ORMED?		AMAILABLE PRIOR COMPLETION OF O OF DEATH?
SICIAN: MEDICAL CERTIFI	Sequentially liet condition of the condi	ediste //ING lury ST	DUE TO C. DUE TO DU	COR AS A DONE COR AS A COME COR AS	t resulting	In the underly 26. OTHER: 4 □ Nursing H	PLACE OF DEATH (Come 5 ☐ Residence	PERF 1 TYES	2 D NO		AMAILABLE PRIOR COMPLETION OF O OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, is administrated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	ediste //ING lury ST	DUE TO C. DUE TO DU	COR AS A DONE COR AS A COME COR AS	t resulting	In the underly 25. OTHER: 4 Nursing H BE OF 28c. JURY	PLACE OF DEATH (C	PERF 1 YES heck only one) 6 Other (Specify)	2 D NO		AMAILABLE PRIOR COMPLETION OF C OF DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, is administrated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	ediste // ING lury ST ST ST ST ST ST ST ST ST ST ST ST ST	DUE TO DUE TO DUE TO DUE TO HOSPITAL: 1 Dispetient 2 Centre Of (Month, I.	death but no	Tresulting	In the underly 25. OTHER: 4 Nursing H BE OF 28c. JURY	PLACE OF DEATH (Come 5 Residence NJURY AT WORK? YES 2 NO	PERF 1 YES heck only one) 6 Other (Specify)	ORMED? 2 13 NO V INJURY OCC	URED	AMALABLE PRIOR COMPLETION OF (OF DEATH) 1 YES 2 :
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet condificant, is adding to immeasure. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAST PART II. Other significant in the condition of the cond	Pending Investigation Could not be defermined	DUE TO C. DUE TO DUE TO HOSPITAL: 1 (Month, L. 26a. PLACE Coulding, SICIAN: To the best of	death but no	t resulting 3 DOA 29b. Till Nome, farm,	In the underly 26. OTHER: 4 Nursing H BE OF 28c. JURY M 1 street, factory, of	PLACE OF DEATH (Come 5 Residence NJURY AT NORK? YES 2 NO Tice	PERF 1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, Ste a to the cause(s) and in	V INJURY OCC	URED or Rural Ro	AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 1
D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet condificant, is adding to immeasure. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAST PART II. Other significant in the condition of the cond	Pending Investigation Could not be defermined ATTIFYING PHYS DICAL EXAMIN	DUE TO C. DUE TO DU	death but no	t resulting 3 DOA 29b. Till Nome, farm,	In the underly 26. OTHER: 4 Nursing H BE OF 28c. JURY M 1 street, factory, of	PLACE OF DEATH (Come 5 Residence NJURY AT NORK? YES 2 NO Tice	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stre-City or Town, Ste	ORMED? 2 13 NO V INJURY OCC of end Number of the one o	URED or Rural Re id.	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types Print)

BELL ADD STORY

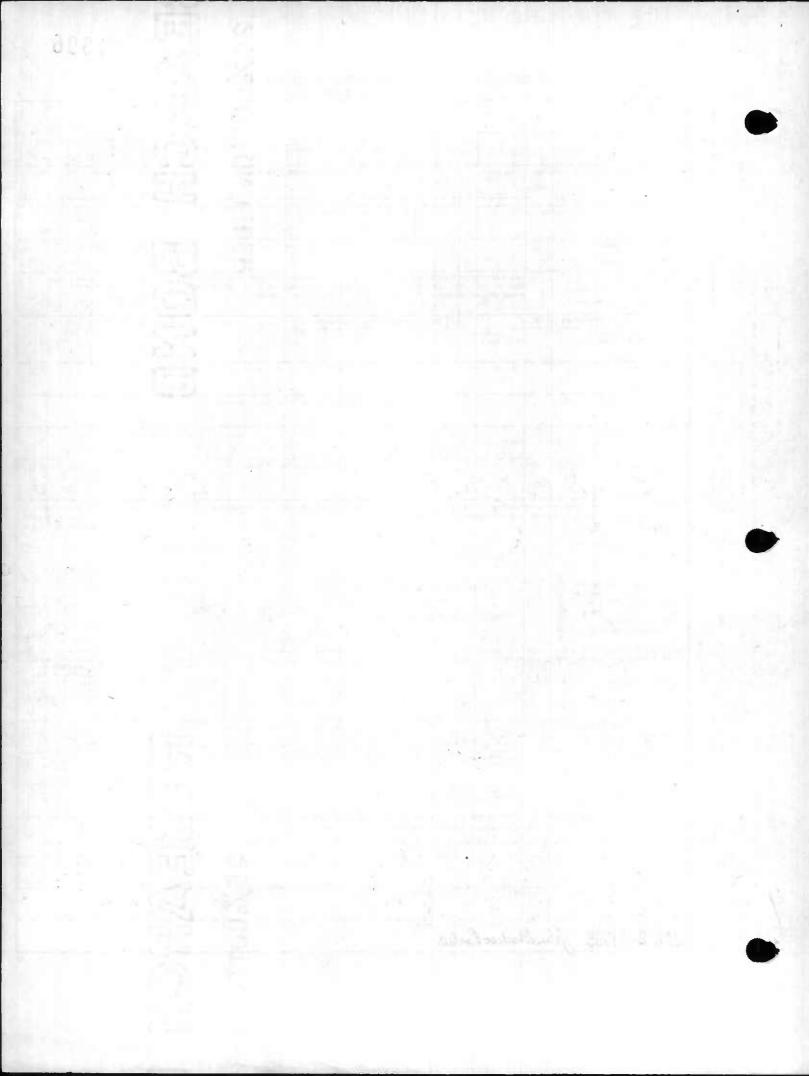
31. DATE FILED (Month, Dey, Ybar)

JAN 2 01995

Julia Audien Raddle

3m Secous

DHMH-18 Rev 1/89



95 YEAR

18

3. TIME OF DEATH

10d. INSIDE CITY

YES 2 NO

8. BIRTHPLACE (State or Foreign

MD

USA

14. RACE — American Indian, Black, White, etc.

Specify: Black

MD

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION DF CAUSE

1 - YES 2 - NO

8

Approximate Interval Between

Onset end Death

2:55 PM

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

217-70-0970

Betty

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

01995

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH BC. COUNTY OF DEATH DIRECTOR University Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Baltimore permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1036 Argyle Ave use as the burial-transit 21201 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Nover Married 2 Married BY 3 Widowed 4 Divorced 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ET the attending physician and completely filled in by the funeral director, page 5 should be detached for Mental Hygiene prior to burial, cremation, or remoral. Elementary/Secondary (0-12) College (1-4 or 8 +) COMPL Domestic notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Joseph Taylor Catherine Beckworth BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Michael Taylor 1900 W. Mosher St. Baltimore, MD must be 20a METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Mt. Zion Cemetery 4 Donation 5 Other (Specify) Baltimore, MD examine 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY hours after death. James A. Morton & Sons Funeral Home 1701 Laurens Street Balto., medical 23. PART I Enter the diseases, or complications ter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, ack, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel the disease or condition remia requires that the death certificate be executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Alnormalities ectrolyte CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If env. leading to immediate Henryhare cause. Enter UNDERLYING Subarachiq'd other CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 0 Inlury, PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? signed by the amy 1 TYES 2 NO Shows has been Dept. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VI PHYSICIAN: ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) f this certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 Sinpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 280. DATE OF INJURY 1 Natural 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, М 1 YES 2 NO BY DIVISION After Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28.4 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 3 Suicide ETED 8 Could not be after 4 Homicide 29e. CERTIFIER COMPL 1 ___ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. TO THE FLINES TO THE FLINES DE FILED WITH THE PRINCE TH 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER **BE** 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF, PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

RM 100

8. AGE (In yrs. lest birthday)

36

5. SEX

1 M 2 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

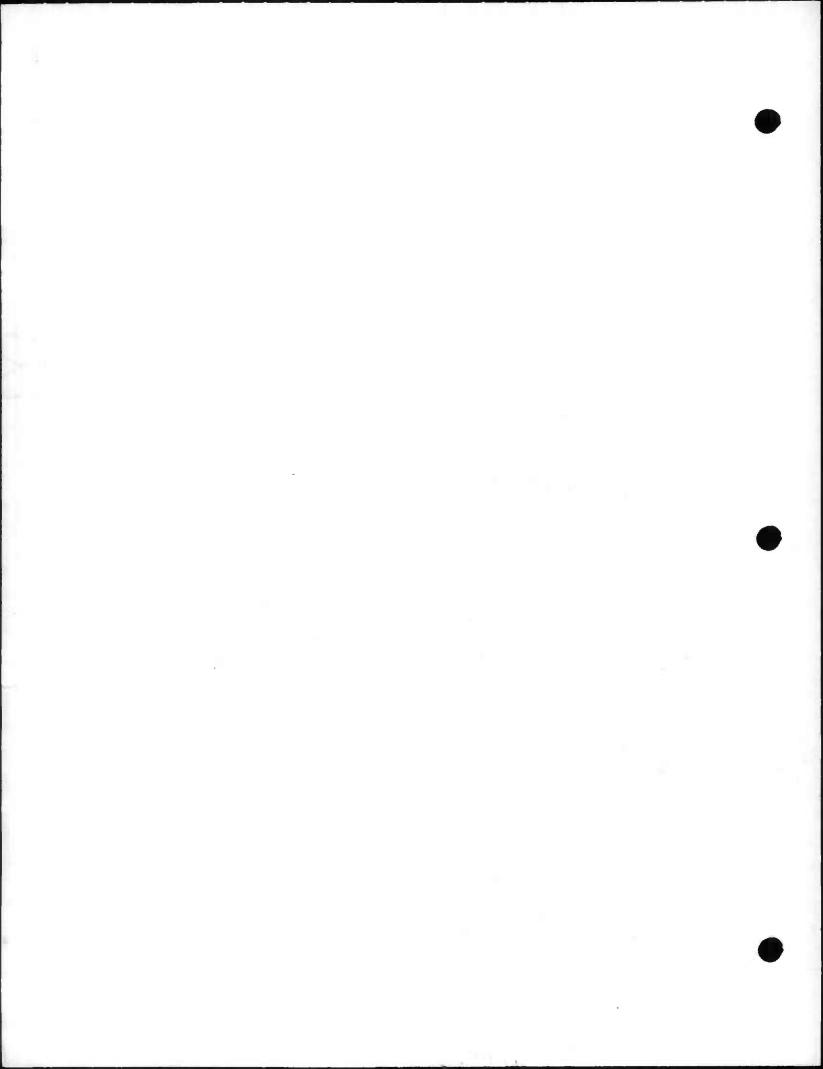
IF UNDER 24 HRS.

2. DATE OF DEATH

7. DATE OF BIRTH

1-14-59

DHMH-16 Rev 1/89



	8
5	- 3
~	- 3
w	
∞	1
2	
Ξ.	
×	
$\overline{}$	
v	
m	
т	
	- 8
\Box	
Ξ.	
<u>а</u>	
'n	
~	
	- 4
~	
=	
	,
V	
ш	
-	
_	
- 1	
_	
۹	
_	- 6
_	
>	
	7
1	-
$\overline{}$	- 1
J	- 5
VISION OF VITAL RECORDS, P.O. BOX 68760	
<	- 1
1	4
$\underline{}$	409
-	
7)	
=	-1
~	

RATENSING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should as the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEI REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	Tindal			2. DATE OF OEATH	6.199	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 77 YRS. 6. AGE (In yrs. last birthday) 1 F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 1 M 2 F 77 YRS. 7 DATE OF BIRTH (Morth, Day, Year) 1 M 2 F 77 YRS.									
TOR	96. FACILITY NAME (If not institution, give street Mary and Ge RESIDENCE OF DECEDENT	eneral Hos	4 1	3 Timo		9c. COUNTY	OF DEATH			
DIRECTOR	Maryland 10b. COUNTY		Balt	MOre			10d. INSIDE CITY LIMITS? 1 VES 2 NO			
FUNERAL	4020 Clifto	n Ave.		10f. ZIP CODE 2/2/6		US	OF WHAT COUNTRY?			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	P. WAS OECEDENT EVER IN U.S. AF FORCES? 1 YES 2 TH IF YES, GIVE WAR OR DATES		I. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 — YES 2 NO Spec	an, Puerto Rican, etc.)	14.	RACE — American Indian, Black, White, etc. Specify: NP.010			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		ECEDENT'S USUAL Give kind of work done Do NOT use retired.	during most of working	16b. KIND OF BU	JSINESS/INOUST	TRY J			
OMP	17 EATHER'S NAME (First, Middle, Last)		omer	naner 18, MOTHER'S N	AME (First, Middle, Maide	Surname),	ome			
BE C	Kuel Tin	dal		Rac	he Ti	nda				
2	Pringe IV	idal 3	HO20	SS (Street and Number or Aura Clifton	Ave. B	on, State Zip Coo	Nd.21216			
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLACE comete /, cri	AND DATE OF DISPO	SITION (Name pl	0/2/4 D	OCATION — City	or Town, State			
	21. SIGNATURE OF PUNERAL BERVICE LICENT	5.0	ng Mg	NAME AND ADDRESS OF A	CUSS FU	peral	Hame			
_	yoseph 2	Kuss	Ž	add W. Nor	Th Ave.	Salto,	Md. 21216			
	23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final	only ona causa on each line	a.		ch as cardiac or res	Piratory arrest,	Approximate interval Between Onset and Death			
	disease or condition resulting in death)	SEPTIC	SHO	ck			Onset and Death			
z	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):							
CER	resulting in daeth) LAST									
CAL	PART ii. Other significant conditions c	ontributing to death but not in	resulting in the L	inderlying cause givan in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDIC			7		1 TYES	2 NO	OF DEATH?			
AN	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH (Check		и 🗆					
SICI		OSPITAL: Inpatient 2 - ER/Outpatient 3	OTHE		8 Other (Specify)					
	27. MANNER OF DEATH 1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCURI	ED			
Э ВУ	2 Accident Investigation	28e. PLACE OF INJURY — At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number,					
ETEC	4 Homicide determined building, atc. (Specify)									
COMPLETED	anal .	N: To the best of my knowledge, de on the basis of examination and/or					use(s) and menner se stated.			
H	296. SIGNATURE AND TITLE OF CERTIFIER ROLLIE AQUING HD S9229 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) ROMMEL H. AQUINO 31. DATE FILED (Month, Day 95) JAN 2 0 1995 June 10 10 10 10 10 10 10 10 10 10 10 10 10						GNED (Morth, Pay, Year)			
5	30. NAME AND AODRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	AQUINO	5	,	- 44			
	JAN 2 0 1995 Julia	STREET BAN GOVERNE								

ANG	
7	
4	
_	
=	
MARYL	
P	
5	
_	
ш	
~	
$\overline{}$	
\simeq	1
\geq	
	1
BALTIMORE	
7	
3	
11	
	ŀ
	,
-	
0	•
76	•
8)
9	
BOX 68760,	
Q	
0	•

21215-0020

DIVISION OF VITAL RECORDS, P.O.

FUNERAL HOSPITAL

TO THE HOS TO THE FUN be filed

2

29h. SIGNATURE AND TITLE OF CERTIFIER

5.

Allen

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chin

_	5 should be detached for use as the burial-transit	
ician	al-tra	
phys	bud	
Bug	the the	
tend	38	
Or 3	nsi	
ofta	of b	
Nos	ache	
the	det	
d by	P	
aine	Shou	
9	S	
ay b	pag	
E 9	ctor,	
30e	dire	
6	neral	
ithin 24 hours after death. Page 6 may be retained by the hospital or atten	attending physician and completely filled in by the funeral diri	
after	by th	untal, cremation, or removal.
SULIO	u Ç	0r re
24 h	fille	, 00
草	etely	emat
d wi	Jumple	l, ere
cute	DO DI	ourla
e exe	In at	10
te b	Sicie	prior
tifica	D DA	ene
leg-	nding	H
Jeath	afte	ma
the	the	J We
that	P D	h an
ires	signe	teat
redu	Leen Leen	10
Jaw.	te has been signed by the attending	Sept.
SICIAN: The law requires that the death certificate be executed with	ate h	ate
IAN	rtifica	e Si
YSIC	S CB	11
3 PH	ter this cert	fter death with the State Dept. of Health and Mental Hygiene prior to
DING	Afte	deal
TEN	JOR:	fler
R AI	IREC	hours afte
0	0	20

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 4. SOCIAL SECURITY NUMBER 2353 Terre 95 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Mpres 005-14 Maryland DAYS HOURS MIN. 1 M 2 F YRS. 062-09-6135 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH North West Hospital Ctr. Baltimore DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3805 Milford Mill Road 21244 U.D.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Ric 1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntery/Secondary (0-12) College (1-4 or 5+) 8th Beautician once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Alfred Smith Lula Marquay notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Hilda Council 3805 Milford Mill Road Balto., MD. 21244 pe 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of CAMPDy, creff Note God Al Piles Mem. PK. 1/95 DATE must 1 & Buriel 2 Cremation 3 Removal from State Laurel, MD. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe oretha Hecto CFSP #281 E.L.Phillips F/H St. Balto., MD21217 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onaet and Death the disease or condition a. Seplic Shock
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) event, traumatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DIE TO (OR AS A CONSEQUENCE OF): Post of Dale 1/4/95 CAUSE (Disease or injury other that initiated events reaulting in death) LAST 6 in ury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any BODM, CUA. 1 TYES 2 PAG OF DEATH? shows 1 YES 2 70 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN IN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem HOSPITAL: OTHER: 1 YES 2 NO estient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Notural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) M: It stem 28 is m 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 20 H determined 29a. CERTIFIER

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(Chark and

(C 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

JAN 2 0 1995 32. REGISTBAR'S SIGNATURE DHMH-16 Rev 1/89

5310 010 COURT

29c. LICENSE NUMBER

029085

29d. DATE SIGNED (Month, Day, Year)

2/95

1 2 5 STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

0 1995

DIVISION OF VITAL RECORDS, P.O. BOX 68760

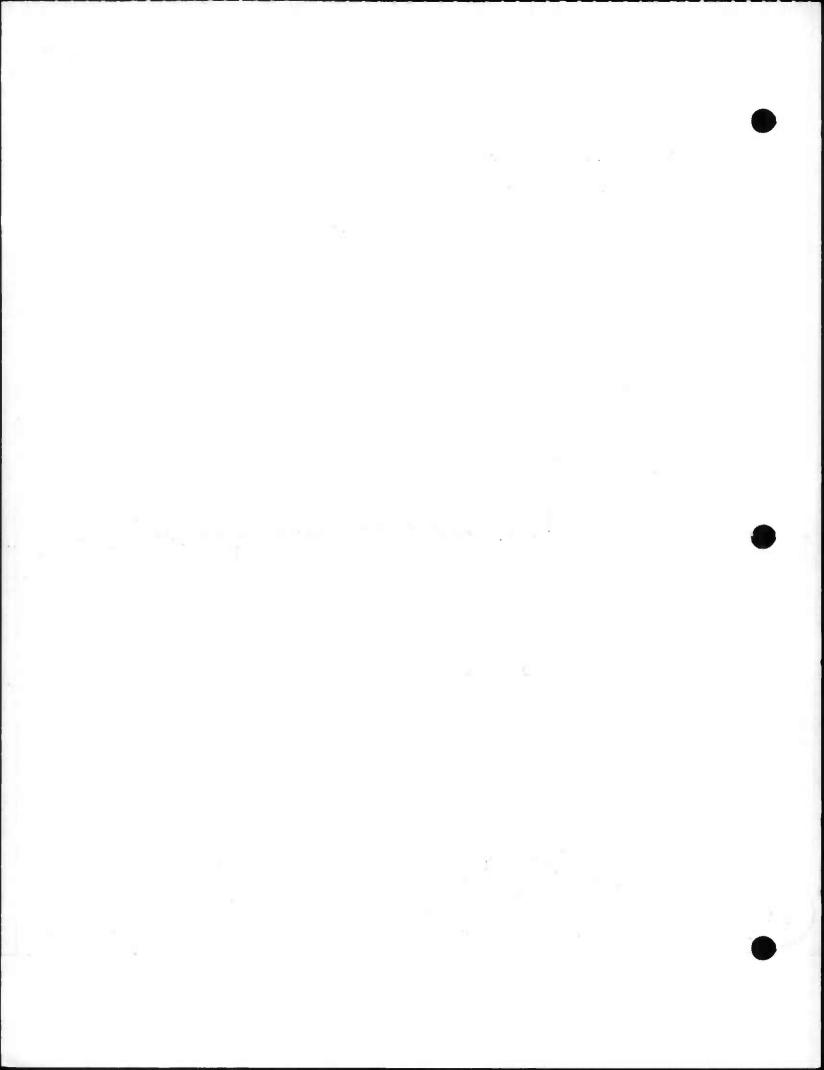
3	
P	:
9	
2	
2	
Š	ı
3	ľ
E	H
9	1
8	
90	-
5	1
60	
0	
the	1
60	4
5	
ĕ	3
	20.00
	4
cuted with	1
*	1
9	1
3	4
96	1
0	1
Δ (i)	1
te	1
E.	-
92	į
4	3
33	1
ŏ	
9	4
100	j
=	3
63	1
Š	-
8	1
*	i
10	1
9	4
-	1
S	9
0	3
8	
표	1
5	
Z	8.44
2	è
H	Ě
A	E
B	9
HE HOSPITAL OR ATTENDING PHYSIC	of Property Constitution and Lands have been decreased by the state of
×	4.0
9	1
ğ	111
ш	L
T	-

2. DATE OF DEATH 3. TIME OF DEATH YEAR 1995 Darbara 3:00 PM homas Anvary 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 4/27/1923 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 - M 2 X 218-12-5173 71 YRS. Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Howard County General Hospital Columbia Howard RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Howard Jessup 1 TES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8278 Mission Road be detached for use as the burial-transit 20794 USA hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2X NO Specify: White Specify: BΥ 3 🕅 Widowed 4 🗌 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) Ø Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) notified at John L. Ways BE Edith Maria Allmond 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Grimes 971 Old Woodbine Road, Woodbine, Maryland 21797 page be 20a. METHOD OF DISPOSITION
1 Durisl 2X Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Baltimore-Washington Crem 1/14 Laurel, Maryland examiner 21. SIGNATURE OF FUNERAL SERVAN 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. LICENSEE 7601 Sandy Spring Road, Laurel, MD 20707 removal. medical 23. PART I/Enter the diseases, pr Complications the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart faile intarval Between ō IMMEDIATE CAUSE (Final Onset and Death cremation, the (DACIMOMA disease or condition resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF nding physician and con Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST signed by the atter Health and Mental 23 shows any injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item State | EXAMINER? HOSPITAL OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA irsing Home 5 - Rasidence 6 - Other (Specify) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED is marked. with w 1 Natural 1 YES 2 NO Investigation After t death BY Accident 28a. PLACE OF INJURY — At home, farm, streat, fectory, offica building, etc. (Specify) 3 Suicida 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be COMPLETED hours after Item 28 4 Homicide 29a. CERTIFIER riedge, daeth occurred at the time, data and place, and due to the cause(a) and manner as stated. D THE FUNERAL I be fled within 72 h (Check only one) and place, and due to the cause(s) and manner as stated. BE 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020 NOING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

THYONG PHYSICIAN: The law requires that the death certificate be executed withher fours after death. Page 6 may be retained by the hospital or attending physician.

The After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached or Neatth and Mental Hygiene prior to burial, cremation, or removal.

It is marked, or New 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) STEVEN	BERNARD	Т	THOMAS 2.1		AV YEAR 15 95		
	4. SOCIAL SECURITY NUMBER 217-70-8595	White (ii) you had brillooy) is broken t Year is under 25 mins. (March Day March				8. BIR Cou	THPLACE (State or Foreign nitry) RYLAND	
E E	9a. FACILITY NAME (If not institution, give s KIMBROUGH ARMY	street and number)		TOWN OR LOCATION OF D		9c. COUNTY OF		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10d. INSIDE CITY					
	MARYLAND AM	NE ARUNDEL	10c. CITY, TOWN OF	EVERN		1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 1870 ARWELL COURT			101. ZIP CODE		13 - 1 - 1 - 1 - 1	WHAT COUNTRY?	
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARME		20703 AS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	USA or No — 14. RA	CE — American Indian,	
ВУ	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES		yea, specify Cuban, Mexico YES 2 X NO Specific			eck, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed) (Give	EDENT'S USUAL OC kind of work done do to NOT use retired)	CUPATION uring most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	OSCAPER		MARYI	LAND STA	TE	
CO	17. FATHER'S NAME (First, Middle, Last) ARTHUR W. THOMAS				AME (First, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. !	MAILING ADDRESS	GERTRUI	DE MILES Aoute Number, City or Town	n, State, Zip Code)		
10	ROBERT L. THOMAS			KEY BOTTOM			LAND 20723	
	20a. METHOD OF DISPOSITION 1X Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) MT - ZION CHURCH CEMETERY 1/21 LAUREL, MARYLAND							
-	21. SIGNATURE OF FUNERAL SHAVICE LE		22. N	AME AND ADDRESS OF FA	CILITY FLECK F	UNERAL	HOME, INC.	
	/ Calal	20 Venda		01 SANDY SP			MD 20707	
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. STAB WOWN DUE TO (OR AS A CONSEQUI	P OF	CHEST	th ea cerdlec or reepli	ratory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury							
ERTIF	that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):					
	PART II. Other eignificent condition	a contributing to death but not ree	uiting in the und	ierlying ceuse given in	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
PHYSICIAN: MEDICAL					1 X YES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1°SEVES 2 NO	
N.		RIBUTE TO CAUSE OF DEATH			N 🗆			
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 5/2/YES 2 NO	26. PLACE (HOSPITAL: 1 Inputient 2 ER/Outputient 3	OF DEATH (Check or		8 Other (Cosella)			
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day Year)	28b. TIME OF	tec. INJURY AT WORK?	28d. DESCRIBE HOW IN	NJURY OCCURED		
2 Accident Investigation 200 PLACE OF IN HERY AND AND AND AND AND AND AND AND AND AND							- Route Number	
4 Homicide detarmined building, etc. (Specify) Armicide City or Town, State) 1870 Armely							EVERN, MP	
MPL		CIAN: To the best of my knowledge, death R: On the basis of examination and/or inve					(a) and manner as stated	
w II	290. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUI			D (Month, Day, Year)	
TO B	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALLS OF STATE OF	TA (Xm. 22-	0.C.M	1.E.	▶ JAN	16,1995	
	MARIO F. GOLL	e, JR MP 11		Street, I	Baltimore	, Mary	land 21201	
	JAN 2 0 1995 Jul	P, REGISTRAR SIGNATURE						

Items: 23 part I,27,28a,b,c,d,e,f per MEO G-7202/2/95 reb

		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT			MENTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR 3	3. TIME OF DEATH
		ALBERT 4. SOCIAL SECURITY NUMBER	WILLIAN			RIÇE		JAN 18	1995	5	2:55 PM
		216-74-1767	5. SEX 8. AGE ((In yrs. last birthday) YRS,			UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
3 should	. 1	9a. FACILITY NAME (If not institution, give s			9b. CITY, T	OWN OR L	OCATION OF DI	JANUARY 17		TY OF DEA	MARYLAND
1, 2, 3 s	TOR	1625 BEASON S	TREET		BAL	ТТМО	RE				
permit. Pages	DIRECTOR	10e. STATE 10b. COUNT	Y	1	TY, TOWN OR TIMORE						IOd. INSIDE CITY LIMITS?
oermit.	AL	10e. STREET AND NUMBER					CODE		10g. CITIZ		AT COUNTRY?
isi	FUNER	1625 BEASON STREET						21230	US	Α	
21215-0020 al or attending physician. for use as the burial-transit	BY	11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XX10	If y		Cuban, Maxica	NC ORIGIN? (Specify 'n, Puerto Rican, etc.)	les or No	14. RACE - Black, 1 Specify:	- American Indian, White, etc. WHITE
	日	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S	work done dur		working	16b. KIND OF E	USINESS/INDU	ISTRY	
AND 21 the hospital or detached for u	COMPLET	Elementary/Secondary (0-12) 8TH	College (1-4 or 5 +)	life. Do NOT		A.P.			OUTDOT		
AND 2. The hospital of detached for	NO.	17. FATHER'S NAME (First, Middle, Last)		LUNGE	SHOREMAN		MOTHER'S NA	ME (First, Middle, Mald	SHIPPII on Surname)	VG.	
A be	BE C	ALBERT W. TRICE, S	R.				NANC	CY GOOD			
MAR e retained 5 5 should notified	5	196. INFORMANT'S NAME (Type/Print)GLORIA TORRES						Noute Number, City or T		23456	
May be		20a, METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rem	oval from State	PLACE AND DATE	OF DISPOSITI			DATE 20c. I	LOCATION C		n, Stata
MOR age 6 ma director, p		4 Donation 6 Other (Specify)	G	REEN MOUNT	CREMAT		JANUARY DDRESS OF FA	,23, 1995	BALT	IMORE	CITY
BALTIMORE, MARYLAND after death. Page 6 may be retained by the hospita by the funeral director, page 5 should be detached innoval.		10010	Joseph		150 150	HARLES	L. STEV	ENS FUNERAL	ORE MD 2	21230	
nin 24 hours af tely filled in by nation, or rem I, the medic		23. PART I. Enter the disesses, or ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	COCAINE AND N	sch line.	NTOXICA		of dying, auc	h as cerdiac or res	piratory arre	nt,	Approximats Interval Batween Onset and Death
	NO	Sequentially list conditions,	bDUE TO (OR AS A								
SOX 68 stee be execute ysician and coprior to burier to the purior to the purior to the purior to the steep t	CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c.	CONSEQUENCE)r):						
, P.O. B eath certificate attending physical Hygiene pr	CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):						
S, e dead Wents		PART II. Other significent condition	e contributing to death h	ut not resulting	In the unde	arlulas on	use sheep to	Dord I Day 1990	III ALITOROV		
RECOR	V: MEDICAL	DID TOBACCO USE CONTI					UNCERTAIN	PERF	AN AUTOPSY ORMED? 2 NO	C	WILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO
TAL The law are bas whe Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	ATH (Check onl						
CIAN Briffica Br fb	IXSI	YES 2 NO	1 - Inpatient 2 - ER/Outp				Δ	8 Other (Specify)			
N I I I	ву Рн	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year) FOUND: 1/18/9	found	JURY '	Bc. INJURY WORK? 1 YES	2)(]) NO	Unknown	INJURY OCCU	RED	
NISIO	ETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	At home, ferm, Home		y, offica		261. LOCATION (Stree City or Yown, Stat 1625 Beason	ta)	r Rural Rou	rte Number,
HOSPITA OFF FUNESAL OFF WITHIN 72 OFF	COMPLI		CIAN: To the best of my knowl R: On the bests of examination								nd menner as atated.
TO THE HUSSPEE TO THE FUNES DE SIND WILDIN :	띪	29b. SIGNATURE AND THELE OF GERTIFIER	19 W				LICENSE NUN				fonth, Day, Year)
比 B W ■	일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE				O.C.M			AN]	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE	nn St	tree	t, Ba	ltimore,	Mary	land	1 21201
		JAN 2 0 1995 g	the Devoler Re	dally							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

MORROW

JAN 2 0

AND 21215-0020	the hospital or attending obseigned
ND	boenital
LA	the
>	ž
, MARYL	ratainac
111	2
3	Pane 6 may
0	8
Σ	Pani
BALTIMORE	death
m	affar
	hours
	200
9	1 with

DIVISION OF VITAL RECORDS, P.O. BOX

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or named	0
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of	MPORTANT: If Item 28 is marked, or item 23 sho

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Andrew George Uhl Arrel er 4:07 AM January 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 213 05 3337 1X M 2 F 77 DAYS HOURS YRS 10 07 17 Md. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hopkins Bayview Medical Center DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Dundalk 1X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1248 South 48th. Street 21222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 □ YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY Specify 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
fishes kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Factory Work Steel 17. FATHER'S NAME (First, Middle, Last)
George Uhl 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Dotterweich BE Viola M. Uhl MANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 1248 S.48th. St. Balto., Md. 21222 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Sacred Heart of Jesus Cem 1-23-95 4 Donation 6 Other (Specify) Dundalk, Md. 22. NAME AND ADDRESS OF FACILITY
Charles S.Zeiler & Son Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lalen . A 6224 Eastern Ave. Baltoi, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Batwe IMMEDIATE CAUSE (Final Onset and Death disease or condition . End-Stage Lung Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF) b. Severe Pulmonary
DUE TO (OR AS A CONSEQUENCE OF): Hypertension CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inputient 2 ER/Outputient 3 I DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29e. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. COMPL 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 296 SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d. DATE BIGNED (Nighth, Day, Year) MS 95 6

JOHNS HOPKINS

BALTIMORE, MARYLAND 24

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	notified
	pe
	must
al.	examiner
remova	medical
9	Ē
ation,	the
, crem	event.
bunial o	natic
prior to	other traumatic
ental Hygiene	other
H	0
1 Menta	injury.
æ	À
lealth ar	5
00 H	shows
Dept.	3
State	or Item 2
he	6

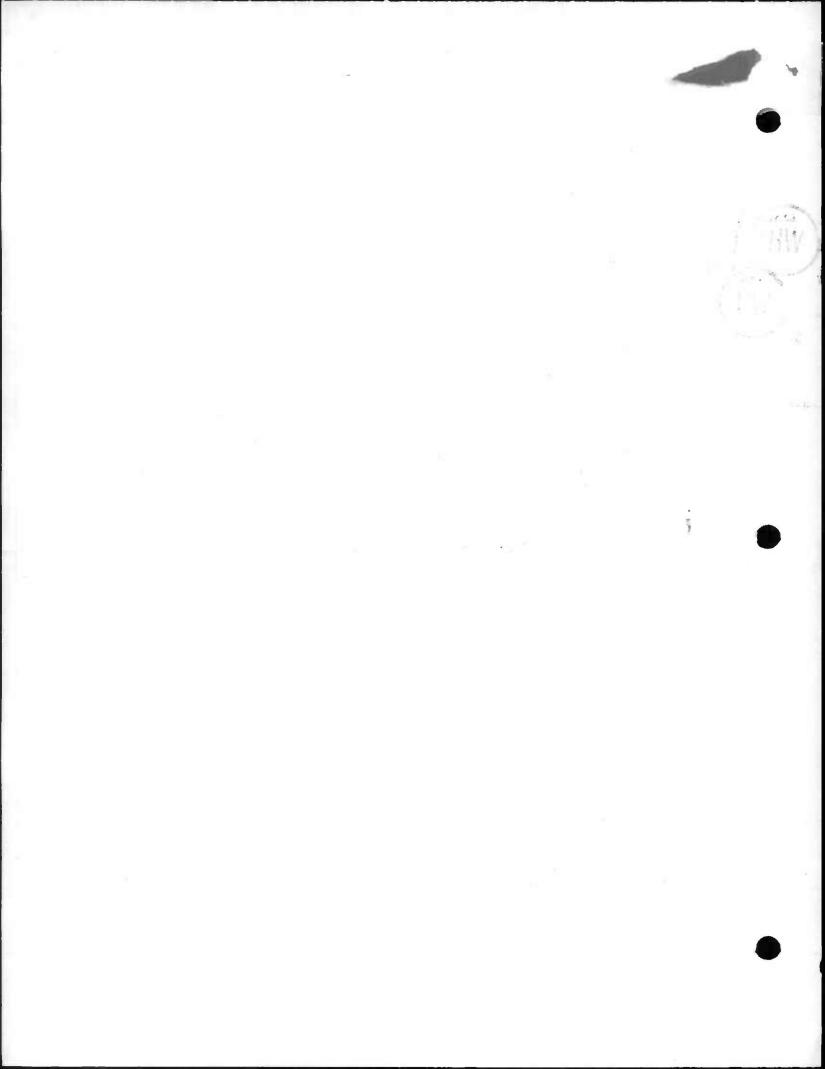
31. DATE FILED (Month, Day, Year)
JAN 04 1995

Walken

Ker M. 600 32. REGISTRAN'S SIGNATURE

-							7	13 01404
	TOR SIFTE REGISTRAR	STATE OF MARYLA		TMENT OF				
	t. DECEDENT'S NAME (First, Middle, Last)		CENTIFI	CATE OF	DEATH	REG. NO		3. TIME OF OEATH
	MICHAEL RY	AN VALL	.E			JANUARY 2	2, 199 ⁸	EAR
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	219-13-7242		11 YRS.	MONTHS DAYS	HOURS MIN.	MAY 3,19		MARYLAND
00	9a. FACILITY NAME (If not institution, give st	38- 110-27			OR LOCATION OF DE		9c. COUNTY	
2	THE JOHNS HOPK	INS HOSPITAL		BALI	IMORE CIT	Υ	CI	TY
DIRECTOR	10e. STATE 10b. COUNTY		t0c. CITY	, TOWN OR LOCA	TION			tod. INSIDE CITY
	MARYLAND	CARROLL		WEST	INSTER			1 TES 2 NO
PUNERAL	100. STREET AND NUMBER 522 GENEVA DR.			11	of. ZIP CODE	7	-	N OF WHAT COUNTRY?
뿐	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	I & ADMED	10 400 00	21157	HC ORIGIN? (Specify Yes	USA	
BY FC	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2X NO	If yes, s		n, Puerto Rican, etc.)	or No- 14.	. RACE — American Indian, Black, White, atc. Specify:
	15. DECEDENT'S EDUC	PATION	ISO. DECEDENT'S		-	T		WHITE
ETE	(Specify only highest grade			ork done during m		16b. KIND OF BUS	SINESS/INDUST	TRY
P	6	Conege (1-4 or 5+)		STUI	DENT	EDUC	ATION	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
BE		NEST ROBER				MARIE D		
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	ERNEST R. VALLE		LACEANDDATEO			STMINSTE		
	t Buriel 2 Cremation 3 Remo	ovat from State cemet	ery, cremetory or oth	her plece)				y or Town, State
	21. SIGNATURE OF PUNERMA SERVICE LICE		SADOW E		CEM. 1/	CILITY		ISTER, MD.
	1/1/1/1904			254	E MATN			NERAL HOME
	23. PART I. Enter the disease, or c	omplications that caused f	he deeth. Do n			ST., WES		
	ahock, or heart fellure. I IMMEDIATE CAUSE (Final	List only one ceuse on eec	h line.		,		,	Interval Between Onset and Death
-		DUE TO (OR AS A C	1 hem	artheas)			24 hours
	Total III addition	DUE TO (OR AS A C	ONSEQUENCE OF):				
N O	Sequentially list conditions,).						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):				
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):				
ERT	reaulting in death) LAST	ı						
3.4	PART II. Other significant conditions	s contributing to death but	not resulting in	the underlyin	O cause given in	Part I. 24s. WAS AN	AllTopey	24b. WERE AUTOPSY FINDINGS
MEDICAL					g casas grown	PERFOR	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
4ED						1 YES 2	P(NO	OF DEATH?
ž	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YES	S D NO D	UNCERTAIN	10		1 TYES 2 W NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:								
PHYSICIAN:	t X YES 2 □ NO	1 Nopetient 2 ER/Outpet	lent 3 🗆 DOA		ne 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1 ANetural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY W	JURY AT DRK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY —	At home, farm, st		YES 2 NO	281. LOCATION (Street a	and Strombon on I	Book Book Monto
	4 Homicide 8 Could not be	building, etc. (Specify)	reet, idetory, orin		City or Town, State)	na Number of F	turar Houte Number,
LE LE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	ige, death occurred	at the time. det	and place and due	to the cause(e) and man	mer se etete-	
COMPLETED		1: On the basis of examination a						nuse(a) and manner as stated.
w l	296. SIGNATURE AND TITLE OF CERTIFIER	01			29c. LICENSE NUM	IBER	29d. DATE SI	GNED (Month, Day, Year)
0 8	L. Kyle Was	Cher MD			0368	33	> 1/3	3/95
⊢ [30, NAME AND APPRESS OF PERSON WHO	COMPLETED CALLES OF DEAT						

Baltimore



		1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last) ELLA	Ε.	WIG	GINS		JANUARY I	6, 19 9 5	3. TIME OF DEATH 2:15 P M
2		4. SOCIAL SECURITY NUMBER 218-28-7224	1 □ M 2XXF 6	yrs. leat birthday) O yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH AUG. 17, 1	934 DE	IRTHPLACE (State or Foreign
2, 3 should	TOR	90. FACILITY NAME (If not institution, give et THE JOHNS HOPKI				ORE CITY	EATN	9c, COUNTY O	n/a
l. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	n/a	10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? X YES 2 NO
n. Insit permit.	ERAL	100. STREET AND NUMBER 1823 E. LAFAYET	TE AVENUE		101	ZIP CODE 212133	21213	109. CITIZEN C	OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 VNO TES		ocify Cuben, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		RACE — American Indian, Slack, White, atc. Specify: BLACK
20 %	APLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mose retired.) HEALTH	AIDE	FAMILY	CARE	INC.
IYLAND S 1 by the hospital d be detached to d at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) ROGER W. S	СОТТ				ME (First, Middle, Meiden ZABETH CO	Sumame) URSE	
RE, MAR ay be retained page 5 should t be notified	TOE	190. INFORMANT'S NAME (Type/Print) SANDRA GARN		196. MAILING 1823	E. LAF		Avenue, City or Yow AVENUE, BA		, MD 21213
ALTIMORE Seath. Page 6 may funeral director, pa		20e, METNOD OF DISPOSITION 1 (2) Burlel 2 Cremption 3 Remo 4 Donation 6 9ther (Specify) 21. SIGNATURE OF BUYERAL SERVICE LICE	/]A	RBUTUS"	OF DISPOSITION (No	L PARK	1 20 ARB	UTUS, M	The state of the s
- 0 - 0		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. c. march fh1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximate							
7 60 ed within 74 hours ompletely filled in bil, cremation, or rer event, the media		IMMEDIATE CAUSE (Final	ist only one cause on each of the course on the course on the course on the course on the course on the course of	ch Ilna.					Approximata Interval Between Onset and Death
P.O. BOX 68 th certificate be executed by the physician and all Hygiene prior to bur or other traumatik	CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (
DS, the de the al d Ment	MEDICAL C	PART II. Other algorificant conditions	contributing to death bu	t not resulting	in the underlying	j cause given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	AN: M	DID TOBACCO USE CONTR			S NO [UNCERTAI	N 🗆		1 U YES 2 NO
CIAN: The ertificate the State	PHYSICIAN:	EVALUATION -	HOSPITAL: Inpetient 2 - ER/Outpet	tlant 3 🗆 DOA	OTHER: 4 Nursing Nom-		6 ☐ Other (Specify)		
ON OF DING PHYSI After this of death with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 V	RK? 'ES 2 NO	28d. DESCRIBE NOW I		
DIVISION OR ATTENDING F DIRECTOR: After thours after death item 28 is mar	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	у)			261. LOCATION (Street of City or Town, State)		ral Route Number,
D THE HOSPITAL O TO THE FUNERAL DI Se filed within 72 ho	COMPL	one) 2 MEOICAL EXAMINER	CIAN: To the best of my knowle 3: On the basis of examination						se(s) end menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 important: If i	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	mya	n a	M	29c. LICENSE NUI	o90	29d. DATE SIGN	NEO (Month, Day, Year)
			COMPLETED CAUSE OF DEAT	TOWE		John	ns Hopk	films t	tosp.
		31. DATE FILEO (Month, Day, Year) JAN 2 0 1995	32. BEGGERANS SIGNAT	or harlett					

ALTERNATION SECTIONS

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 47 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

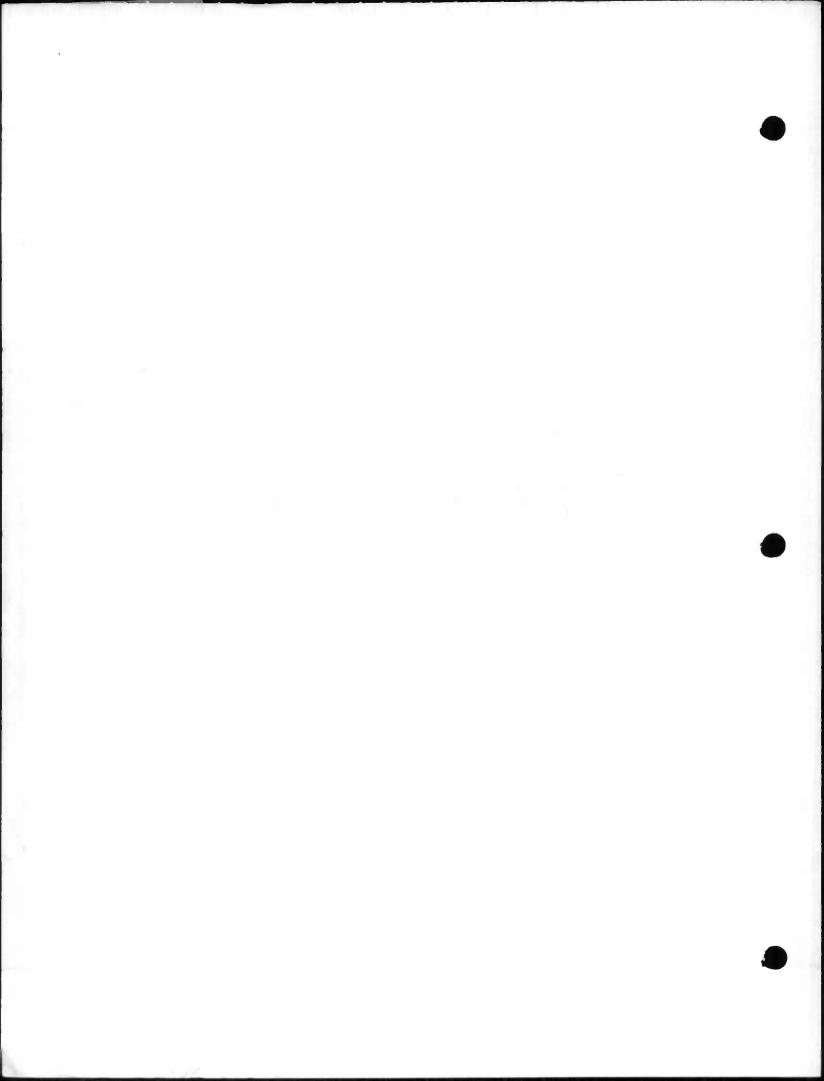
	REGISTRAR		CERT	IFICAL	F OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			3. TIME OF GEATH		
	ALLEN				Tal	EST	JAN	17 199	YEAR	8:10P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthde	By) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN		HPLACE (State or Foreign		
	218-22-1782	1 MM 2 □ F	6.4 YRS	MONTHS	DAYS	HOURS MIN,	(Month, De	25,1930	Count	ttry)		
	9a. FACILITY NAME (If not institution, give a		0.4						_	Md.		
œ						OR LOCATION OF DE		9c. COL	UNTY OF	DEATH		
FUNERAL DIRECTOR	2148 W. FAYETT	E ST.		B	altı	more Ci	Lty.					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,										
8			10c.	CITY, TOWN						10d, INSIDE CITY LIMITS?		
□	Md.			Bal	timo	re			1 YES 2 NO			
4	10e, STREET AND NUMBER				10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
8	2223 W. Fayet	te St.			21223					. 7		
3	11. MARITAL STATUS	12. WAS DECEDENT EX	VER IN U.S. ARMED	11:	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea					U.S.A.		
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	"	It yes, sp	ecify Cuban, Maxica	n, Puerto Rica	n, etc.)	Blac	ck, White, atc.		
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR OATES		1 YES	2 NO Specify	/:		Spec	Black		
	15. DECEDENT'S EDUC	CATION	16a. DECEDEN	T'O HOHAL	000000170	201			1	22001		
H۱	(Specify only highest grade	completed)	(Give kind	of work don T use retired	e durina ma	est of working	166. KII	O OF BUSINESS/IN	OUSTRY			
ا ٿِ	Elementary/Secondary (0-12)	College (1-4 or 5+)			,							
F	12		Ins	spec	tor			Can				
COMPLETED	17, FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Midd	le, Maiden Surname)				
	Herman West					Ha7	el Gi	les				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING AODRE	SS (Street =	and Number or Rural F			in Code			
2	Muriel West									03.055		
1										1. 21229		
	20s. METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Rame	oval from State	20b. PLACE AND DA cemetery, cremetory	or other plan	e i		OATE	20c. LOCATION —	City or T	own, Stata		
	4 Donation 5 Other (Specify)		Garriso	on Fo	ores	t V.A.J	an24,	95 Ba	alto	. Md.		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC		- 0		NAME A	ND ADDRESS OF FA	CILITY					
	× 01/2	P his	udais							al Service		
	- Care of	C. 100	1		170	l McCul	loh S	t. Balt	.0.	Md. 21217		
	23. PART I. Enter the diseases, or cashock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	Liet only one ceuse. Tunsh	AS A CONSEQUENCE	ind		te H	0		1332	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST											
	PART II Other elegificant condition	a annielle stern to de										
EDICAL	PART II. Other algolificant condition	e contributing to dec	eth but not resultir	ınderiyin	g ceuse given in	Pert I. 24	PERFORMED?	246	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
용Ⅱ							_ 1	YES 2 NO	COMPLETION OF CAUSE OF DEATH?			
							- i					
2	DID TOBACCO USE CONTE	SIBLITE TO CALIS	E OF DEATH	YES 🗆	NO F	UNCERTAIN				YES 2 NO		
A	25. WAS TASE REFERRED TO MEDICAL	CEUTE TO CAUS	28. PLACE OF D		_	UNCERIAI	7 LJ			/		
2	EXAMINER?	HOSPITAL:		OTHE								
S I	2 NO ≥ □ NO	1 - Inpatient 2 - ER				e 5 🗆 Rasidence	6t Other (Sp	pecify) BAR				
PHYSICIAN:	2) ANNUA OF DEATH	28a. OATE OF INJI (Month, Day, Y		TIME OF	28c. INJ	URY AT	28d. DESCRI	BE NOW INJURY OC	CUREO	_,		
B	2 Accident Investigation	Found 1/1	7/90 19	57-4		ES 2 NO	Sul	ict !	sho	/		
	3 Suicide 8 Could not be	28a. PLACE OF IN	JURY — At home, terr	m, street, ta	ctory, office		281. LOCATIO	N (Street and Numbe	er or Rural	Route Number,		
ĕ I	4 Humicida detarmined	building, atc.	(Specify) bar				2-148		-11	- ch		
COMPLETED	29s. CERTIFIER								relle	8/ rees		
<u>a</u>	(Check only	CIAN: To the best of my								attimore, Mary!		
8	one) 2 MEDICAL EXAMINE	R: On the beals of exami	ination and/or inveatig	ation, in my	opinion, d	eath occured at the	time, data and	place, and due to t	he cause(a) and manner as stated.		
	296. SIGNATURE AND TUBLE OF CERTIFIER											
96	1/2 /2	1				29c. LICENSE NUM	IDER			D (Month, Day, Year)		
2	Theore II	14nd	M.D			0.C.	M.E.	J	AN]	18, 1995		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CANSE O	F DEATH (ITEM 27) (7	ype, Print)								
	THEODORE MI	Kire	111 Penr	n St	reet	, Balti	more,	, maryla	and	21201.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
	JAN 2 01995 Fa	la Davelson										
	JAIY W U 1333 72	and an unmarked .	-									

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 247.00 to the funeral director, page 5 may be retained by the burial-transit permit. Pages 1, 2, 3 should TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
--

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF HEALTH	AND MEN	TAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, La Howard Ande:	rson Walters			2. D	ATE OF DEATH	, 1§	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-03-9291	1 X M 2 □ F 93		FUNDER 1 YEAR IF UNDER ONTHE DAYS HOURS	24 HRS. 7. D/	ATE OF BIRTH fonth, Day, Year)	0.	BIRTHPLACE (State or Foreign Country) Maryland			
10R	9a. FACILITY NAME (If not institution, gharyland Masoni			b. CITY, TOWN OR LOCATION COCKEYSVILLE			Balt	of DEATH imore			
DIRECTOR	10a. STATE 10b. COU	timore		TOWN OR LOCATION CEYSVILLE				10d. INSIDE CITY LIMITS? 11 YES 2 NO			
FUNERAL	300 Internationa	l Circle		101. ZIP CODE 21030			U.S.	OF WHAT COUNTRY?			
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE:	2 X NO	13. WAS DECENDENT O	F HISPANIC OR n, Maxican, Pua Specify:	IGIN? (Specify Yes rto Rican, etc.)	or No 14	RACE — American Indian, Black, White, atc. Specify: White			
LETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	college (1-4 or 5 +)	Itte. Do NOT use i	k done during most of workin etired.)	9	16b. KIND OF BUS		TRY			
at once.	/ Years 17. FATHER'S NAME (First, Middle, Last)	[S	uperviso			Teletype	_	ations			
111	John Walters			Mo1	ly Sew	ard					
10 TO	19a. INFORMANT'S NAME (Type/Print) Howard H. Walter	rs		enwood Shoal							
et be	20s. METHOD OF DISPOSITION 1 Å Burlel 2 ☐ Cremetion 3 ☐ Re	20b.PL	ACE AND DATE OF	DISPOSITION (Name of				or Town, State			
Ē	4 Donation 5 Other (Specify)	Mt.	'Olivet	Cemetery	Jan .		imore	, Maryland			
ial examiner must be notified	Thoms ()	oseph Box		Mitchell- 6500 York	Road,	Baltimo	ore. M	D 21212			
vent, the medical	23. PART I. Enter the diseases, of ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition reaulting in death)	e. List only one cause on each a. Myocard Due to (or as a co	i line.		ng, such aa c	erdiac or reapir	atory arrest	Approximate interval Between Onset and Daath			
other traumatic event, TIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
5 E	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
를 를 본	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Congrestive heart failure 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF GAUSE										
shows any	<u>Congestive</u>	Weart tailm	2			1 - YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
red, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE	ATH (Check only	r one)					
HYS H	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetie		THER: Nursing Home 5 Ref		ther (Specify)	HIEV COCHE				
marked, BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR			JESCHIBE HOW IN	JOHY OCCOR	EU			
m 28 ls	3 Suicide 8 Could not b	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stre	et, factory, office	28f. L	OCATION (Street an lifty or Town, State)	nd Number or I	Rural Route Number,			
COMPLE	2 MEDICAL EXAMI	SICIAN: To the beet of my knowledg	e, death occurred and/or investigation,	it the time, data and pleca, in my opinion, death occurr	end due to the	cause(e) and mann	ner se stated.	IUse(a) and manner as stated.			
A S	SIGNATURE AND TITLE OF CERTIF	breiner mo)	040	NSE NUMBER		1 4	GNED (Month, Day, Year) 8 \95			
-		CIYLLY 1205		d Ste 32C		rville 1					
	JAN 2 0 1995	32. REGISTRAR'S SIGNATURAL STRUCTURE PROPERTY AND STRUCTURE PROPERTY OF THE STRUCTURE PROPERTY O	RE								



INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

im 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	١
	J
ζ	
9	
7	
ř	
_	
<	
)	
ñ	
ш	
J	
١.	
'n	
2	
2	
ב	
7	
ζ.	
ш	
ı	
7	
4	
=	
5	
_	
)	
)	
)	
	SIGN OF VIEW RECORDS, P.O. BOX 667 60,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician
TO THE TOTAL ALE THIS CERTIFICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	led in by the funeral director, page 5 should be detached for use as the burial-trans
MONTARTY of 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AR	
1 2	1. D	ECEDENT'S	NAME	(F)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

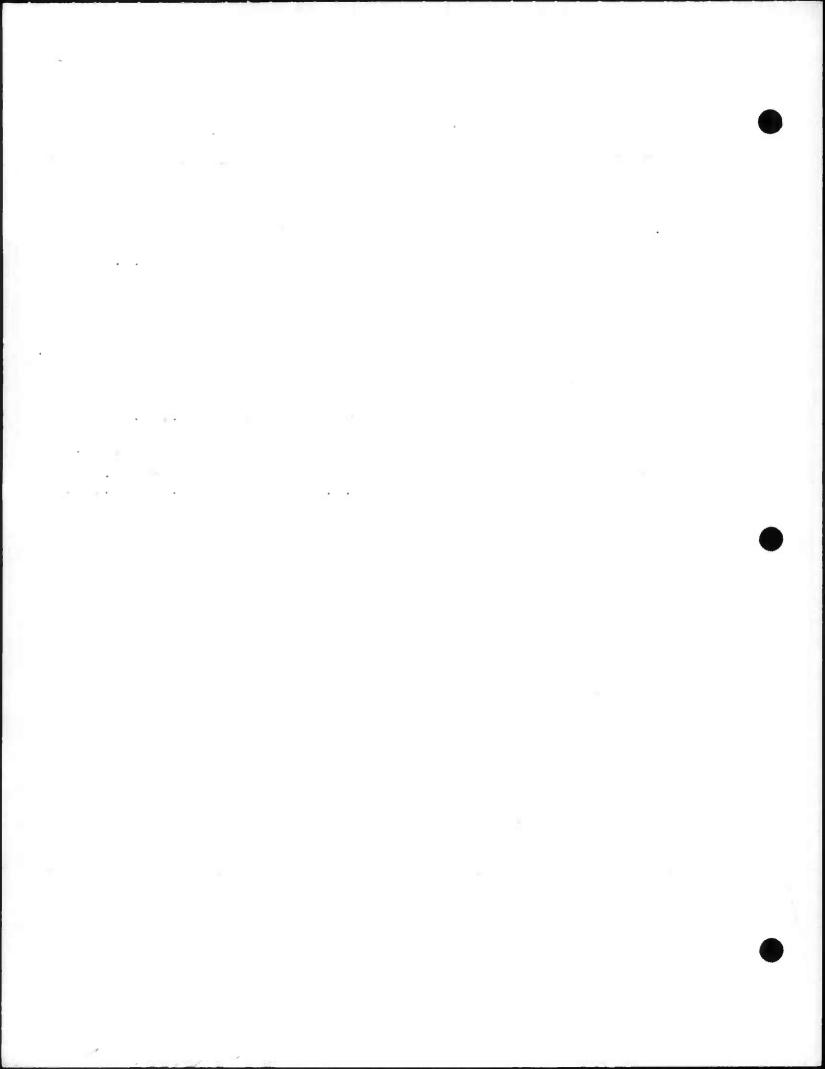
_	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) Harry Wilson 2. Date of Death Month Day Year 01 11 45 8-30 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE /in yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Harl) 8. BIRTHPLACE (State or Foreign Months) NOTY AND STATE 1. STATE OF BIRTH (Month, Day, Harl) NOTY
DIRECTOR	Bon Secour Hospital Baltimore Residence of Decedent 8. COUNTY OF DEATY Baltimore
	Mary and 106. COUNTY Baltimore 10d. INSIDE CITY LIMITS? 1 1 Yes 2 No
FUNERAL	2450 Frederick Ave. 21223 10g. CITZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—II, yes, specify Cyban, Mexican, Puarto Rican, stc.) 14. RACE — American Indian, Black, Whita, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—II, yes, specify Cyban, Mexican, Puarto Rican, stc.) 16. Page 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—II, yes, specify Yes or No—II, yes, specify Yes or No—II, yes, specify Yes or No—III, yes, specify
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT yes regired.) 16b. KIND OF BUSINESS/INDUSTRY
MPL	8 O Odd Johs
BE CO	17. FATHER'S NAME (First, Middle, Leet) Un nown 16. MOTHER'S NAME (First, Middle, Melden Surname) Un nown
10	Dorothy Richardson 205 S. Catherine St. Balto, Md. 21223
	20a. METHOD OF DISPOSITION 1 V Burlet 2 Cremetton 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery) for ratio or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery) for ratio or other place)
	22. NAME AND ADDRESS OFFICIALTY STUDENT HOME 30. SEPH L. RUSS Funeral Home 22. NAME AND ADDRESS OFFICIALTY 30. SEPH L. RUSS Funeral Home 22. NAME AND ADDRESS OFFICIALTY 30. SEPH L. RUSS Funeral Home 22. NAME AND ADDRESS OFFICIALTY 30. SEPH L. RUSS FUNERAL HOME 22. NAME AND ADDRESS OFFICIALTY 30. SEPH L. RUSS FUNERAL HOME 30. SEPH L. R
	23. PAIT . Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, heart failure. List only one cause on each line.
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Stoke
Z	Due to (or as a consequence of): Bilateral Phaumonia
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING ACUTE REVIOUS Failure CAUSE (Disease or injury)
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST
	d.
PHYSICIAN: MEDICAL	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF REALTY?
ME	1 U YES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Vinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Recidence 8 Other (Specify)
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Naccident Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 VES 2 NO
ETED B	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)
< □	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
BK COM	290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 120 95
2	TOWAN JOHN ZOOD LIBERTY HOTS BOLHIMORE MY 21215
	JAN 2 0 1995 July Devilar Restall

Water to the state of the state 192

	Sit	
E.	Las	
Sici	100	
Ě	à	
0	92	
iệ.	=	
ten	20	
FF.	use	
0	00	
g	P	
So	흥	
63	eta	
6	p a	
5	P	
9	충	
tai	Sh	
5	2	
20	9	
Jay.	2	
10	Ď,	
96	ě	
E	P	
÷	63	
eat	Ę	
5	2	ē
affe	N W	No.
2	9 6	rac
ğ	0	5
7	fille	00
5	~	130
€	ĕ	He.
*	E	2
je je	8	nia
ê	Pul	ā
8	5	3
Ā	icis	god
Eg.	É	0
ţį.	0.0	9
93	£	100
5	ten	1 18
de	22	PILL
96	š	2
#	B	pue
S	8	4
Sã	ig.	Pal
5	E S	Ŧ
5	ee	0
The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending phy	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	len!
9	ž.	0 0
-	35	30

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. OECEDENT'S NAME (First, Middle, Lest) Anna C. Walker 2. Date of Death Month Day Year Jan. 15 95												3. TIME OF DEATH		
		4. SOCIAL SECURITY NUME	(in yrs. lesi	t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. I					7. DATE OF	DATE OF BIRTH 8. BIRTHPLACE (State or Foreign						
2		215-30-53		1 □ M & □	6	3	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, 1	28	31	Ma	Tyland
3 should	oc.	9a. FACILITY NAME (If not in					OR LOCATI		ATH			NTY OF D	EATH			
1, 2, 3	DIRECTOR	3917 Boars		venue		Baltimore										
	REC	10a. STATE		10c. CIT	Y, TOWN								10d. INSIDE CITY			
permit. Pages		MD.			В		imor				LIMITS?					
E Dec	RA	10s. STREET AND NUMBER 3917 Boarman Avenue 10f. ZIP CODE 21215												U.S.		
DZO physician. burial-transit	FUNERAL	11. MARITAL STATUS	man A	12. WAS DECEDEN	N U.S. ARI	MED						Enseity Van			E Amades India	
or of the state of	B	1 Never Married 2 3 Widowed	2 MN ATES	0	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Markean, Puerto Rican, etc.) 1 YES 2 NO Specify:					en, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black					
or after use a	TED	15. DEC (Specify only	(Gh	CEDENT'S	vork done		ION nost of working	10	16b, K	NO OF BUS	SINESS/INI	DUSTRY				
the hospital or detached for u	COMPLET	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		nage	,				Soc	cial	Sec	uri	ty Admn.
he hospit detached	NO	17. FATHER'S NAME (First, M	17. FATHER'S NAME (First, Middle, Last)							18. MOTI	HER'S NAM	ME (First, Mid				
3 6 A	1	Bernard C	_									he Ci		0		
y be retained to age 5 should be notified	10	Estelle W	alker									oute Number, ue Ba				1215
e 6 ma rector, p		20a. METHOD OF DISPOSITION Buriel 2 Cremation 4 Donation 6 Other	(Specify)				MDDATE O			vame of etery	1/	9 5		odla		MD .
death. Pag e funeral di d.		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		CD.	" 0 0 1		NAME /	AND ADDRES	SS OF FAC	HUTY	17	21-2	27 N	Monroe
after dea by the fur moval. Ical exa		DOUTE CFSP #281 E.L. Phillips F/H St. Balto., MD21217 23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate														
ed within 24 hours ompletely filled in il. cremation, or re- event, the mec		ahock, pr h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert tallure.	a. META	57	A ((Approximata interval Between Onset and Death
th certificate be executed physician and if Hygiene prior to burn or other traumating	ERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS	diate NG ry	<u>.</u>			UENCE OF									
that the death hed by the atterth and Mental any Injury, Can's Injury, C		PART II. Other significa	nt condition	s contributing to	deeth b	ut not re	sulting i	n the un	nderlyli	ng ceuse g	lven in F	Part I. 24	a. WAS AN	AUTOPSY	246.	. WERE AUTOPSY FINDINGS
that the led by the and Ire	MEDICAL	COA	941	OPG	- 70	ty							PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
requires the sen signed of Health a	ME															OF DEATH?
law ept.	ä	DID TOBACCO U		RIBUTE TO CA							ERTAIN		_			
f ee f	S	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:			OF DEAT	OTHER	3:		,					
P P P	PHYSICIAN:	27. MANNER OF DEATH		1 Inpetient 2	INJURY	atient 3	DOA DOA		_	me 5 Re		Other (S		UDW OC	cratten	
	BY P		Pending nvestigation	/Month, D	es: West		INJ	M	W	YES 2				190111 001	LUTTED	
OTOR: A after do 28 is	03	3 Dulcide 6 D	Could out be letermined	28e. PLACE O building,	F INJURY etc. (Spec	— At host	ne, ferm, s	truet, fact	ory, offi	Ce Ce		28f, LOCATH City or 7	DN (Street or berri, State)	nd Number	or Rurel A	loute Numbec
HOSPITAL OR J LINERAL CHE OTHER 72 HOURS ANT. IF HERM	COMPLET			CIAN: To the best of t: On the basis of a) and manner as stated.
A MANAGEMENT	TO BE C	296. SIGNATURE AND TITLE	1/6	Su	mo	>				28e. LICE	A.J	89		29d. DAT	E SIGNED	(Month, Day, Year)
	-	A- OSE	1-W	KEN M	SE OF DE	57	27) (Type,	Print)	7-8	754	- H	WE.	PST	74	-m	2/2/2
		JAN 2 0 19	195	,32. AEGISTRA	R'S SAN	Lett				**						



physician.	burial-transit permit. Pages 1, 2, 3 should	
ing	the	
tend	38	
r at	USe	
tal o	10°	
ospl	hed	
9	leta	
10 40	20	
pa	PIP	
etair	Sho	
De r	26 5	
Jay	pa	
9	ctor	
ath. Page 6	dire	
6	hera	
dea	2	
after	y th	maga
MILE	ij.	62
pu +	De li	0
Z UII	ely 1	natio
WITH	plet	Pran
ned	00	n'a
xect	and	bind o
90	cian	or h
cate	hysic	a nois
S-LITE	o Du	Siens
th ce	andir	HV
e death certii	he afte	Mental
0.1	9	×

BALTIMORE, MARYLAND 21215-0020

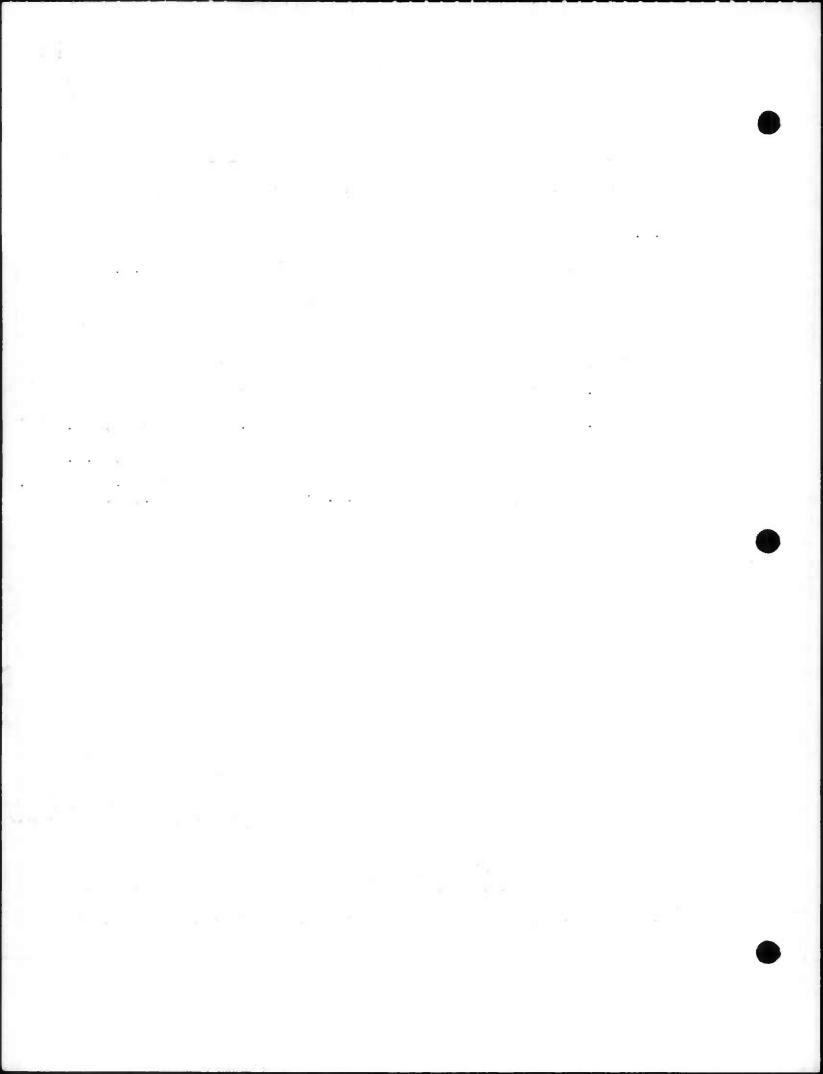
ECTOR. After this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach in after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

12 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHYSICIAN: The law requires that the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	OF MARYLA	ND / DEPART CERTIFIC			MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3.	TIME OF DEATH
	CHRISTOPHER								5ª	10:26
3	4. SOCIAL SECURITY NUMBER 5. SEX 150-76-7100 せるか:	EO 7 7 7 1 0 0 Month, Day, Vear)							BIRTHPLACE (State or Foreign Country) New York	
	9e. FACILITY NAME (If not institution, give street and nut	mber)		b. CITY, TOWN	R LOCATION OF DE			9c. COUNTY		
DIRECTOR	7900 CORIANDER DR	.#101		GAITH	ERSBURG			MONT	GOM:	ERY
H	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10	d. INSIDE CITY LIMITS?
	N.J.			eanecl	Κ				1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER				ZIP CODE					T COUNTRY?
핃	216 Irvington Roa				07666			U.:	5.	
BY FU	Never Married 2 Merried FORCE	ES? 1 YES G, GIVE WAR OR DAT	本 図NO	If yea, sp	ENDENT OF NISPAN polity Cuben, Mexice 2 NO Specify	n, Puerto Ric	Specify Yee an, etc.)	or No— 14.		American Indien, hite, etc. 31ack
	15. DECEDENT'S EDUCATION	11	6e. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. K	IND OF BUS	INESS/INDUST	BY	
	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo retired.)	st of working					
린	12th		Studer	it		На	ampto	on Un:	ivei	csity
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)				16. MOTHER'S NA					
BE	Conrad L. Westerm	an			Chary	lee I	Edwar	rds		
<u></u>	19e. INFORMANT'S NAME (Type/Print)		1		nd Number or Rural I				-	
-	Conrad L. Westerm	an	7922	Coria	ander D	r. Ga	aithe	ersbu	rg,	MD.20879
	20e. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Removal from 5	20b. P	LACE AND DATE OF	DISPOSITION (Na	me of	DATE	20c. LOC	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)	C	edarlaw	n Crei	natory	1/95	Pat	cerson	1, 1	1.J.
	•	O.T.	an "001		D ADDRESS OF FA	CILITY	1721	-27 N	J Mc	nroe St.
	Douth Set		SP #281	ل و بلا و بلا [Phillip	s F/H	H Bal	LtoN	ID.	21217
	23. PART I. Enter the disease, or complication shock, or heart failure. List only of IMMEDIATE CAUSE (Final disease or condition resulting in death)	one cause on eac	IPLE G		WOUNDS		c or reapli	retory arreat		Approximata interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.									
AL 0	PART ii. Other significant conditions contribu	iting to death but	not reaulting in	the underlying	cause given in	Pert I. 2	La. WAS AN			RE AUTOPSY FINDINGS
<u>S</u>						١,	PERFORI	WED!	CO	MILABLE PRIOR TO MPLETION OF CAUSE
							X			DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE 1	O CAUSE OF	DEATH YES	□ NO 🛚	UNCERTAIN	<u></u>				× -
吕	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH							
Z	1 YES 2 □ NO 1 □ Inpet	lent 2 - ER/Outpeti	lent 3 DOA 4	THER: Nursing Hom	5 🗆 Reeldence	6 Other (S	Specify)SC	ENE		
ᇤ	27. MANNER OF DEATH 28e.	DATE OF INJURY Month, Day, Year)	26b. TIME (OF 28c, INJ Y WO	JRY AT RK?	28d. DESCR	IBE HOW IN	JURY OCCUR		20
E E	2 Accident Investigation	16-95	220	_	ES XXNO	SU	BJEC	T SHC	Т	
	3 Suicide 6 Could not be 4 Nomicide datermined	PLACE OF INJURY — building, etc. (Specify)	et, factory, office	,	28f. LOCATI City or	ON (Street at Town, State)	Number or F	lural Route	Nymber Orive
			HOME			gaith	ersburg	monta	corre	Conty mayle
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the b								use(e) en	d manner ee stated.
C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN					onth, Day, Year)
10 8	Dennis Chute M.D 30. NAME AND ADDRESS OF PERSON WNO COMPLET	· tw W.	M. King Denvis Clas	to mal	0.C.					,1995
ı.	THEODORE MIKING	1			L D-1	L 2				21201
		EDISTRAPS SHEAT	Li Penn	Stree	et, Bal	C TWO	e, M	idryla	and	21201

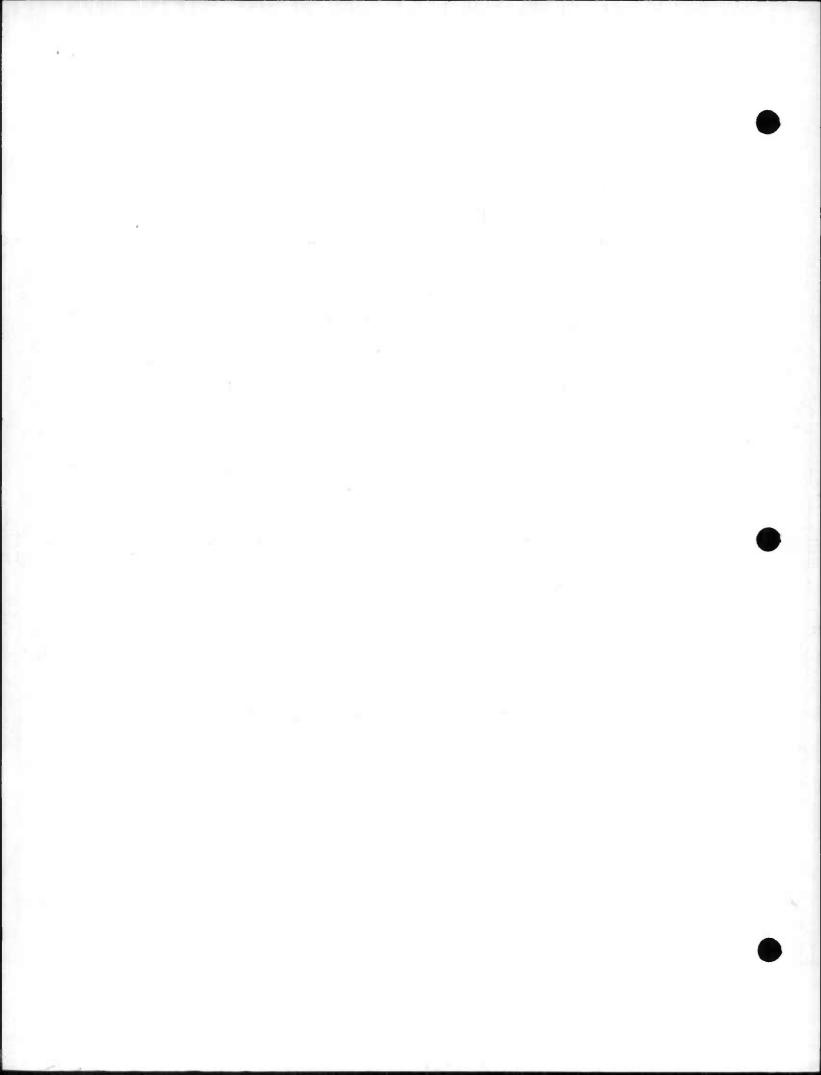


, MARYLAND 21215-0020	or attending obseicion
AND	hoenit
7	4
MAR	retained by the b
шĨ	2
H.	ma
2	a at
Ē	Pan
BALTIMORE	death
0	after
_	house
99	Writt
a.	-

	ď
7	1
BOX 68760	
~	4
~	
_	
×	
\simeq	
8.0	
	1
\circ	ľ
_	
о. О.	4
ທ	1
0	40 . 40
_	9
	ľ
\circ	1
~	
VITAL RECORDS,	
ш	
\mathbf{r}	
7	
Q,	
_	1
	1
>	:
	1
$\overline{}$	1
	1
-	4
_	1
	1
SION OF	the same of the same of the same of

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. NAME (First Middle Last) ECEDENT 2. DATE OF OEATH Jan zu 025 A 5. SEX 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F March Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Morylano paltimore 1 YES 2 NO permit. FUNERAL 100 STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit sten ree WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. 2 Married If yes, specify Cuben, Mexican, Puerla Rid 1 YES 2 WNO Specify: 1 Never Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY detached for ndery (0-12) College (1-4 or 5+) ucking 18. MOTHER'S NAME (First Middle page 5 should be John * BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zin Codel 2 Raltimore Viola Williams 9 METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 1 Suriel 2 Cremetton 3 Removal from funeral director, Maryland Donation 5 Other (Specify) Memorial rsev. 22. NAME AND ADDRESS OF FACILITY Ambrose F. H. of Lansobwne Hammonds Fry. Rd. Lansobwne MD 21227 the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or realizatory arreat, in by ahock, or heart fellure. List only one cause on each line. Interval Between Onset and Death filled IMMEDIATE CAUSE (Finel cremation, the disease or condition_ Some pletely event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING attending physician **CAUSE** (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST ö the atten Mental PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the PERFORMED? MAIL ARLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 YES 2 shows 1 YES 2 NO L. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES X has be Dept. NO I 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate I HOSPITAL: EXAMINER? OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 -DOA 5 Residence 6 Other (Specify) 4 Nursing Home 0 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 報報 Matural 5 Pending investigation 1 YES 2 NO 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide TED 6 Could not be 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the HOSPITAL (TO THE FUNERAL OF FIGH WITH 72 H COMP (Check only one). 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, 296. SIGNATURE AND TITLE OF CHRISTER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Ybar) BE 9 POI 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21201 31. DATE FILED (Morth, Day, Year, 32. REGISTRAR'S SIGNATUR 0 1995 JAN 2

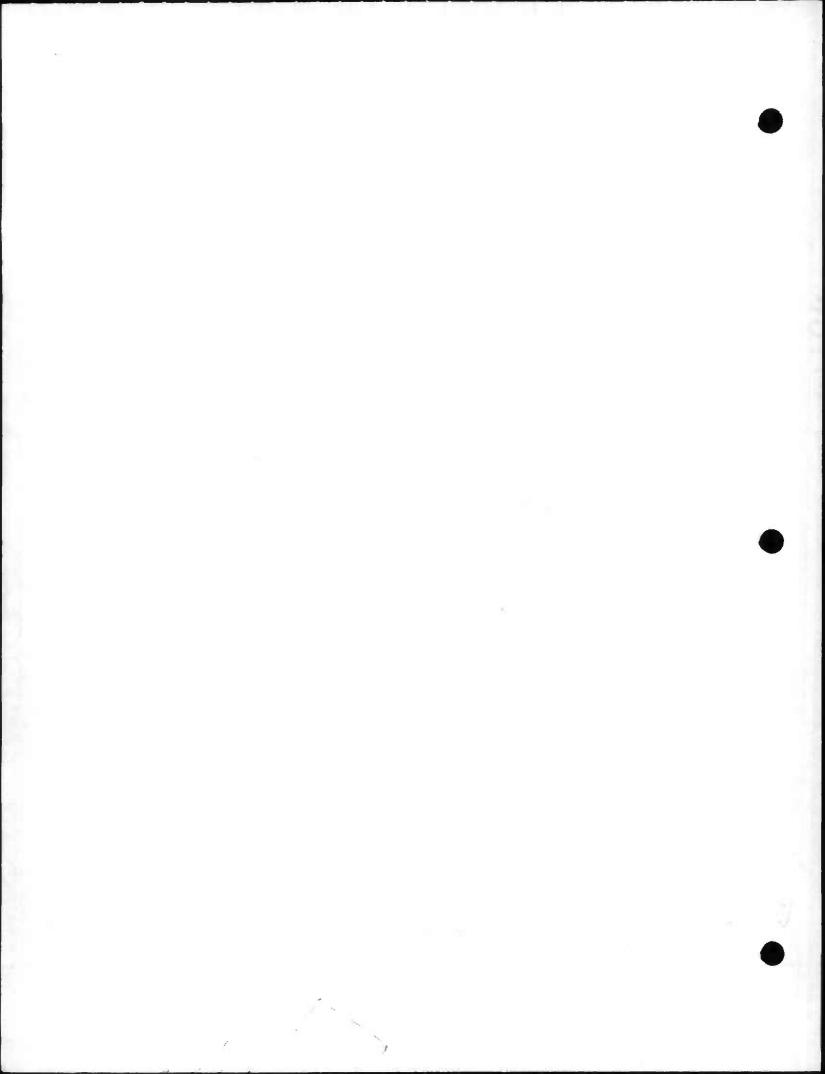
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



0
9
7
68
~
2
BC
$\mathbf{\alpha}$
. ,
0
10
97
æ
0
Ö
m
~
4
V
-
=
-
11.
0
_
Z
0
=
S
5

Affection, page 5 should be detached by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should list with the State Deet of Health and Mental Morbine prior to burial premation or removal.	ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the throughing physician. The first certificate basens signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with with the State Deer of Health and Manral Horizon price in burial cremation or removal.	cal examiner must be notified at once. TO BE COMPLETED BY FINEDAL DIDERTOR	I LEM 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COME
ifer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Ifer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul list the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cal examiner must be notified at once.	marked, or item 23 shows any injury, or other traumatic event, the med
	ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should noval.	Her this certificate has been signed by the attending physician and completely filled in wath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or re

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENI	E		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Harold Aver	ill Weitze	tzel			January 13.1995		11:15pm M	
	4. SOCIAL SECURITY NUMBER 219–28–2287	5. SEX 8. AGE	(In yrs. lest birthday) 63 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	2 a. BIRTH	PLACE (State or Foreign	
DR	90. FACILITY NAME (If not institution, give 2131 Oakland	·			R LOCATION OF DE	DEATH 9c. COUNTY OF OEATH			
<u>.</u>	RESIDENCE OF DECEDENT 10e. STATE 10b, COUNT	~							
- DIRECTOR	Md. E	Baltimore	10c. CITY, TOWN OR LOCATION Middle			River	10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 2131 OAKland	l Road		101	ZIP CODE	21220 10g. CITIZEN OF USA		WHAT COUNTRY?	
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC If yee, spi 1YES	cify Cuban, Mexica	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14, RACI Black Speci	E — American Indian, k, White, atc. ny: White	
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	usual occupation work done during more retired.) er Opera	st of working	16b. KIND OF BUS	INESS/INDUSTRY	WIII	
5	17. FATHER'S NAME (First, Middle, Last)			-	16. MOTHER'S NA	ME (First, Middle, Maiden S	Sumamal		
מבי	Lester R. WE	Citzel Sr.			Ann	a Glover			
2	190. INFORMANT'S NAME (Typo/Print) Mary Weitzel			Oakland		BAltimo	re Md. 2	1220	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State cen	Db. PLACEAND DATE OF DISPOSITION (Name of smetery, crematory or other piece) 20c. LOCATION — City or Town, State						
J.	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	leadowr Lo		O ADDRESS OF FAC		altimore	: MD•	
	R. Term	Connel	ly	300	Maco Arro	eral HOme o	o MD 21	221	
AN. MEDICAL CENTIFICATION								interval Between Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
	27. MANNER OF OEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY WOI		26d. DEŞCRIBE HOW IN	JURY OCCURED		
	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treel, factory, office		281. LOCATION (Street an City or Town, State)	nd Number or Rurel R	loute Number,	
1		(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
	D. H. Shear	Course	MD ATH (ITEM 27) (Type,	Print)	D134	BER	P 1/18	(Month, Day, Year)	
	P.H. SHERBOURN		ANKLIM	SQ DR	BALT	o m)	21237		
	JAN 2 0 1995 Julia Davidson Randall								



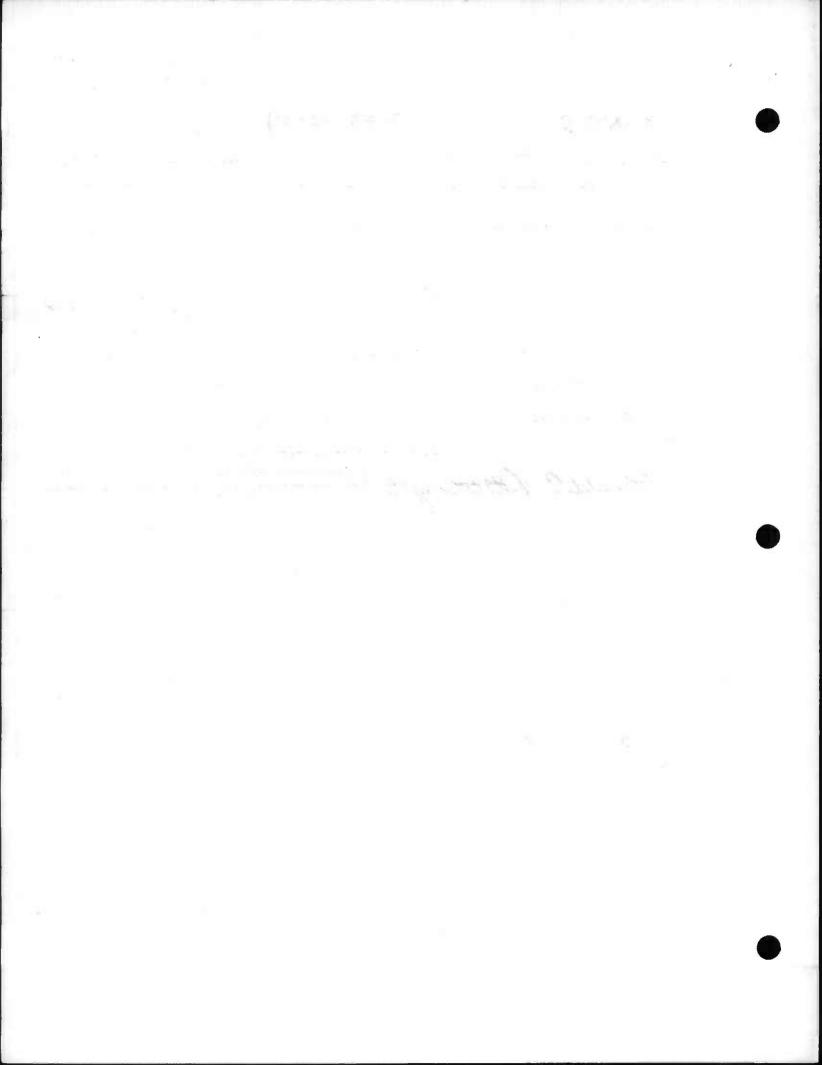
TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

•

LACITACITITION I
1

	1 - STATE REGISTRAR	OF MARYLAND /	DEPARTI	MENT OF	HEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5, SEX	10000			FSKY	January 1	7, 1995	4:00 P M	
	103-30-6587 1XXXIII	55	YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 19	1939 N		
<u>~</u>	90. FACILITY NAME (# not institution, give street end nur Shady Grove Adventis			B. CITY, TOWN Rockvi	OR LOCATION OF DI	EATH	Mon t	gomery	
6	RESIDENCE OF DECEDENT	nospicai		THO CITY I			1 mone	Bomery	
DIRECTOR	Maryland Montgon	oru,		otomac				10d. INSIDE CITY	
	100. STREET AND NUMBER	leTy			Of. ZIP CODE		100 CITIZENI	1 ₹ YES 2 □ NO	
ER	1407 Long Hill Drive				20854		USA	OF WHAT COUNTRY?	
BY FUNERAL	1 Never Married 2XXMerried FORCE	ECEDENT EVER IN U.S. AR IS? 1 YES 2 XI GIVE WAR OR DATES		If yes, s	CENDENT OF HISPAI pecify Cuben, Mexica S 2 KNO Specify	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No 14. F	IACE — American Indian, Black, White, etc.	
	15. DECEDENT'S EDUCATION			UAL OCCUPAT		16b. KIND OF BUS	SINESS/INDUSTR	White	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College ((G IIIe.	ive kind of work Do NOT use n	k done during π etired.)	nost of working				
once.	5+	E1	ectric	al Eng		Air Spa		stry	
5 0	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)		
fled a	Abraham Bersofsky 190. INFORMANT'S NAME (Type/Print)	19	b. MAILING AC	DRESS (Street		oldberg Route Number, City or Tow	n State Zio Code		
10 10	Deborah Bersofsky					Potomac.			
ter D	20e. METHOD OF DISPOSITION 1 (2-Burlet 2 Cremation 3 Removal from S	20b. PLACE	AND DATE OF I	DISPOSITION (A	lame of	DATE 20c, LO	CATION City o	r Town, State	
5	4 Donation 5 Other (Specify)	Montef	iore (Cemete	ry 1/19/1	.995 Fc	x Chase	PA PA	
medical examiner must be notified at once. TO BE COM	· Donald C. L	tottleme	ur			EMORIAL FU , NW, WASH			
or other traumatic event, the ERTIFICATION	Sequentially list conditions, if srry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSECUTIVE TO	DUENCE OF):		^	clero 87		Approximate interval Batween Onset and Death 2 days	
y Inju	PART II. Other significant conditions contribu	ting to death but not r	esuiting in t	he underlyir	ng ceuse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
shows an						1 TE\$ 2	NO	OMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
1 23 sho	Σ								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT			Check only one)				
5 7	1 YES 2 NO 1 Nonpati	ent 2 ER/Outpatient 3	□ DOA 4		me 5 🗆 Residence	8 Other (Specify)			
s marked, BY PH	1 Natural 5 Pending 2 Accident Investigation	DATE OF INJURY Month, Day, Year)	26b. TIME O	M 1 🗆	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED		
28 Is	3 Suicide 8 Could not be 4 Homicide determined	LACE OF INJURY — At he uliding, etc. (Specify)	me, farm, stre	et, factory, offi	œ●	281. LOCATION (Street & City or Town, State)	end Number or Ru	rel Route Number,	
# Ite	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as attated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(e) and manner as attated.								
IMPORTANT: TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIER	ille 1	w		29c. LICENSE NUM D 382	562	P JAT	NED (Month, Day, Year) V17, 1995	
_ []	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHIN) ANURITA MENDHICATTA 2401 Research BLUD ROCKWILLOMD 20858								
	JAN 2 1 1995	GISTRAR'S SUNATURE			- · · · · · · · · · · · · · · · · · · ·				



3 should	1. DECEDENT'S NAME (First, Middle, Last	^		OF DEATH	REG. NO.	
3 should	4 GOOM OF CHICKEN AND AND AND AND AND AND AND AND AND AN	Bell			Lawory 15 19	year 3. TIME OF DEATH
3 shot	4. SOCIAL SECURITY NUMBER 579-22-6396	5. SEX 6. AGE (In yrs.		AR IF UNDER 24 HRS. 7	Month, Day, Year) Jan 27,1913	Country)
5. 5.		Hospital	12	WN OR LOCATION OF DEAT	H 9c, COUNT	Y OF DEATH
permit. Pages 1, 2, 3.	10a STATE 10b. COUNT	TY .	10c. CDN, TOWN OR L	OCATION		10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
ist E	4007 W.	Forest Park	Ave	101. ZIP CODE 2 20	7 10g. CITIZE	N OF WHAT COUNTRY?
a a	3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO If ye	DECENDENT OF HISPANIC a, specify Cuben, Mexican, 1 YES 2 NO Specify:		4. RACE — American Indian, Black, White, etc. Specify: Black
for use as the	Flementary/Secondary (0-12)		DECEDENT'S USUAL OCCUR (Give kind of work done durin life. Do NOT use retired.)	PATION g most of working	16b. KIND OF BUSINESS/INDUS	-1 01
retained by the nospital of should be detached for notified at once. TO BE COMPLE	17. FATHER'S NAME (First, Middle, Last)	4 yrs	Decreto	18. MOTHER'S NAME	Social Se (First, Middle, Malden Surname)	curity Admi.
5 should be notified at TO BE	19 CINEORMANT'S NAME (Type/Driet)	landingham	19b. MAILING ADDRESS (Str	eet and Number or Rural Roy	to Number, City or Town, State, Zig C	ode)
	204 METHOD OF DISPOSITION	20b. PLA	EAND DATE OF DISPOSITIO	U. Forest	DATE 200 LACATION - CH	alto, md 2120 ty or Town, State
E E	Buriel 2 Cremation 3 Read 4 Donetion 5 Other (Specify)		dentator or order place	emating		to ma
0 = 0	· Wiein	Elmont		300 wat	H-west sue	
the media	23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Sastra	deeth. Do not enter the line.	mode of dying, such a	as cerdiac or respiratory arres	at, Approximate interval Betwee Onset and Daar
ending physician and if Hygiene prior to bur or other traumatic	Sequantially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CON C. DUE TO (OR AS A CON d.				
signed by the Health and Me ws any Injur	PART II Other clanificant condition	na contributing to death but no	t resulting in the under	lying ceuse given in Pa	PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
as beept.		T	ATH YES NO			1 729 2 1 10
this certificate has be with the State Dept. rked, or Item 23 s. PHYSICIAN:	EXAMINER?	HOSPITAL:	3 DOA OTHER:	Home 5 - Residence 8		
= = =	M Matural 5 Pending	26e. DATE OF INJURY (Month, Day, Yeer)	INJURY	NJURY AT 24 WORK?	8d. DEŞCRIBE HOW INJURY OCCU	AED
5 4 5	9 District	26e. PLACE OF INJURY — At building, etc. (Specify)	home, 1erm, street, factory,	office 2	81. LOCATION (Street end Number or City or Town, Stete)	Rural Route Number,
1 0	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my knowledge, ER: On the basis of exemination end/				
TO BE COMF	296. SIGNATURE AND TITLE OF CERTIFIE		ed Min	29c. LICENSE NUMBE		SIGNED (Month, Day, Year)

-- UOEH'

1997 1998 Jane - Harris 64.5

020	40
9	-
15	-
12	
MARYLAND 21215-002(Dros & may be estained by the boards or see St.
Z	4
5	4
B	d boar
M	ambai
шî	4
E E	200
0	a
Σ	Dans
BALTIMORE,	danth
0	ofter
	hours ofter death
	Į

_	i
60	
687	the name of the Association of
X	-
8	1
MISTAN OF VITAL RECORDS, P.O. BOX 68760	STATE OF THE PARTY AND THE PAR
٥	400
S	4
	40.0
ō	4
S	
Ï	-
1	-
4	1
5	4 8.15
	100
0	3
Ζ,	ė
ť.	ŝ
2	į
E	ğ
ą.	1

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MERCHAND OF THE STATE OF MARYLAND / DEPARTMENT OF DEATH	MENTAL HYGIENE REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATH MONTH DAY YEAR 3. TIME OF OEATH
	Helen C Boone	JAN 16 1995 1725 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 7 YRS. ISSI DIVIDING 1 YEAR IF UNDER 14 HRS. WONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) OCT 12, 1915 B. BIRTHPLACE (State or Foreign Country)
OR	90. FACILITY NAME (If not Institution, give street and number St. aghes Hospital Balto	ATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a STATE 10b COUNTY 10c CITY, TOWN OR LOCATION,	10d. INSIDE CITY
	ma Balto	1 TES 2 NO
FUNERAL	4502 Manualene Rd. 9-5 101. ZIP, 400E, 25	29 10g. CITIZEN OF WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS OECEOENT EVER IN U.S. ADMEO FORCES? 1 YES 2 NO If yes, specify Juban, Maxicar 1 YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPAN If yes, specify Juban, Maxicar 1 YES, GIVE WAR OR DATES	n, Puerto Rican, etc.) Black, White, etc.
0	15. OECEOENT'S EDUCATION (Specify only highest grade completed) 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INOUSTRY
COMPLET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.) Un Known	3 344
SON	17. SATHER'S NAME (First, Middle, Last)	ME (First, MigDie, Meiden Surneme)
BE	Charlie loole Salli	e thin tields
5	190 APPRIMANT'S NAME (Type/Print) Leighton 5999 Tunabar or Rural A	toute Number, City or Town, State, Zip Code) The Lane Columbia Medanyu
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from State 20b. FIACE AND DATE OF OISPOSITION (Name of certifiety, cramator, or other place)	DATE 200. LOCATION - City or Town, Sight
	21. SHONAPORE OF PANERAL BETWEE LICENSEE 22, NAME AND ADDRESS OF FAC	
	Jale la Jordina Harch	: H-West bash Ave
	23. Put I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such shock, or heart failure. List only one ceuse on each line.	as cardiac or respiratory arrest, Approximate
	IMMEDIATE CAUSE (Final disease or condition	Intervel Between Onset and Death
	a. Due to (or as a consequence or):	2 mly
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	y IWEEK
FICA	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):	Inoma ZMO.
BT	that initiated events resulting in death) LAST	
LC	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in F	Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
SICA	Paraplegia	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		OF DEATH?
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 1 1 1 1 1 1 1 1	
Ж	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED
BY F	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2 NO	
COMPLETED	3 Suicide a Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, fectory, offica building, etc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
Page 1	29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due 1	
CON	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the t	lime, data end place, end due to the ceuse(e) and manner es stated.
BE	296. SIGNATURE AND TITLE ON CENTIFIER 29c. SIGNATURE 20c. SIGNATURE 20c. SI	BER 29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Printy)	Will AVE BOH ADDIN
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	Then I've will galle
	JAN 2 1 1995 Jahi Davilson Raylett	

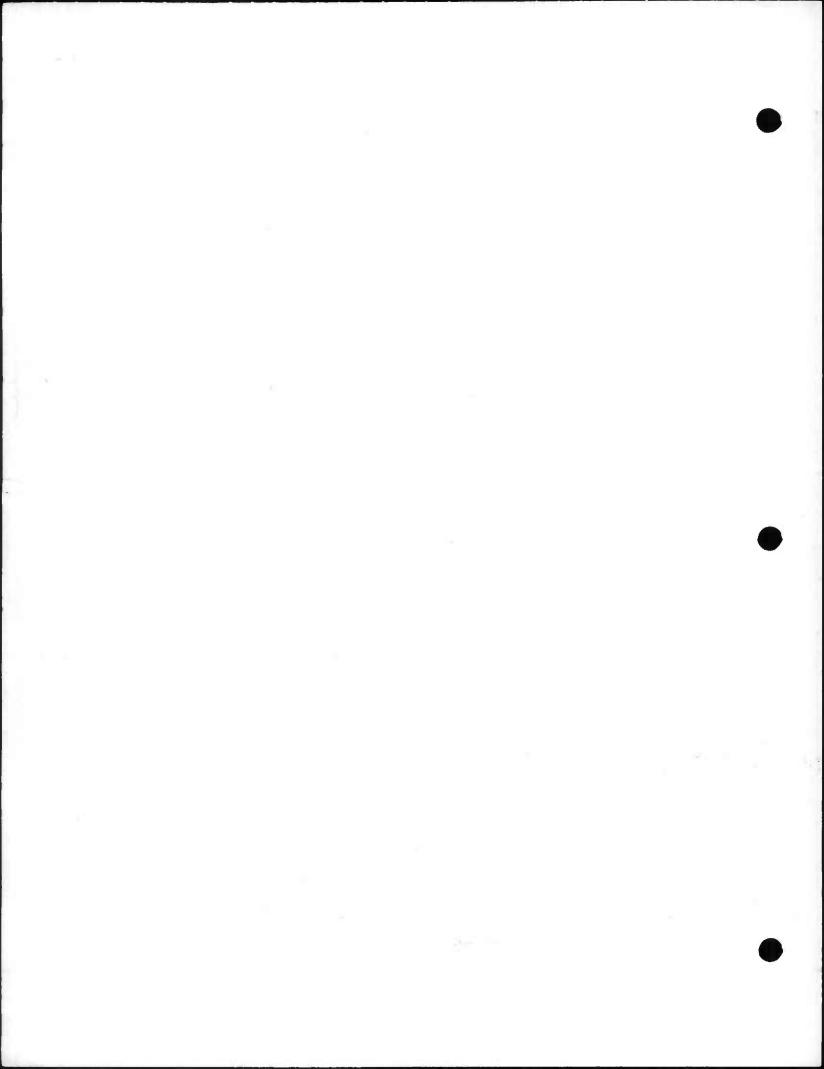
BALTIMORE, MARYLAND 21215-0020

	a.
	The last state of the day of the last state of t
0	1
BOX 68760	١.
87	
9	М
×	H
0	-
8	
	1
Ö	
Δ.	4
10	-
Ö	1
~	4
ō	1
Ö	1
ш	j
Œ	
FVITAL RECORDS, P.O. E	-
A	Z
	1
>	1
علا	si
(F	1
Z	ß
O.	Ą
S	1
E	1
DIVISION	0
	9
	- CO

TO THE HOSPITAL OR ATTENDED THE LAW REQUISES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR while this care has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after them with the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT (ERTIFICATE	F HEALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	Butler			2. DATE OF DEATH	y 9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In:		EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB . 26, 19	954 N. BIR	THPLACE (State or Foreign CAROLINA
OR O	8a. FACILITY NAME (If not institution, give stree UNIVERSITY HOSI	et and number) PITAL	9b. CITY, TO	BALTIMORE	ATH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR L				10d. INSIDE CITY
	MARYLAND n.	/a		BALTIMORE	COLUMBIA		1 YES 2 NO
VERA		KNOLL		101. 217 CODE		UNITED	STATES
BY FUNERAL	11. MARITAL STATUS Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 15 YES 2 IF IF YES, GIVE WAR OR DATES	NO If ye	DECENDENT OF HISPAN e, specify Cuben, Mexical YES 2 XIO Specify	n, Puerto Ricen, etc.)	Bla	CE — American Indian, ick, White, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted) (G	ECEDENT'S USUAL OCCU Blve kind of work done during b. Do NOT use retired.) BARBER	PATION g most of working	166. KIND OF BU	SINESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) WILLIE BUTL	ER		18. MOTHER'S NAI	ME (Firet, Middle, Malden A ROYAL	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) BUTLER'S &SON	F.H. 19	HIGHWA¥ 24	EAST, ROS	EBPRO, N	JRTHZ CCA	ROLINA28382
	20s. METHOD OF DISPOSITION 1XXBurlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	BEAVE	AND DATE OF DISPOSITION	N (Name of CEMETERY		CATION — CHY OF LINTON, N	Town, State ORTH CAROLINA
	21. SIGNATURE OF FUNERAL SERVICE LICEN	TAL		C. MARCH F		E. NORTH	AVENUE 21202
		nplications that caused the de it only one cause on each line	eth. Do not enter the	mode of dying, such	aa cerdiac or reepi	iratory errest,	Approximate Interval Between
	immediate cause (Final disease or condition reaulting in death)	End Stage	Liver	Disease	e		Onset and Deeth
NO	Sequentially list conditions, b	Hepatiti	SC				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury						
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):				
	PART II. Other eignificent conditions of				Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL	Renal Co	where	retres	Syndrei	1 UYES 2	No	COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTRIE				10		1 NES 2 NO
PHYSICIAN:		OSPITAL:	OTHER: DOA 4 Nursing	Home 5 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK?	26d. DESCRISE HOW I	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At ho building, etc. (Specify)			28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED		N: To the best of my knowledge, de					
	200. BRANATURE AND TITLE OF CERTIFIED	On the besis of examination and/or i	investigation, in my opini	29c LICENSE NUM			(a) and manner as stated. D (Month, Day, Year)
TO BE	MX	X		Reside	mt	Jan	17 1995
	30. HAME AND ADDRESS OF PERSON WHO C	OMPLETED GAUSE OF DEATH (ITE	M 27) (Type, Print)	one St	Ralt	MG	
	JAN 2. 1 1995 Jalia	32. REGISTRAR'S SIGNATURE					/



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use ral.	TO THE FUNERAL DIRECTOR: Annual management in the present of the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the case director. The thin and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or atte	TO THE HOSPITAL OR ATTENDING PHYSICIAN STREAM BY THE CHAIN SET THE CONTROL OF STREAM SET NOW SET STREAM OF THE CONTROL OF STREAM OF THE CONTROL OF STREAM OF

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALT		MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEAT	Гн
	Gregory Phillip	Chapple				01 10		EAR 01:16	a M
1	4. SOCIAL SECURITY NUMBER	11 PC 1		UNDER 1 YEAR IF UN	IDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ybar)	8.	BIRTHPLACE (State or Fo	
~	217-54-4941	1)XXM 2 □ F	44 YRS.	IIIIS DAYS HODE	15 MITT.	01-03-5		Maryland	
	9e. FACILITY NAME (If not institution, give st			CITY, TOWN OR LOC		EATH	9c. COUNTY	OF DEATH	
DIRECTOR	4034 Elmora Aven	ue		Baltimore	City				
3EC	10e. STATE 10b. COUNTY		toc. CITY, TO	WN OR LOCATION				10d. INSIDE CITY	,
	Maryland		Bali	cimore Ci	ty			1 X YES 2	NO
3AL	10e. STREET AND NUMBER			10f. ZIP C			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	4034 Elmora Avenu			212				S.A.	
FU	11. MARITAL STATUS 1 Never Merried 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, specify C	uban, Mexica	NIC ORIGIN? (Specify in, Puerlo Rican, etc.)	Yes or No- 14.	. RACE — American India Black, White, etc.	en,
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 - YES 2 (X)	NO Specify	y:		Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16e. DECEDENT'S USC	AL OCCUPATION done during most of we		16b. KINO OF I	BUSINESS/INDUST		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	ired.)	orking				
MP	12th grade		Driver				land Mes	senger	
ဗ	17. FATHER'S NAME (First, Middle, Last)	C				ME (First, Middle, Meid	len Surneme)		
BE	Purnell Chapple,	Sr.	TION MAILING ADI		lva Fo	OSTER Route Number, City or 1	To Company		
2	Deborah Chapple					ltimore Ma			
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF D	SPOSITION (Name of	de ba		LOCATION - City		
	1 X Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	wal from State Cem	ng Memoria	Park		1/24 Ba	altimore	e Maryland	
	21. SHONATURE OF FUNGEFUL SERVICE LIC	2 miles		22. NAME AND ADD	RESS OF FA	C. Brown			
	· /////	DERLUW	100					e, Maryland	.]
	23. PART I. Entar the diseases, or c	omplications that caused	tha death. Do not	enter tha mode of	dying, suc	h as cardiac or res	piratory arrest	, Approxima	
	immediate cause (Final	List only one cause on as	ich lina.					Interval Be Onset and	
	disease or condition reaulting in death)	Hepatic		E				31	10
- 1	DUE TO (DR AS A CONSCOUENCE OF):								
No	Sequentially list conditions, Due to (or as a consequence of):								
¥	if any, leading to immediate ACOLLRED TOWNLINODEFICIENCY SYLOROME I VR								
Ē	CAUSE (Disease or injury that initiated events								
CERTIFICATION	resulting in death) LAST	INTEAVE	JOUS S	bubsit at	UCE	Use		7 1	UD
AL C	PART II. Other significant conditions	contributing to death be	it not resulting in the	e undarlying caus	a givan in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FI	NDINGS
		anal In.	SUFFIC	LENCY		PERF	ORMED?	AVAILABLE PRIOR COMPLETION OF C	
밀							2 9000	OF DEATH?	NO I
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES	□ NO □ UI	VCERTAIL	N 🔯			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH (C	heck only one)					
YSI	1 TYES 2 THO	1 - Inpetient 2 - ER/Outpu	itlent 3 🗆 DOA 4 🗆	Nursing Home 5 2	KResidence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	286. TIME OF	28c. INJURY AT WORK?		28d. DEŞCRIBE HOV	V INJURY OCCUR	ED	
B	2 Accident Investigation	28e. PLACE OF INJURY	— At home form stree		2 NO	28f. LOCATION (Street	at and thumber as 5	Durat Courts March	
COMPLETED	4 Homicide 8 Could not be detarmined	building, etc. (Speci	fy)	, ractory, ornes	i	City or Town, Sta		turar nodia Namoai,	
Ë	290. CERTIFIER 1 TO CERTIFYING PHYSIC	CIAN: To the best of my knowle	idos, death occurred at	the time date and ol	ace, and due	to the course(s) and s	names as stated		\neg
N N		R: On the basis of examination						Puse(s) end manner as s	tated.
	296. SIGNATURE AND TITLE OF CERTIFIER				JCENSE NUA			GNED (Month, Day, Year)	
) BE	Stres X. X	Sauls, n	L.D.	D	449	54	Har	1.19,19	95.
임	30. NAME AND ADDRESS OF PERSON WHO	The state of the s	TH (ITEM 27) (Type, Prin)		0		. D	
	IRIS L. DA	VISM.D.	: 419	KEDWC	900	STREE	T #621	O, BALTY 1	ND!
	JAN 2 1 1995	32. REGISTRAR'S SIGNA	TURE						
	~ - 1333 /al	A Western P. O.	•						1

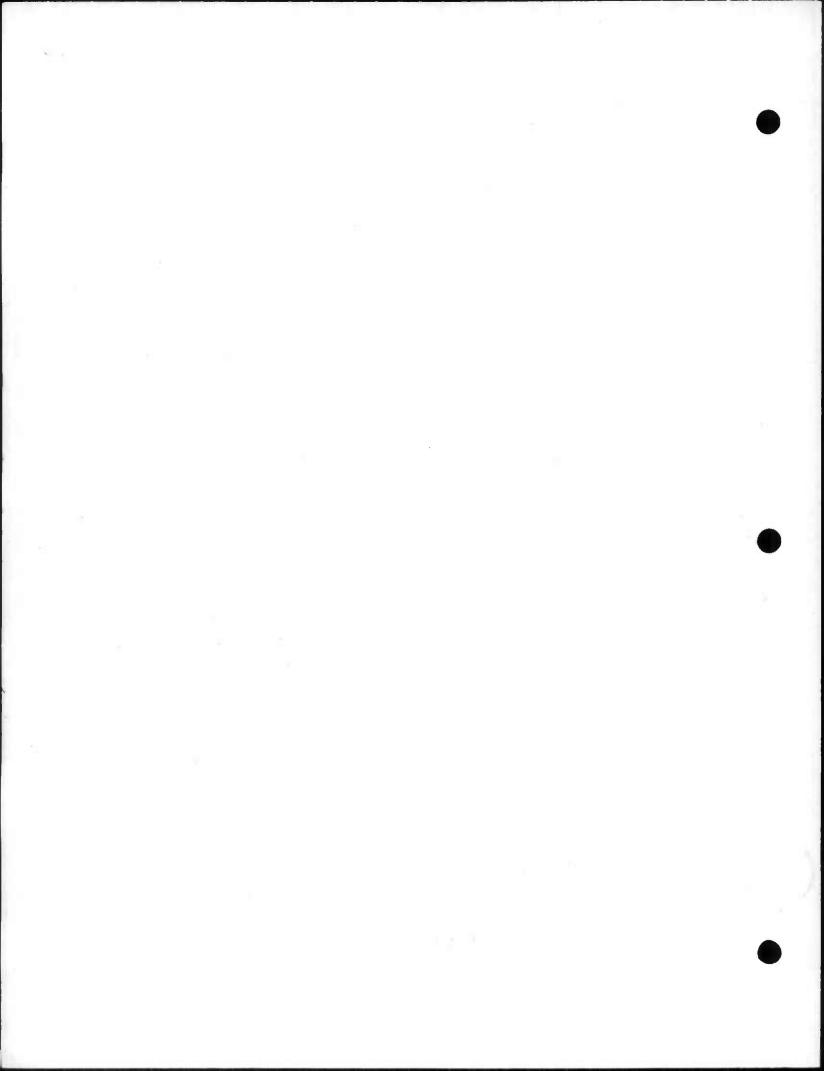
TOWNSTRIAL INTEGRAL THE CASE THE CASE THE CASE THE STATE DEPT. OF Health and Mental Hygiene prior to burial, cremation, or removal. THE OR ATENDING PRYSICANI; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE
STATE
STATE
STATE
STATE
STATE
OF MARYLAND / DEPARTMENT OF DEATH

1 - STATE REGISTRAR	OHIL OF MAILE	CERTIF	ICATE OF	DEATH	MICHIAL	REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3	TIME OF DEATH
BRIDGETTE lyn	n COVINGTON				JAN		4	YEAR 95	11:30 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE (SE BIRTH		B. BIRTHPL	ACE (State or Foreign
213-82-3461		33 yrs.	MONTHS DAYS	HOURS MIN.	APR	Day Year)	1961	MARYL	AND
2225	98. FACILITY NAME (If not institution, give etreet and number) 3307 HENRY G. PARK CIRCLE 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 1/a						ГН		
RESIDENCE OF DECEDENT									
MARYLAND	n/a	10c. CIT	BALT IM	ORE CI	ТҮ			1/	d. INSIDE CITY / LIMITS? YES 2 NO
100. STREET AND NUMBER 3307 PARK HE IGI	HTS AVENUE		10	21215			UNIT		TATES
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 💢)(0	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2(7) NO Speci	an, Puerto R		or No-	14. RACE — Black, V Specify:	American Indian, Initia, etc.
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)	(Give kind of a	work done during mo se retired.)	est of working					
10 TH	_	une	employed			n/a			
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 10 TH 17. FATHER'S NAME (First, Milddle, Last)				16. MOTHER'S NA					
JOHN COVINGTO	ON SR.			LIL	LIE	LIGH	TFOOT		
198. INFORMANT S NAME (Type/PTIN)	NCTON			and Number or Rural					
	NGTON	2021	E. H	OFFMAN	STREE	T , B	ALTIM	ORE,	MD 21213
20e, METHOD OF DISPOSITION 1AD Buriel 2 Cremation 3 Ren	noval from State Car	b. PLACE AND DATE			DATE			City or Town	
4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE IJ		NESTERN OF O		М.	1-20	CAT	DNSVI	LLE,	MD
Manhard Service D	ICENSEE ALLMA	0		C. MARCI		-1101	Ε.	NORTH	AVE.
23. PART i. Enter the diseases, or	complications that ceuse	d the deeth. Do a	not enter the mo	de of dying, suc	ch es cerdi	ec or respi	ratory em	eat,	Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	*List only one cause on a	RDER							Interval Between Onset and Death
Sequentially list conditions	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b.								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
CAUSE (Disease or injury	C	A CONSEQUENCE OF	D.						
that initieted events resulting in death) LAST	and to (on no.	- CONSEQUENCE OF	, ,.						
	d				-				1
PART ii. Other significant condition	ns contributing to deeth i	out not resulting	in the underlyin	g ceuse given in		24a. WAS AN PERFOR	MED?	CC	RE AUTOPSY FINDINGS ARLABLE PRIOR TO IMPLETION OF CAUSE DEATH?
						,		1 1)	YES 2 NO
DID TOBACCO USE CONT	RIBUTE TO CAUSE C			UNCERTAI	N 🗆				
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. XYES 2 NO 27. MANNER OF DEATH	HOSPITAL:	28. PLACE OF DEAT	OTHER						
1XXVES 2 NO	1 Inpetient 2 ER/Out		4 - Nursing Hom	Residence	8 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY WO	RK?	28d. DE\$0	CRIBE HOW I	NJURY OCC	URED	
2 Accident Investigation				res 2 No					
	building ste /Specific								
3 Suicide 6 Could not be determined 29e. CERTIFIER CERTIFYING PHYS CE	BICIAN: To the best of my know ER: On the beele of examination	riedge, death occurre	n, in my opinion, d	end place, end due	to the caus	e(e) end man	ner es state d due to the	od. cause(s) er	d menner as stated.
	- (2011			29c. LICENSE NUI	MBER		29d. DATE	SIGNED (M	orith, Day, Year)
290. SIGNATURE AND TYPE OF CERTIFIE	D. CV			O.C.M.	E				, 1995
30. NAME AND ADDRESS OF PERSON WITH	/	ATH (ITEM 27) (Type, 1111 Penn				arvla			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE			, 1				
JAN 2 1 1995 Jul	in the desired	a Mil							



Items: 23 part I.27 per MEO G-720 2/2/95 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF CEATH JOHN D. **FOLAN** JAN.07,1995 17:04 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest hirthday) 7. DATE OF BIRTH (Month, Day, Year Jan. 4, IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 1 🔯 M 2 🗌 F YRS. 225-82-1203 Virginia 1960 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH occupity of Death Dorchester DIRECTOR DORCHESTER GENERAL Cambridge TALBUT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Talbot. Trappe Maryland permit. 1 YES 27 THO 31561 FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 31561 31564 Old Orchard Road USA burial-transit 21673 Page 6 may be retained by the hospital or attending physician. 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cube
1 ☐ YES 2 ☐XNO 1 Never Married 2 Merried Specify Specify: BY as the 3 Widowed 4 Divorced Caucasian 18e. OECEOENT'S USUAL OCCUPATION

172 lune kind of work done during most of working ETED 15. OECEOENT'S EOUCATION use 18b. KINO OF BUSINESS/INQUISTRY (Specify only high (Give kind of work done life. Do NOT use retired.) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Prudential Life Insurance 4 Insurance Agent once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surneme) notified at John J. Folan Cecile Duncan 띪 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 105 Woodland Road, Fredericksburg, VA 22401 Cecile Duncan Folan e 20e. METHOO OF DISPOSITION

1 N Burlet 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must the funeral director, Oak Hill Cemetery 1/11/95 4 Donation 5 Other (Specify) Fredericksburg, VA medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Mullins & Thompson Fun. Ser Mullins & House Hwy. 1621 Jeff. Davis Hwy. VA 22401 hours after death. aus 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and completely filled in by burial, cremation, or remo **Approximata** shock, or heart failure. List only one cause on each ilne. interval Between **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition CIRRHOSIS OF THE LIVER resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditiona, prior to OUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 Injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO Shows 1 TYES 2 NO this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 TY YES 2 - NO 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 6 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. 1 XXNatural 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 8 Could not be determined DIRECTOR: / after i COMPLETED 28 4 Homicide item OR 29a CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(e) and menner as stated. FUNERAL within 72 I = HOSPITAL MEDICAL EXAMINER: On the TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) and menner se stated. MINATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE me OCME ▶ JAN.09,1995 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) (WW) 111 Penn Street, Baltimore, Maryland 21201

BALTIMORE MARYI AND 21215-0020

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

CONTROLLE STATE OF THE STATE OF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, illed in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law re	THE FUNERAL DIRECTOR: After this certificate has bee filed within 72 hours after death with the State Deut, o	

IRIS R. KEYS, M.D.

31. DATE FILED (MONITAL 19 WEST REDWOOD STREET SIGNATURE JAN 2 1 1995)

BALTIMORE, MD. 21201

		95 01420				
		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.				
	,	1. DECEDENT'S NAME (First, Middle, Lest) David LEE Falls 2. Date of Death Month Day Year 1 - 17 - 95 11:35 A M				
DIRECTOR		4. SOCIAL SECURITY NUMBER 215-34-7168 5. SEX 1 M 2 F 55 VRS. 6. AGE (In yrs. last birthday) 5. SEX 1 MONTHS DAYS HOURS MIN. 1 MONTHS DAYS HOURS MIN. 2-23-1939 6. BIRTHPLACE (State or Foreign Country) Md				
	Ì	Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Maryland General Hospital Balto				
	- 11	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Balto 10d. INSIDE CITY LIMITS? 10T YES 2 NO				
FUNERAL		100. STREET AND NUMBER 1100 Bolton Street 1100 Bolton Street 101. ZIP CODE 21201 USA				
ĕ		11. MARITAL STATUS 11. MARITAL STATUS 11. Merried 2 Merried 2 Merried 2 Merried 3 Merried 3 Merried 4 Divorced 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 14. RACE — American Indian, Black, White, etc. Specify: B] a C k				
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 11th 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INOUSTRY				
E CON	Н	17. FATHER'S NAME (First, Middle, Last) Samuel S. Falls, Sr Betty Taylor				
TO B		196. INFORMANT'S NAME (Typer/Print) Diana E. Falls 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 111 Centre Street Apt 1603 Balto, Md 21201				
must be		20c. METHOD OF DISPOSITION XIX Burlat 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of completely cremetions, cremeticity or rown, State 12195 Randall Stown, Md				
examiner	i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marc H F/H WRST				
or other traumatic event, the medical examiner must be notified at once. TO BE COM		23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Hypertensive Arterioselerotic Heart Disease unknown				
		Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting In death) LAST				
snows any injury, : MEDICAL CI	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FIR AMALABLE PRIOR I COMPLETION OF CO					
PHYSICIAN:		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER: HOSPITAL: OTHER:				
B B		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO				
TED 28		3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLET		29a. CERTIFIER (Chack only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.				
TO BE COMPLE		29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, 16ar) 29d. DATE SIGNEO (Month, Day, 16ar) 20d. DATE SIGNEO (Month, Day, 16ar)				

Juli Studen Reales

IRIS R. KEYS, M.D. 4:9 WEST REDWOOD STREET SUITE 620 ELLOWORE, WD. 21201 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	2		
	ages 1		
	for use as the burial-transit permit. F		
_:	insit pe		
ysician	inial-tra		
fing ph	the bo		
attend	use as		
pital or	of for		
he hos	detach		-
d by t	id be		An he
retaine	5 shou		A 6161.
nay be	page		d ha
10e 6 n	Sirector		-
ath. Pa	ineral (amina
ifter de	the fu	loval.	and and
NOUTS 3	d in b	or rem	madi
d within a hours after death. Page 6 may be retained by the hospita	ely fille	nation,	040
ed with	отріе	al. crer	and and
execut	and o	to buri	alter me
ate be	hysician	prior	or bear
certific	d build	Hygiene	a abba
CIAN: The law requires that the death certificate be executed wi	e after	Mental Hygiene prior to b	tems A
hat the	d by th	and A	mes las
uires 1	signe	Health	States of
law red	is been	ept. of	32 ah
N: The	cate h	State D	Starm.
YSICIA	s certifi	th the	Po po
NG PH	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par	i filed within 72 hours after death with the State Dept. of H	40007817. If them 90 to membed on them 92 about tailing on other personal standard anomalous months as and
TENDI	TOR: A	after de	90 10
OR A	DIREC	hours	3400
SPITAL	NERAL	thin 72	MT. 14
THE HOSPITA	THE FU	led wit	ATON.
5	-	45	6

phonic

Item#4 per FH G767 1/20/99 EW 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF OEATH MONTH 11:05 TAN 7. DATE OF BIRTH (Mogth, Day, Year 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR DAYS HOURS 1 M 2 V F YRS. 1010 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE EDENT 10e. STATE 10b. COUNTY Bc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore XXYES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1618 N Bentalou Street 21216 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2 Specify Black BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Starfs Member, Blood Svc. Nursing Elementary/Secondary (0-12) College (1-4 or 5 +) American Red Cross 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Daniel V. Young Milly A. Thomas BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vance C. Gatewood 1618 N Bentalou Street, Balto. MD 21216 e 68e-METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State A butus Memorial Park 1/23 Arbutus, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Marshall W. Jones, Jr. Funeral HM PA 4101 Edmondson Avenue, Balto. MD2122 23. PART I. Enter the diseases, or complications that based the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ehock, or heart failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death diseese or condition_ RESSIT and Ry resulting in death) die CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING Devle CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? SEPSIC. 1 TYES 2 NO or sew sel-0 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 💆 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO No Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT WORK? 29d. DESCRIBE HOW INJURY OCCURED 1 P Natural м 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, term, street, factory, office building atc. (Specific) 26t. LOCATION (Street and Number or Rural Route Number, City or Town. State) 3 Suicide ETED. 6 Could not be 4 Homicide detarmined 29a. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated BE er)

A-Didle	ATTENDING	PHairia	29c. LICENSE NUMBER 7/3248	29d. DATE SIGNED (Month, Day, Year) 1.20.91
1 1	RSON WHO COMPLETED CAUSE OF DEATH (C . 1 . (\L	- 10 O. 10	1 000 0 000
HJDia S.	. Si3 He m. J.	7000 25 2000	arother like	helbour 2/129

31. DATE FILED (Month, Day, Year)

HJ Dia

2 30

32. REGISTRAT'S SIGNATURE

12.

		1 - FOR STATE REGISTRAR	0	DANT LAN	CERTIF	ICATE	OF H	DEATH	MENT	AL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)				-			2. DA	TE OF DEATH			TIME OF DEATH
			dstein						-	anuary		1995	1:15 #
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 Y	EAR AYB	IF UNDER 24 HRS		E OF BIRTH with, Day, Year)		B. BIRTHPLA Country)	CE (State or Foreign
8		224 58 7320 9e. FACILITY NAME (If not institution, give	1XXII 2 □ F		8 3 ^{ns.}	Nov.23			ov.23,	1911	Bro	ooklyn.N	
3 should	œ	Rockville Nur	,					R LOCATION OF	DEATH		9c. COUN	Y OF DEAT	н
ri vi	18	RESIDENCE OF DECEDENT	sing Ho	me		Roc	(V	ille_	-		Mon	Montgomery	
physician. burlal-transit permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNT			10c. CI1	Y, TOWN OR L	OCAT	ION					I. INSIDE CITY LIMITS?
mit. P			ntgomer	У	I	Rockv:	7					1[YES 2 NO
je je	FUNERAL	100. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?
cian.	N.	303 Adclare R	12. WAS DECEDEN	T EVER IN II C	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14, RACE - A								
physician. burial-trar		1 Never Married 2 Narried	FORCES? 1	YES 2	NO	If ye	s, spe	cify Cuban, Max	cen, Puerl	iiN7 (Specify Yes o Rican, etc.)			American Indien, hite, etc.
attending se as the	ВУ	3 Widowed 4 Divorced	1 123, 0172 11	AN ON DATES		''	TES	2 NO Spe	ony:		(Cauca	sian
	TED	15. DECEDENT'S EDU (Specify only highest grade		16a	(Give kind of	USUAL OCCU	PATIO	N at of working	1	66. KIND OF BUS	SINESS/INDU	STRY	
0 -	LET	Elementary/Secondary (0-12)	Sollege (1-4 or 5 +	-)	Econo	se retired.)				Consi	ıc Dı		
the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)								Cens		ireau	
≥ 2 ¥	ЕС	Jacob Goldste	in					18. MOTHER'S NAME (First, Middle, Meiden Surneme) Anna Lampel					
5 should notified	00	19e. INFORMANT'S NAME (Type/Print)	211		19b. MAILING	ADDRESS (St	reet en			mber, City or Town	n. State. Zio (Corde)	
5 5	일	Esther S. Gol	Esther S. Goldstein 1801 E. Jefferson Street Rockville Md.										
2 2		20e. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Rem			CE AND DATE	OF DISPOSITIO				TE 2 020c.10		ty or Town,	e Ma
e 6	l I	4 Donation 5 Other (Specify)		Ki.	ng Da	vid M	lem	orial		den			
death. Page 6 m s funeral director, l.	ш	21. SIGNATURE OF FINERAL SERVICE LI	MISEE			22. NAN	E AN	D ADORESS OF	FACILITY				
F 8 H		Comme	w.			1	Fa	IIsaci	iurc	Funera h, Va	226	mes	
ours after d in by the or removal	П	23. PART I. Enter the dispases, or shock, or heart failure.	complications that	csused the	desth. Do	not snter the	mod	le of dying, so	ch as ce	rdiac or respi	ratory arre	st,	Approximate
		IMMEDIATE CAUSE (Finsi				,							interval Between Onset and Dasth
within 24 upletely fille cremation, cent, the		disease or condition resulting in death)	a. Anen	ria -	- M	yel	od	uspla	421	c Su	inde	cme!	
8 8 - 6			& GOI					1 1					
and o bur	NO I	Sequentially list conditions,		OR AS A CON									
physician ne prior to	PAT	cause. Enter UNDERLYING DOCALA Tract To feet											
n certificat nding phy Hygiene p	E	CAUSE (Diseese or injury that initiated events	DUE TO	OR AS A CON	- V - V	F):) [0(0)	40	10011	vns	
the Hall	CERTIFICATION	resulting in death) LAST											
의 선호 크	AL C	PART ii. Other significant condition	s contributing to	desth but no	ot resulting	in the under	lvina	ceuse given l	n Pert i.	24s. WAS AN	ALITOPSY	24h WES	RE AUTOPSY FINDINGS
that ed by th an	S									PERFOR		AM	ILABLE PRIOR TO
sign sign	MEDIC									1 TYES 2	N NO		DEATH?
5 - 0	900				EATH VI	S I NO		LINICEDTA	IN \square				, , , , , , , , , , , , , , , , , , , ,
been to of	ä	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF D	CAIR II	2 IAC		UNCERTA					
The law required has been ate Dept. of em 23 shy	CIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?				TH (Check only		UNCERIA					
The law required has been ate Dept. of em 23 shy	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. P	LACE OF OEA	TH (Check only OTHER:	one)	5 Residence		ner (Specify)			
The law required has been ate Dept. of em 23 shy	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	26. P	3 DOA	OTHER: 4 Nursing E OF 280	Home	5 Residence	6 Ott	ner (Specify) ESCRIBE HOW IN	JURY OCCU	RED	
PHYSICIAN: The law req this certificate has been with the State Dept. of rked, or Item 23 sh	BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da	26. Pr ER/Outpatlant INJURY ny, Year)	28b. TIM	OTHER: 4 Nursing E OF URY M 1	Home INJU WOR	5 Residence	8 🗆 Oti	EŞCRIBE HOW IN			
DING PHYSICIAN: The law red After this certificate has been death with the State Dept. of s. marked, or item 23 sh	ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, De	26. Pr ER/Outpatlant INJURY ny, Year)	28b. TIM	OTHER: 4 Nursing E OF URY M 1	Home INJU WOR	5 Residence	6 Ott				Number,
DING PHYSICIAN: The law red After this certificate has been death with the State Dept. of s. marked, or item 23 sh	ETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da 28e. PLACE Of building, 4	26, Pr ER/Outpatient INJURY ny, Year) F INJURY — At artc. (Specify)	28b. TIM	OTHER: 4 Nursing E OF URY M 1 Bireet, factory,	Home INJU WOR YE	5 Residence RY AT IK? ES 2 NO	28d. Di	CATION (Street e. y or Town, State)	nd Number o	Rural Route	Number,
AL OR ATTENDING PHYSICIAN: The law red. L. DIRECTOR: After this certificate has been 2 hours after death with the State Dept. of 1 tem 28 is marked, or Item 23 shi	ETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 2 29e. DATE OF (Month, Da 29e. PLACE Of building, (26, P. ER/Outpatient INJURY y, Year) FINJURY — Att.: (Specify)	28b. Timining the control of the con	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	Home INJU WOR YE office	5 Residence RY AT KY? ES 2 NO	28d. Di 28f. LC	CATION (Street e. y or Town, State)	nd Number o	Rural Route	
AL OR ATTENDING PHYSICIAN: The law red. L. DIRECTOR: After this certificate has been 2 hours after death with the State Dept. of 1 tem 28 is marked, or Item 23 shi	COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, De 28e. PLACE Of building, (26, P. ER/Outpatient INJURY y, Year) FINJURY — Att.: (Specify)	28b. Timining the control of the con	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	Home INJU WOR YE office	5 Residence RY AT IK? ES 2 NO	28d. Di 28d. Di 28f. LC Ch	CATION (Street e. y or Town, State)	nd Number o	Rural Route	menner se stated.
AL OR ATTENDING PHYSICIAN: The law red. L. DIRECTOR: After this certificate has been 2 hours after death with the State Dept. of 1 tem 28 is marked, or Item 23 shi	BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De 28e. PLACE Of building, CIAN: To the best of ER: On the best of example of the patient of the	26, Pi ER/Outpatiant INJURY y, Year) F INJURY — At atc. (Specify) my knowledge, aminetion end-	28b. Tilm	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	Home INJU WOR YE office	5 Residence RY AT KY? ES 2 NO	28d. Di 28d. Di 28f. LC Ch	CATION (Street e. y or Town, State)	nd Number o	Rural Route	I menner se stated.
OR ATTENDING PHYSICIAN: The law rec DIRECTOR: After this certificate has been rours after death with the State Dept. of tem 28 is marked, or item 23 shi	E COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 2 28e. DATE OF (Month, De building, 6	26, PI ER/Outpatlant INJURY — At int. (Specify) Try knowledge, amination end.	28b. Tilm Investigation	OTHER: 4 Nursing EOF 28c URY M 1 street, factory, and at the time, in, in my opinion	Home Home WOR YE	S Residence RY AT IK? ES 2 NO and place, end di seth occured at the 29c. LICENSE NI D - 43	28d. D 28d. D 28f. LC C/I 28f. LC MBER 2 7	CATION (Street e. y or Town, State) ause(e) end manute and place, end	ner as stated due to the	Rural Route	I menner se stated.
AL OR ATTENDING PHYSICIAN: The law red. L. DIRECTOR: After this certificate has been 2 hours after death with the State Dept. of 1 tem 28 is marked, or Item 23 shi	BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 2 28e. DATE OF (Month, De building, 6	26, PI ER/Outpatlant INJURY — At int. (Specify) Try knowledge, amination end.	28b. Tilm Investigation	OTHER: 4 Nursing EOF 28c URY M 1 street, factory, and at the time, in, in my opinion	Home Home WOR YE	S Residence RY AT IK? ES 2 NO and place, end di seth occured at the 29c. LICENSE NI D - 43	28d. D 28d. D 28f. LC C/I 28f. LC MBER 2 7	CATION (Street e. y or Town, State)	ner as stated due to the	Rural Route	I menner se stated.

1995 Julia d'Audion Reviel

G JAN 2 1

м

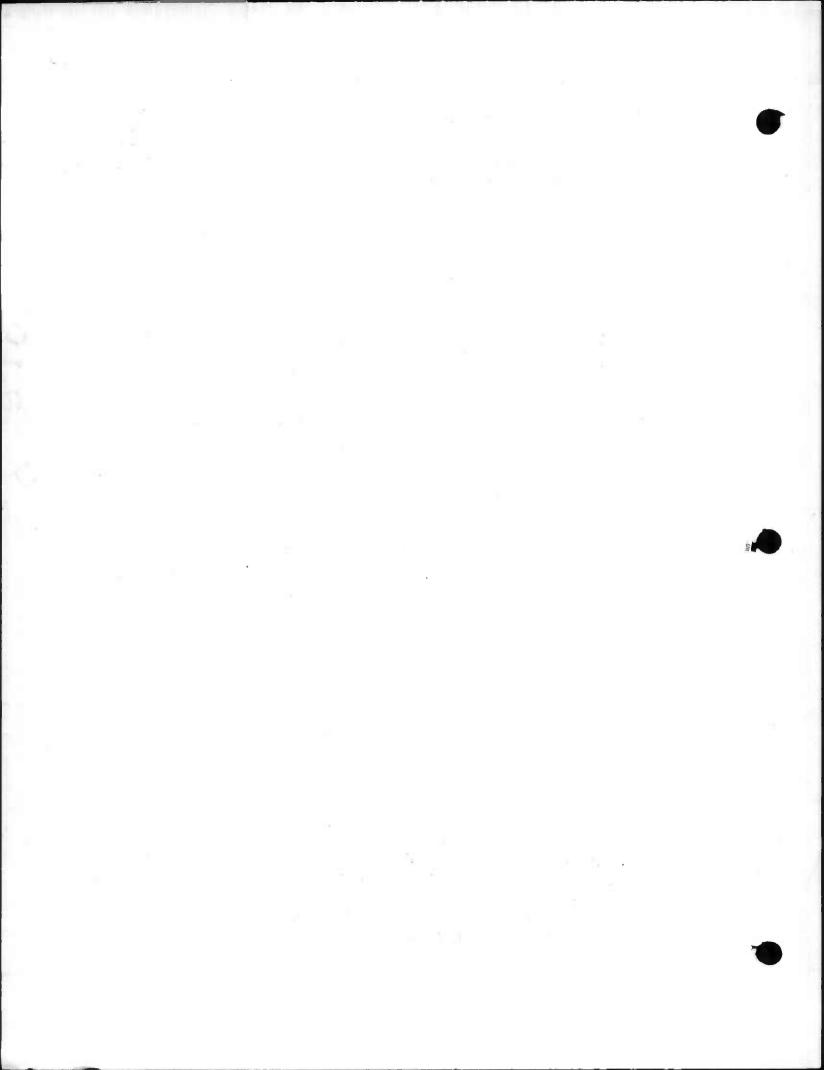
1 -

Items: 23 part I,27,28a,b,c,d,e,f per MEO G-720 2/2/95 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR ALLEN LEE GULLION DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 218-76-0629 28 1 X M 2 - F 1966 Maryland Jan. 9e. FACILITY NAME (If not institution, give street end nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH OLD YORK RD & HOUCKSMILL RD DIRECTOR Pages 1, 2, 3 MONKTON BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Darlington 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2227 Castleton Road 21034 USA funeral director, page 5 should be detached for use as the burial-transit the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY Specify: white 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10 Brick Mason Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Emory Randolph Gullion, Sr. retained by Ruth Ann Simms 86 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy J. Edinger 2227 Castleton Road, Darlington, Maryland 21034 hours after death. Page 6 may be Pe 20e. METHOD OF DISPOSITION
1 State Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 Suriel 2 Cremetion 3 L 4 Donation 5 Other (Specify) Gernatory, cramatory or other place).
Bel Air Memorial Gardens 1/16/95 Bel Air, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009 filled in by the the medical 23. PART i. Enter the diseases, or complicatione that/caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, **Approximate** ahock, or heart fallure. List only one ceuse on each line. 9 Interval Between **IMMEDIATE CAUSE (Final** Onset and Death cremation. diseese or condition resulting in death) and completely fi HEAD INJURIES event. executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, signed by the attending physician are Health and Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART Ii. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part 1. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? shows any 1 ☐ YES 2 ☐ NO OF DEATH? 1 YES 2 NO 6 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) certificate In the State HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence \$\infty\$ Other (Specify) XXYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA WOODED 10 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Subject hit by 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? After this ca feath with t marked, 5 Pending 1/12/95 chain saw and fallen limb of tree 1 YES 2 NO BY After 2XX Accident Investigation OR ATTENDING 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 01d York Rd. & Houks Mil 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) .00 DIRECTOR: / hours after d Item 28 is COMPLETED 8 Could not be City or Town, State) Old York R Rd., Baltimore Co. Md. 4 Homicide Wooded area 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner as stated TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 ho 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29K SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 13/95 JAN O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201



BALTIMORE, MARYLAND 21215-0020

-

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL, DRIVER HANDLE PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician.

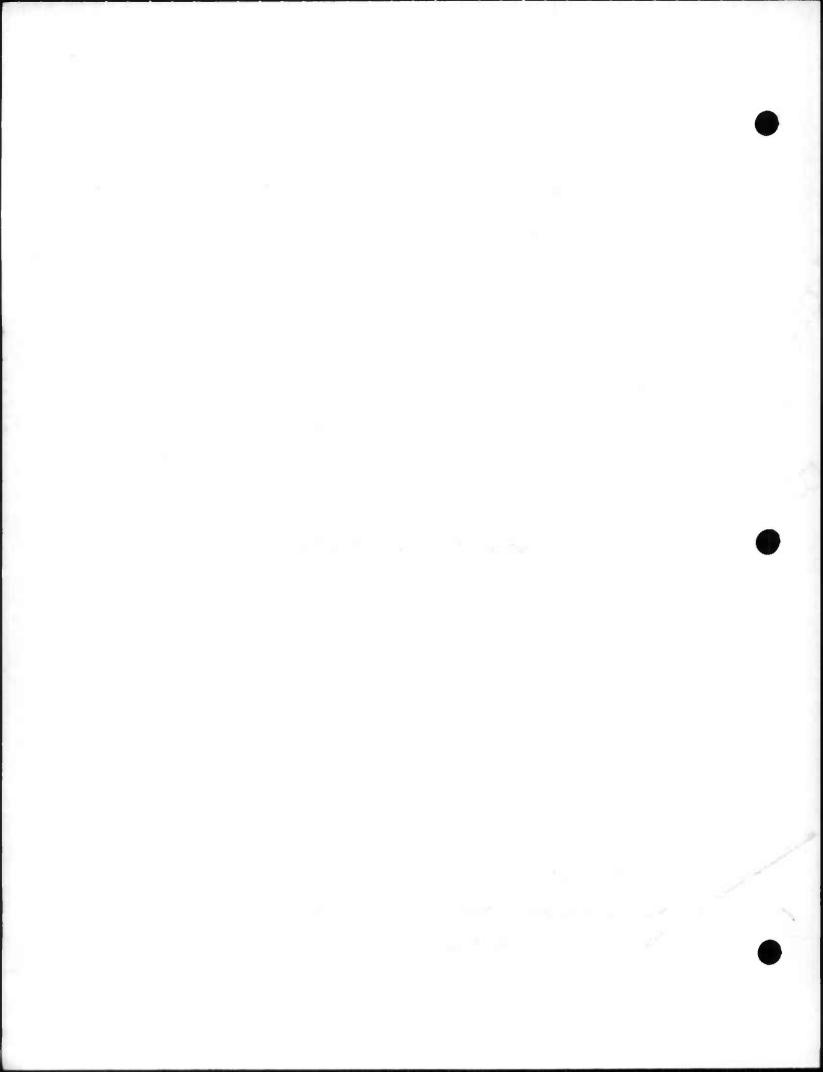
TO THE FUNERAL, THECHOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 more after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 23 is marked, or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	1. DECEDENT'S NAME (First,	Middle, Last)			GRE	66				2. DATE OF MONTH	DEATH	¥1.996	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ED	5. SEX	4.405 //-		-								М
	219-74-9965		1 🗆 M 2 🙀 F	6. AGE (In yrs	7 YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF I (Month, De Jan.	y, Year)	958	Country	PLACE (State or Foreign y) Tyland
	9a. FACILITY NAME (If not in					9b. CITY			ON OF DE	ATH			NTY OF DE	EATH
DIRECTOR	Saint Jose		pital				lov	noev	Mary	/land			Baltin	nore
JE	10a. STATE	10b. COUNTY			10c. CIT	TY, TOWN OR LOCATION								10d. INSIDE CITY
	MD 100. STREET AND NUMBER	N/	'A		Ba	ltim								LIMITS?
FUNERAL	2733 Matth	orra Ch	root				101	2121				_	S.A	HAT COUNTRY?
N.	11. MARITAL STATUS	ews sc	12. WAS DECEDEN	T EVER IN U.S.	ARMED	12	WAS DEC			IIC ORIGIN? (S	anath. Wa			
	1 Never Married 2		FORCES? 1	YES 2	XNO	l l	If yes, sp	ecify Cubs	in, Maxicar	n, Puerto Rica	n, etc.)	Of NO-	Black	— American Indian, , Whita, atc.
BY	3 Widowed 4 X Divo	rced		THE PRICE			1 1 169	2 34 140	Specify				Specif	BLACK
	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	16a.	DECEDENT'S	DECEDENT'S USUAL, OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					D OF BUS	INESS/INC	DUSTRY	
J.	Elementary/Secondary (0		College (1-4 or 5 -		Me. Do NOT u	22.5					N/A			
COMPLETED	17. FATHER'S NAME (First, M		.A. Degre	e	14/	A		16 MOT	HER'S NAI	ME (First, Midd		Summer		
BE C	Andrew Cren	shaw								Muldr		Commentey		
10 8	19a. INFORMANT'S NAME (7	,			19b. MAILING	ADDRESS	S (Street a	nd Number	r or Rural F	Poute Number, (City or Town	n, State, Zip	Code)	
۴	Linda Gregg				725 E	. 341	th S	tree	t/Ba	ltimor	e, M	D 212	218	
	20a. METHOD OF DISPOSITI 10 Burlal 2 Cremation 4 Donation 6 Other	ON n 3 □ Remo	oval from State	20b. PLA	CEAND DATE	of DISPOS ther place)	SITION (Na	me of		1-21			City or Tov	
	21. SIGNATURE OF FINERAL			/ ball	THORE				SS OF FAC		Ва	TCTIIK	ore,	MD
	M/h	The	. 6 V	Lin	.1	Ma	irch	Fune	eral	Home E		L2		21202
\neg	23. PART I. Enter the di	sesses, or o	omplications the	t caused the	death Do	TT	.O.L I	de of du	orth	Avenue	e/Bal	.tlmo	re, I	MD 21202
- 1	/shock, or he IMMEDIATE CAUSE (Fin	eart tallure. L	lefonly one cau	ise on each	line.			oa oi ay	ing, acoi	r aa cardiac	от теври	ratory are	vat,	intarvai Between Onset and Death
	disease or condition resulting in death)		METAS	TATIC E	BREAS	CAF	RCINO	AMC						18 MOS
				(OR AS A CON										
NO	Sequantially list conditi		DUE TO	(OR AS A CON	SECULENCE O	D.								
MEDICAL CERTIFICATION	if any, leading to immed cause. Enter UNDERLYI	NG		(OI) HO H COI	SEOUENCE O	·)·								1
Ĕ	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CON	SEQUENCE O	F):								
E	resulting in death) LAS		ı											
ایا	PART II. Other significa	nt conditions	contributing to	death but no	ot resulting	In the un	deriying	g cause (given in i	Part i. 24s	. WAS AN		246.	WERE AUTOPSY FINDINGS
3										1.5	PERFOR	3/		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME										_ '		Ca No		OF DEATH?
- 1	DID TOBACCO U	SE CONTR	IBUTE TO CA	USE OF D	EATH YE	S 🗆 I	NO [UNC	ERTAIN	10				_ ,
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HQSPITAL:	26. P	LACE OF DEA	OTHER								
YSI	1 TYES 2 THE		1 Department 2			4 🗆 Nun		• 5 □ Re	aldenca	8 Other (Sp	recity)			
		Pending nvestigation	28a. DATE OF (Month, D		28b. TIM	E OF URY M		URY AT RK7 YES 2	NO	28d. DEŞCRII	BE HOW II	JURY OC	CURED	
D BY	3 Suicide 6	Could not be	26s. PLACE O building,	F INJURY — At	t home, farm,	itreet, fact	ory, offic			261. LOCATIO	N (Street a	nd Number	or Rurel Ro	oute Number,
		letarmined								Only of 10	writ, Otalier			
COMPLET			IAN: To the best of											
8			t: On the beals of a	ramination and	/or investigation	n, in my o	pinion, d	eath occur	red at the t	time, data and	placa, and	d due to th	a cause(s)	and menner se stated.
B	29b. SIQNATURE AND TICE	OF CERTIFIE	12					29c. LICE	NSE NUM	BEB	,	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	CON LETED CARE	SE OF DEATH #	TEM 971 /5000	Print		1	26	20 (5	ν		116	0/45
	RICHARD H						NSO	N. MC	212	04			,	
Ш	JAN 2 1 1995				En Dn	1 101		4						



DIVISION OF VITA

ATTENDING PHYSICIAN: The TO THE HARPINES AND TO THE FLANDING SHEET

COMPLETED BY

H

2

ABGTOR: After the yes lither death w

45

296. SIGNATURE AND JITLE OF CERTIFIER

I 1995

4 Homicide

29e. CERTIFIER

		JESSE	J.		GREEN	WELL		Januar		
		4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER 1 YE		S. 7. DATE OF BI		
Pa		220-22-5216	1X M 2 🗆 F	69	YRS.			JAN.1		
3 should	05	Sa. FACILITY NAME (If not institution, give					WN OR LOCATION O	F DEATH		
ci.	DIRECTOR	1807 N. Patteros	n Park Av	renue		Balti	more	more		
permit. Pages 1,	REC	10a. STATE 10b. COUN			10c. CITY	, TOWN OR LOCATION				
# <u></u>			I/A		Bal	timore	9			
L perm	3AL	10e. STREET AND NUMBER					10f. ZIP CODE			
ian. transi	FUNERAL	1807 N. Patterso					21213			
020 physician. burial-transit		1 Never Merried 2 Merried		YES 2	2 NO	If yes	DECENDENT OF HIS s, specify Cuben, Me	xicen, Puerto Rican,		
ding p	B≺	3 Widowed 4 Divorced	IF YES, GIVE Y	MARTOR DATE	S	10	YES 2 X NO Sp	ecify:		
21215-0020 al or attending physic for use as the burial		15. DECEDENT'S ED (Specify only highest grades)		16	a. DECEDENT'S L	JSUAL OCCUI	PATION g most of working	16b. KIND		
21 Ital or		Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT use	retired.)	y most or working			
AND the hospital detached for	COMPLETED	17. FATHER'S NAME (First, Middle, Last)	N/A		LABOR	RER		Bela		
MARYLAND retained by the hospita 5 should be detached notified at once.		17. PATHEN S HAME (FIRST, MICOUS, LIBST)					Marth	NAME (First, Middle,		
MAR retained to 5 should	00	19e. INFORMANT'S NAME (Type/Print)	7.		19b. MAILING	ADDRESS (Str	net and Number or Ru	1		
	2	Lillian Greenwel	.1		1807 N	. Pat	terson Pa	ark Avenu		
A Pag :		20e. METHOD OF DISPOSITION 1 1 Surface 2 Command 2 Security 3 Secu	moval from State		ACEANDDATEO		N (Name of	DATE		
Page 6 ma Il director, p					rison	Forest	VA Cem	1-23		
ALTIN death. Pag e funeral dir J.	1 1	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /	//	,	Marc	e and address of th Funera	1 Home E		
BA Ber de	Ш	Maxim	4 9 H	un	20	1101	E. Nort	h Avenue		
hours after ed in by the or removal		23. PART I. Enter the diseases, or shock, or heart failure	complications the	t caused th	a death. Do no	ot anter the	mode of dying, a	uch as cardiec o		
	Ī	IMMEDIATE CAUSE (Final disease or condition	1		1					
760 ted within completely al, cremati		resulting in death)	a. Clu	100 AS A CO	MALL	LUR	12			
P.O. BOX 68760 the certificate be executed within 24 menting physician and completely fills if hydere prior to burial, cremation, at other traumatte event, the	-		Mer	- 1 A-	1 TE	F	ANCR	CATIO		
OX 68' e be execute sician and confort to buriant traumatic	9	Sequentially list conditions, if any, laeding to immediate	b. DUE TO	(OR AS A CO	INSEQUENCE OF)		72010	24/10		
BOX ficate be physician re prior the	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
Certificate certificate physiene pri	E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	NSEQUENCE OF)	:				
	CERTIFICATION		d							
RECORDS, R requires that the death seen signed by the atte of Health and Mental shows any Injury.		PART ii. Other aignificant condition	one contributing to	death but r	not reaulting in	tha undar	ying cause given	in Part i. 24a.		
COR signed by Health an	DIC									
REC requires been slip of Heal shows	ME									
	PHYSICIAN: MEDICAL	DID TOBACCO USE CON	TRIBUTE TO CA					AIN 🗆		
三 年 自	SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:				
OF VI.	H	27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF	INJURY	nt 3 DOA	OF 28c.	Home 5 Residen	ce 6 Other (Spec		
N OF PRIS STATE WITH WITH WITH WITH WITH WITH WITH WITH	ВУ Р	Pending Investigation	(Month, D	ay, Ybar)	ULMI	RY	WORK?	Low. SECONISE		
STON ENDING P B: After or douth	0 8	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — I	At home, ferm, etc	reet, factory, o	office	26f. LOCATION		

30. NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE DE DEATH WITH 27) (Type, Print 5 901 7 5 K, M &

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

95 01425 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1995 HTH 8. BIRTHPLACE (State or Foreign Country) 1925 Maryland 9c. COUNTY OF DEATH N/A 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Black OF BUSINESS/INDUSTRY air Motors Meiden Surneme) ty or Town, State, Zip Code) me/Baltimore, MD 21213 20c. LOCATION — City or Town, State Owings Mills, MD ast /Baltimore, MD 21202 or respiratory arrest, Approximata intarvai Between WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 | YES 2 | NO ome 5 Residence 6 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29d, DATE SIGNED (Month Day Year)

	à.	Ē	70	e
			ou,	9
	100	61	nati	=,
î	With	plet	Cref	len/
	ted	00	jaj,	85
2	xecu	and	ğ	E E
	De B	ian	N 10	Time I
	ate	rysic	Par	T E
	tific	d D	iene	the
)	9	ngin	£	0 10
	eath	atte	Tra Tra	7,
)	he d	the	Me	큳
)	at t	3	and	Į,
5	th Si	peul	att	9
)	quire	Sig	He	8
	76	peel	1.0	S
ı	- S	Sec	Dep	23
	Ĕ	ate	ate	Em
	AN:	tific	e S	=
	SIC	Cer	中日	d,
)	PH	this	¥	윤
	NG	fter	eath	E
2	S	R.	er d	-60
2	ATT	8	aff	28
	OR	OIR	DOUR	tem
a	M	AL	72	Ξ
	SPI	NER	H	H
	F .	3	M	MA
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, In	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or n	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the men
	2	2	8	=

30. NAME AND ANDRESS OF PERSON WHO COMPLETE M Schister MD

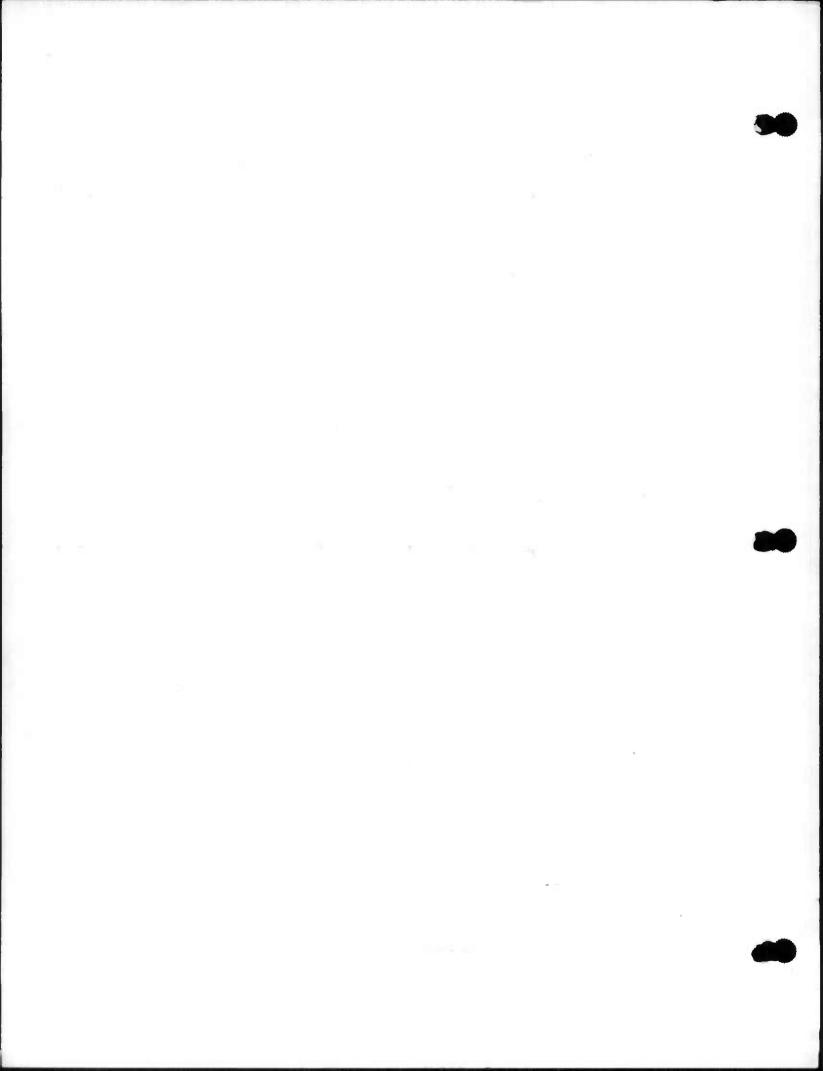
31. DATE FILED (Month, Day, Year)

JAN 2 1 1995

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND				EALTH AND N DEATH	MENTA	L HYGIENI REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last) AGNLES S	Agnes Ste	in	Gun	ter		2. DATE MONT	OF DEATH 1		
		4. SOCIAL SECURITY NUMBER 135-09-3598	5. SEX 1 M 2 F BL	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH 1 Day, Year 28 / 13		BIRTHPLACE (State or Foreign Country) ew Jersey
	СТОВ	98. FACILITY NAME (If not institution, give str SACRED HEART RESIDENCE OF DECEDENT	NUNSING HOME				VILLE,			PRIMO	OF DEATH E GEORGES
	DIREC	10a. STATE 10b. COUNTY	ce GeorgeCo		y, town o						10d. INSIDE CITY LIMITS? 1 YES 2 NO
		10e. STREET AND NUMBER 5805 Queens C			,		ZIP CODE	2.2		10g. CITIZEN	OF WHAT COUNTRY?
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		1	f yes, spe	2078 ENDENT OF HISPAN city Cuban, Maxicai 2 NO Specify	IIC ORIGIN		or No- 14.	USA RACE — American Indian, Black, White, etc. Specify:
	8	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	DECEDENT'S	work done i			16b	. KIND OF BUS	INESS/INDUST	White
	COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	se retired.)						
n once		17. FATHER'S NAME (First, Middle, Lest) Albert Char	les Stein				18. MOTHER'S NA		100	-	
be notified at once	TO BE	t9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	Marie nd Number or Rural F		atha ber, City or Town		
be no	-	Mary Cece	200 84 44	70			ner Ct,	Lan			0 6 or Town, State
		1 Burial 2 Cremation 3 Remo		place)	SHOW (Na	me or cen	wary, cremetory or		296, 200	CATION — City	or lown, State
or removal. medical examiner must		21, SIGNATURE OF FUNERAL SERVICE LICE	Son fort	le,Di			Baltim				
or removal medical		23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that caused the class only one cause on each li		not enter	the mo	de of dying, auc	h aa can	diac or respi	ratory arrest	Interval Between
the the		iMMEDIATE CAUSE (Final disease or condition reaulting in death)	ACUTE INTR			c B	WED				SUDDEN
to burial, cr	z		DUE TO (OR AS A CONS	SEQUENCE C	F):						
prior to b	RTIFICATION	Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE O	P):						
r other	ERTIFI	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE O	F):						
Injury, o	AL CE	PART ii. Other aignificent conditions	contributing to death but no	t resulting	in the ur	derlying	cause given in	Part I.	24a. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
any a	EDICA							-	1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH?
	N: M										1 TYES 2 NO
State De Item 2	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMPLE?	HOSPITAL:		ОТНЯ	4:	ACE OF DEATH (Ch				
d, or i	PHYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Outpatient 28a. DATE OF INJURY	28b. TH	AE OF	28c. INJ		T	F (Specify) SCRIBE HOW I	NJURY OCCUR	ED
is death with the State Dept.	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Morith, Day, Year)		JURY M	1 🗆 1	RK? 'ES 2 NO				
after 28 i	TED	3 Suicide a Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, fac	lory, office			CATION (Street a or Town, State)		Rural Route Number,
nin 72 hours IT: If Item	COMPLE	one)	CIAN: To the best of my knowledge, R: On the besis of examination and/								suse(s) and menner as stated.
be filed within IMPORTANT:	BE C(296. SONATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI				GNED (Month, Day, Year)
IN P	0	10 NAME AND ADDRESS OF DESIGN WHICH COMPRISED OF DEATH STEM 27 SEC. 2011									

DHMH-16 Rev 1/89

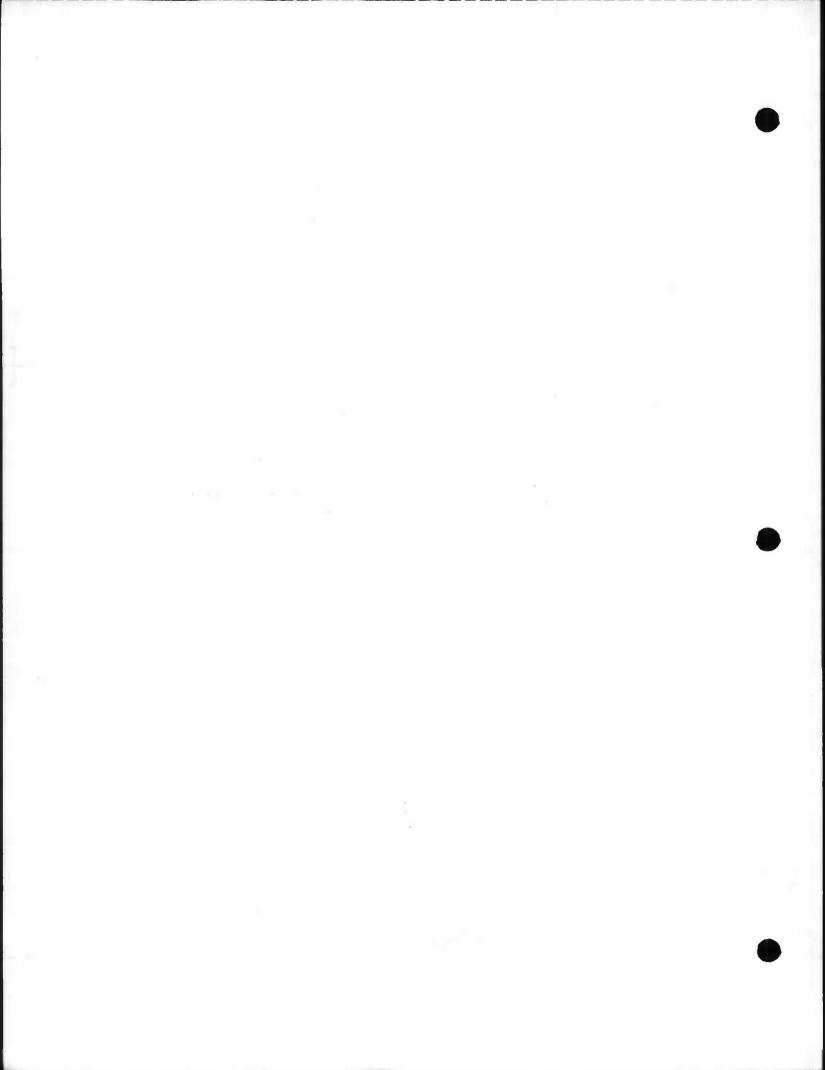
7500 Greenway Ctr. Dr. Greenbelt, Md 20770
32. REGISTRAR'S SIGNATURE



TO THE FUNERAL CHEETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR STATE

	1 - STATE REGISTRAR	STATE OF MAR		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	^	9 1	The Other Parket	2. DATE OF OEATH		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	7	Harris'	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	2 9	SIRTHPLACE (State or Foreign
	214-64-0531	1 🗌 M 2 📈 F	73 YRS. MONT		June 10,		V.C.
œ	9e. PACILITY NAME (If not institution, give s	ntreet and number) Nedical	Center 96.	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
CTO	RESIDENCE OF DECEDENT						
DIRECTOR	10a. STATE 10b. COUNTY	Y	/	an of Location			10d. INSIDE CITY FIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	i. A	1	101. ZIP GODE 2/2 C		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT OF HISPAI		or No.— 14	RACE — American Indian,
BY FI	Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y		It yea, specify Cuben, Maxics 1 — YES 2 NO Specif	en, Puerto Ricen, etc.)	5	Black, Whitehetc.
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USU/	AL OCCUPATION lone during most of working	16b. KIND OF BUSI	NESS/INDUST	RY
COMPLETED	Elementary(Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use retir	nown			
OM	17. FATHER'S NAME (First, Micdo, Last)	h			ME (First, Middle Malden S	iurname) .	
BE (Cal Harr	1 \$				ms	
5	190 INFORMANT'S NAME (Type/Print)	udson	3438	RESS Street and Number or Aural		State, Zip/Cop	
	20s, METHOD OF CISPOSITION 1 Buriel 2 Cremetion 3 Remote Control Con	oval from State	20th PLACE AND DATE OF DIS	POSITION (Name of	9 20c. LOC	ATION - City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	/ / /		T	CTONS	olle, ma
	Kala	Marc	2	Manh F. 4300 W	abash	Ave	
	ahock, or heart failure.	complications that cau List only one cause or	sed the deeth. Do not e n each lina.	nter the moda of dylng, suc	h as cardiac or respir	story arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		Se : 2-14	re disorde	PC'		Onset and Death
	resulting in death)		S A CONSEQUENCE OF):				
NO	Sequentially list conditions, If any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):	al rascul			+
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	orongr	y artery	21se	928	
E	that initiated events resulting in death) LAST			nonam an			
	PART II. Other significant condition					UTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	51				PERFORM		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED	DID TOPACCO LISE CONTI	DIDLITE TO CALICE	OF DEATH VEC	TAIO THE UNICED TAI		ļ	1 WES 2 NO
CIAN	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	reck only one)	<u>и П] </u>		
IYSIC	1 YES 2 NO	HOSPITAL:	utpetlent 3 DOA 4 D	HER: Nursing Homa 5 Residence			
BY P	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJUF (Month, Day, Yea		28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURE	D
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	IRY — At home, term, street, pecify)	tectory, office	281. LOCATION (Street an City or Town, State)	nd Number or R	ural Route Number,
		CIAN: To the heat of my fr	owledge death accurred at 1	the time, date and place, and due	272	1.574.47	
COMPLETED				my opinion, death occured at the			use(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	2030)110	P	7195
	19			berry. Herrs	AILE BS	1717 m	10 21215'
	31. JAN 2 I 1995	32 REGISTRAR'S	GNATURE				



in 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

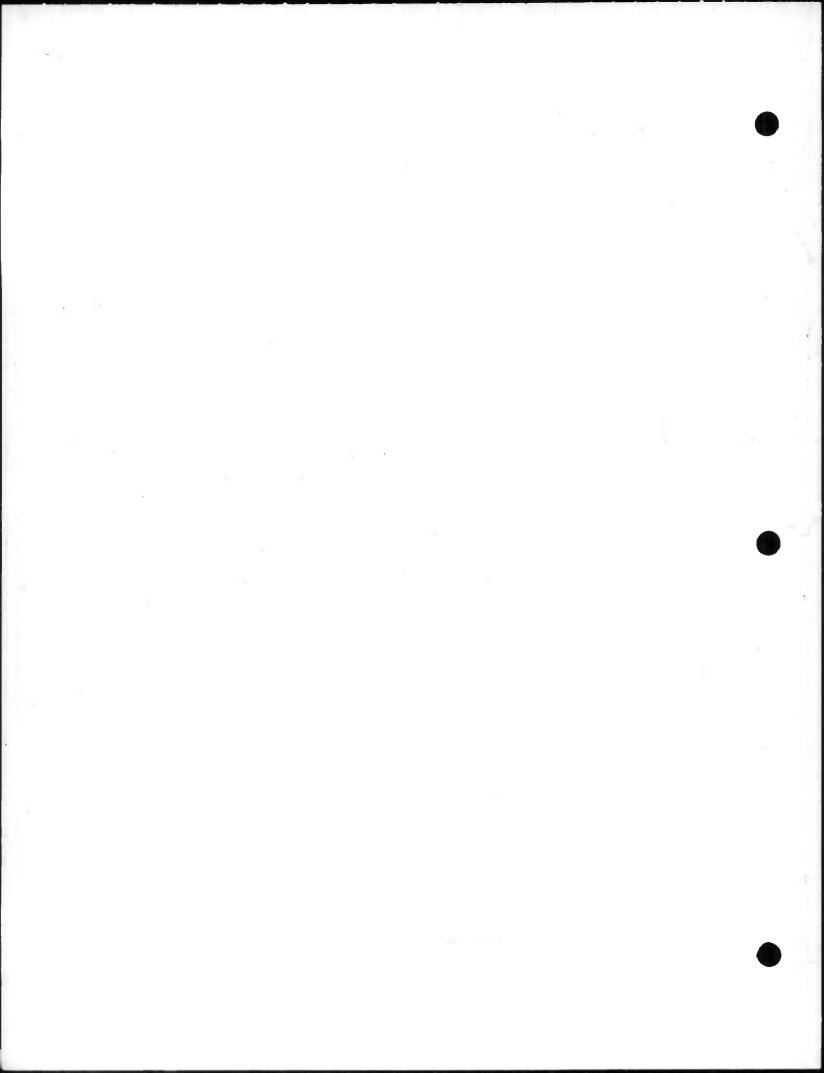
L RECORDS, P.O. BOX 68760

DIVISION TO THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR: be filed within 72 hours after

IMPORTANT: It item 28 is mi

STATE	0F	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	OF	DEAT	H		REG	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENT	AL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last) ALINE	HUFF				MON	E OF DEATH	AY	YEAR	. TIME OF DEATH	
	The second secon	5. SEX 6. AGE (In yrs.)	YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH	20	Geor		
TOR	2430 Barclay Stree			96. CITY, TOWN OR LOCATION OF DEATH Baltimore					N/A		
DIRECTOR	10a. STATE 10b. COUNTY MD N/	A		10c. CITY, TOWN OR LOCATION Baltimore					Dd. INSIDE CITY LIMITS? VES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE				EN OF WH	AT COUNTRY?	
NE	2430 Barclay Stree		-		21218			U.S			
В	1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 Y IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuban, Maxican, Puario Rican, stc.) 1 ☐ YES 2 ▼ NO Specify: Specify: Black					Vhite, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	(Give kind of wor lie. Do NOT use i		DN st of working	16	b. KIND OF BUS					
MP		/A	Domes	tic			n,				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Sumame)			
BE	Otis Huff 19a. INFORMANT'S NAME (Type/Print)	1.	ION MAILING AL	DOBESS (Steel	Fannie Mumber or Aural			200			
5	Alberta Gibson		2511 E	utaw Pl	ace Apt	1C,	/Baltin	nore,	MD 2	1217	
	20a, METHOD OF DISPOSITION 1 (A Burlet 2 Cremation 3 Removal from State 4 Donation 5 Pther (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of the property of the park 1-18 Randallstown, MD										
	21. SIGNATURE OF PUMERAL SERVICE LICEN	Line			Funeral E. North			ltimo	re, N	1D 21202	
	23. PART I. Enter the diseases, or con	np/catione that caused the cit only one cause on each ilr	leath. Do not	enter the mo	de of dying, auc	h ss car	rdisc or respi	ratory srre	nt,	Approximats	
	IMMEDIATE CAUSE (Fins)		2 /							Interval Between Onset and Death	
	disease or condition resulting in death) s. KENAL TAILIZE								IW		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other aignificant conditions of	contributing to death but not	resulting in	the underlying	cause given in	Part 1.	24a, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
MEDICAL							PERFOR		C	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?	
	DID TOBACCO USE CONTRIE	LITE TO CAUSE OF DE	ATH YES	M NO	UNCERTAII				1	YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH	-	UNCERTAIL	4 🗆					
Sic		OSPITAL:		THER:	5 Residence	6 🗆 Oth	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU Y WO	RK?	28d. OE	SCRIBE HOW II	NJURY OCCU	RED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At h building, atc. (Spec#y)	iome, farm, atre		2 1 10	281. LOI City	CATION (Street a or Town, State)	nd Number or	Rural Rout	e Number,	
COMPLETED		N: To the best of my knowledge, o									
	AND SIGNATURE AND TITLE OF CONTIFIER	On the baals of axamination and/or	r investigation, i	in my opinion, de	29c, LICENSE NU		a and place, an			onth, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	Sland M	2		D30	56		> //U	8/55		
	6701 North	Charles S	EW 27) (Type, Pri	Jou	004	m	1.	2/2	04		
	"JAN 2 (1 1995") Juli	REGISTRAR'S IGNATURE			-		-				



00 00

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		EDWIN ELLSWO		PWOOD				13 1995	5:30 A M
		4. SOCIAL SECURITY NUMBER		'in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign intry)
should		220-10-1382 9a. FACILITY NAME (If not institution, give	1 M 2 F	7.3 YRS.	OF OUTY TOWN	00.100.100.100.100	3-15-21		ryland
2, 3	RECTOR	Memorial Hospit	*		Cumber	land	DEATH	Allegar	
10es 1,	REC	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
permit. Pages	□	Maryland All	egany Count	y Cu	ımberla	and		10a. CITIZEN OF	LIMITS? 1 YES 2 NO WHAT COUNTRY?
. ist	ER/	1520 F 01dto	wn Manor Ap	ts		2150	2	US	
21215-0020 If or attending physician. If or use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 K Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAY YES 37-4	U.S. ARMED 2 NO ATES	If yes, s	CENDENT OF HISPA	ANIC ORIGIN? (Specify Year, Puarto Rican, etc.)	fee or No 14. RA Bit	CE — American Indian, ack, White, atc.
215-0 attending	ED	15. DECEDENT'S EDU	ICATION	18a. DECEDENT'S	USUAL OCCUPATI	ION	16b, KIND OF B	USINESS/INDUSTRY	White
	COMPLET	(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	rork done during m	ost of working		30112301113031111	
YLAND by the hospit be detached at once.	NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide	en Surname)	
YLA d by the id be deta d at one	BE (Luther Thomas	s Hopwood			Lorea	n Wineb	renner	
ORE, MARYLAND 6 may be retained by the hospit ctor, page 5 should be detached nust be notifiled at once.	5	19e. INFORMANT'S NAME (Type/Print)	Man -	19b. MAILING	AOORESS (Street	and Number or Rural	Route Number, City or To		
		Mrs Patricia 20a. METHOD OF DISPOSITION		1520			anorApts		
FOR e 6 may ector, p		1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE (etery, crematory or of		lame of	OATE 20c. L	OCATION — City or	Town, State
		21. INCLUSTURE OF FUNERAL SERVICE LI	CENSEE Ronald W	lade Dia	22. NAME A	NO ADDRESS OF F	ACILITS tate	Anatomy	Poand
		man 11		1-16-94		.Baltin	nore St, E	Balto.MI	021201
ica af		23. ART I. Enter the diseases, or	complications that caused	the death Do o					Approximate
filled in		shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on as a DUE TO (OR AS A	ach lina.					interval Batween Onset and Death
760 ted within completely al. cremati.		resolding in death)	DUE TO (OR AS A	CONSEQUENCE OF	m - (X	MIES IN	a	me
	N	Sequantially list conditions,	a Bespia	for Lay	41(40	^			monp
BOX 68 cate be execut hysician and c prior to buria traumatic	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	Tilling				
m # £	IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
O HEEL P	ERT	resulting in death) LAST	d						
	AL C	PART ii. Other significant condition	ns contributing to death be	ut not resuiting i	n the underlyin	o cause given in	Part i. 24s. WAS A	N AUTOPSY 24	b. WERE AUTOPSY FINDINGS
RECORDS, requires that the de peen signed by the a of Health and Ment shows any injury	MEDICA							ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	Ξ.	DID TOBACCO USE CONT	RIBLITE TO CALISE O	E DEATH YE	S II NO I	UNCERTAI			1 _ YE8 2 _ NO
VITAL AN: The law tificate has t e State Dept r item 23	ÄÄ	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT			и Ц		
VITA VITA Stan: The state he State or item	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 🗆 DOA	OTHER: 4 Nursing Horn	ne 5 🗆 Rasidenca	8 Other (Specify)		
PHYSIC this ce with th	BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
TTEND TTEND TOR: A after d	ETED 6	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	ireet, fectory, offic		28f. LOCATION (Street City or Town, State	t and Number or Rural e)	Route Number,
구 크리 =	COMPLE		CIAN: To the best of my knowlers: On the basis of examination						(s) and menner as stated.
HE HO HE FUL BE WHE	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R 0) . A			29c. LICENSE NU	MBER	29d. OATE SIGNE	O (Month, Day, Year)
TO THE HOSPIT TO THE FUNERA be filed within 7	5	f hede	- 1134			D 2647	1	D 1/15/	155
		30. NAME AND AODRESS OF PERSON WH Kheder Ashker M	.D. Memorial	Hospita		al Bldg.	Cumberla	and MD 2	1502
		JAN 2 1 1995	32. REGISTRAR'S SIGNA						
			,						

t . . IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1		STATE REGISTR	AR		
Г	1. D	ECEDENT'S	NAME	(First,	М

	REGISTRAR		CEI	RIFIC	CATE O	F DEAT	Н	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DAY YEAR			3. TIME OF DEATH	
		Johnson									5	845P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last bin		77	IF UNDER 1 YEAR			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPL Country)		PLACE (State or Foreign	
	212-44-0602	1 □ M 2 💢 F 49 YRS.			MONTHS DAYS HOURS MIN.								
	9e. FACILITY NAME (If not institution, give s		9		N OR LOCATIO	N OF DEA			9c. COUNTY OF DEATH				
e l	University Hospit		Baltimore N/A										
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. NIGHT												
DIRECTOR	MD 10/2 CONTROL CONTROL OF CONTRO												
	10e. STREET AND NUMBER					1 YES 2 NO							
A				101. ZIP CODE					S.A.	HAT COUNTRY?			
FUNERAL	7612 Franklin Aver												
5	11. MARITAL STATUS 1 Never Merried 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 3 Y				13. WAS C	ECENDENT OF specify Cuban,	ENT OF HISPANIC ORIGIN? (Specify Yes or No					- American Indian, White, atc.	
B	3 Widowed 4 Divorced		1 YES 2 X NO Specify: Specify:										
	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 160. KIND OF BUSINESS/INDUSTRY												
	(Specify only highest grade completed) (Give kind of work done during most of working												
2	Elementary/Secondary (0-12)	College (1-4 or 5 +) N/A N/A							N/A				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11/11		14 MOTHER: NA			AME (First, Middle, Maiden Surname)						
Ö	Isiah Wilson							Jones		Surneme)			
BE	19e. INFORMANT'S NAME (Type/Print)		10h I	AAII ING AI	DDBEEC (CV					D	0.11		
2	Alfred Johnson					(Street and Number or Rural Route Number, City or Town, State, Zip Code) Llin Avenue/Severn, MD 21144							
	20a. METHOD OF DISPOSITION		7				iue/ L						
	1 X Burlal 2 Cremetion 3 Removal from State												
1	4 Donation 5 Other (Specify) Grenhaven Mem. Park Ce,m 1-21 Anne Arundel Co, MD 21. Signature of Junetial Service Licenses 22. NAME AND ADDRESS OF FACILITY												
	March Funerl Home East												
	1 Was West 1	1101 E. North Avenue/Baltimore, MD 21202										MD 21202	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
1	IMMEDIATE CAUSE (Final										Onset and Death		
1	disesse or condition resulting in deeth) s. Right Intracerebral Hemotoma												
1	DUÉ TO (OR AS A CONSEQUENCE OF):												
2	Sequentisity list conditions, Dus you can a consequence of												
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING												
5	CAUSE (Disease or Injury \$ c.												
Ē	that initieted events resulting in desth) LAST												
崽	d												
<u> </u>											WERE AUTOPSY FINDINGS		
EDICAL	PERFORMED?									AVAILABLE PRIOR TO COMPLETION DF CAUSE			
										DF OEATH?			
Σ.	DID TORACCO USE CONTR	PIBLITE TO CALL	SE OF DEATH	4 VEC		T UNCE	DTAIN					1 YES 2 NO	
N N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
PHYSICIAN:	EXAMINER?	HOSPITAL:		C	THER:								
Ĭ	1 YES 2 NO 1 Impetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
	1 Natural 5 Pending		(Month, Day, Year)		TY .	YORK?		zou. Degerme	LIION	130N1 OCC	JOHEO		
B	2 Accident Investigation 3 Suicide & Could and be	28e. PLACE OF	28e. PLACE OF INJURY At home, form, et				-	284 LOCATION (Chart and Number of Book Book Number					
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)							281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
9 1	29a. CERTIFIER												
₩ I	Check only CPRTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. One) 2 MEDICAL EXAMINER: On the heals of premine tion end/or investigation in my onlying death occurred at the time, date and place, and due to the cause(a) and manner ea stated.												
8	One) 2 MEDICAL EXAMINER: On the basis of exaministion end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated.												
H	296. SIGNATURE AND THE OCCURTIFIER 29d. DATE SIGNED (Mo								Month, Day, Year)				
2	1100						7 7	04		>	1/16	5/95	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	ASChiou UMMS Neurosurgeny												
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR	SIGNATURE					/					
り	JAN 2 1 1995 A	WA WILLIAM	TATEL										

OHMH-16 Rev 1/89

REG NO

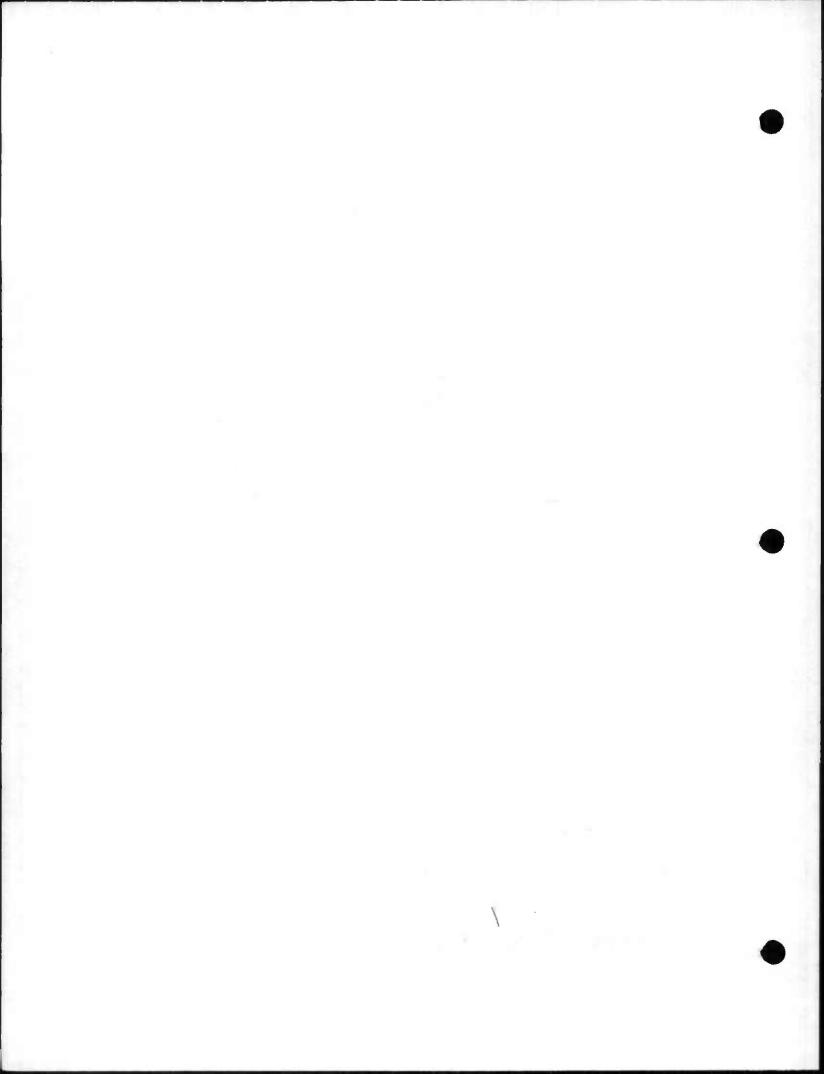
BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

68760
BOX
P.0
RECORDS,
OF VITAL
DIVISION

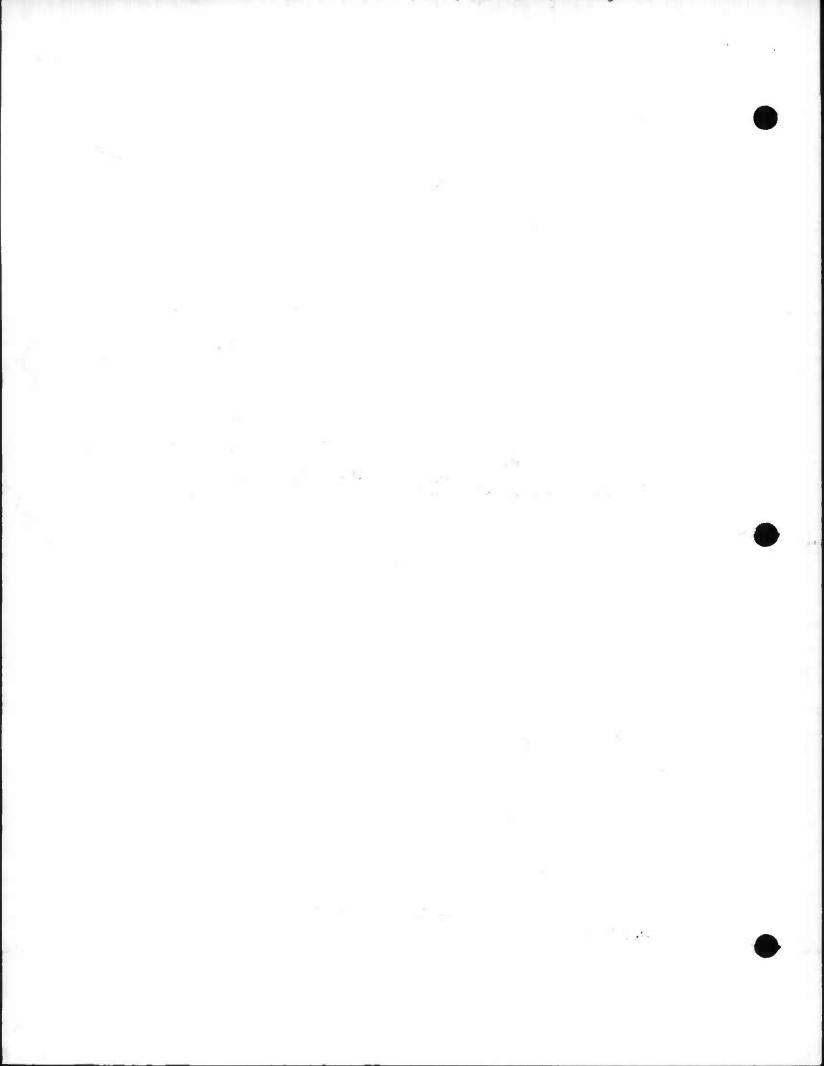
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 995 WILLIAM W. KAHLER 01 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dev. Year 1 X M 2 | F DAYS HOURS 216-10-3194 YRS DECEMBER 20,1909 BALTIMORE, MD. permit. Pages 1, 2, 3 should 9e, FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8131 WOODHAVEN ROAD BALTIMORE COUNTY BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE COUNTY 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8131 WOODHAVEN ROAD 21237 USA use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
It yes, specify Cuban, Mexicen, Puerto Rican, etc.)
1 YES XX ND Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: WHITE BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) detached for Elementary/Secondary (0-12) College (1-4 or 5+) CRANE OPERATOR 6 BETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 2 notified at CHARLES KAHLER ELIZABETH WENDEROTH BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1229 SPRING AVENUE BALTIMORE, MD. 21237 DOROTHY FERANDES ě 20a, METHOD OF DISPOSITION
1 | Burisi 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must funeral director, ZION CHURCH CEMETERY JANUARY 21, 1995 □ Donation 5 □ Other (Specify) _ BALTIMORE, MARYLAND medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME, INC. Mason Fineral Homo LOC 7401 BELATR ROAD BALTIMORE, MARYLAND 21236 the 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, completely filled in by Approximate ahock, or heart failure. List pniy one cause on each lina. interval Between ŏ IMMEDIATE CAUSE (Final Onset and Death the cremation, disesse or condition with. 24 MYOCARDIAL INFECTION osorble 7 resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF i day executed burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if sny, leading to immediate cause. Enter UNDERLYING has been signed by the attending physician Dept. of Health and Mental Hygiene prior to certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 the death injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any requires that 1 TES 2 NO OF DEATH? shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: 23 ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item DIRECTOR: After this certificate I hours after death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Reeldence 6 Other (Specify) Home 9 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 69 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 28 4 Homicide item HOSPITAL OR 29e. CERTIFIER 12 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M 2 MEDICAL EXAMINER: On-th investigation, in my opinion, death occured at the time, date end piece, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER D 37 2 AND. 29d. DATE SIGNED (Month, Day, Year) BE 3725K 1.20-95 LIMIND 800N 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Franklin & In 9000 SQUARE HOSP. CTK. FRANKLIN 1800N 1237 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE JAN 2 1 1995 Murden

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



O	to bourse
90	and the same
687	Patrion
ŏ	a ha
O. B	nartificat
ď.	death
ă	140
OR	that
RECO	PROBLETORS
4	Lane.
¥.	Tho
DIVISION OF VITAL RECORDS, P.O. BOX 68760	E HOCOTAL OR ATTENDING DHVC/CIAN. The law requires that the death certificate he securited within the bound
/ISION	ATTENDING
	ac
_	MOSPITAL
	L

		1 - STATE REGISTRAR	STATE OF MARY			TMENT (NTAL HYGIEN REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Las Fred	Kirsch							January 1		YEAR	11:20a M
P	1	4. SOCIAL SECURITY NUMBER 218-32-2766	5. SEX 6. AG	iE (in yrs. last i	VRS.	IF UNDER 1	YEAR DAYS	IF UNDER 2	24 HRS. 7	DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
2, 3 should	стов	90. FACILITY NAME (W not institution, give Greater Baltim	-		y, TOWN OR LOCATION OF DEATH TOWSON Baltimore								
Pages 1,	SECT.	10a. STATE 10b. COUNT	тү		10c. CIT	Y, TOWN OR	LOCATI	ION				1	Dd. INSIDE CITY
permit. Pa	DIRE	MARYALND BALTIMORE				BALDWIN							LIMITS?
JS.	FUNERAL	100. STREET AND NUMBER 14104 QUINN LANE				101. ZIP CODE 21013						zen of wn. JSA	AT COUNTRY?
5-0020 nding physician. ss the bunal-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		ED	It y	es, spe			ORIGIN? (Specify Yas Puerto Rican, etc.)	or No—	14, RACE - Black, V Specify:	- American Indian, White, etc.
se afte	8	15. DECEDENT'S EC (Specify only highest gra		(Give	kind of	USUAL OCCI	UPATIO	N st of working	,	16b. KIND OF BUS	SINESS/IND	USTRY	MUTTE
pital o	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	SELF	o NOT u	se retired.)				RESTAURAN	T & DE	I	
YLA by the be det	101	17. FATHER'S NAME (First, Middle, Lest) CHRISTIAN KIRSCH				16. MOTHER'S NAME (First, Middle, Malden Surname) BERTHA TANDERUP							
MA retain 5 sho notifi		190. INFORMANT'S NAME (Type/Print) ANNETTE E. KIRSCH								RYLAND 210:		Code)	
ORE, I e 6 may be ector, page		20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)											
BALLIMORE, after death. Page 6 may be after funeral director, page moval. ical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME, INC. 7401 BELAIR ROAD BALTIMORE, MD. 21236											
corriborate be executed within 24 hours unding physician and completely filled in 1 Hyglene prior to burial, cremanico, or profiled to render traumatic event, the med	ERTIFICATION	23. PART i. Enter the diseases, or ahock, or heart feiture important that it is a second to the control of the	e. List pnly one cause on BODS 1 S BOUE TO (DR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUES A CONSEQUES A CONSEQUES	ENCE O	F): >>> F):	e mod	de of dylm	ng, auch a	s cerdiec or respi	ratory arre	eat,	Approximate interval Between Onset and Death
v requires that the been signed by the c. of Health and M. shows any inju	DICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1								ERE AUTOPSY FINDINGS MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO			
	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? CONTROL OTHER:											
PHYSICIA this certif with the	PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 JC Inpetient 2 ER/Ot 26s. DATE OF INJUR (Month, Day, Year	Y	28b. TIM	E OF 28	c. INJU	IRY AT	28	Other (Specify)	NJURY OCC	URED	
OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28a PLACE OF IN HIPPY At home form stood to day will				, office				nd Number	umber or Rural Route Number,	
TAL OR TAL OR TAL OR TAL DIRI	COMPLE		SICIAN: To the best of my known										nd manner es atated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER MON LE COMMON MON LE COMMON MON MON MON MON MON MON MON MON MO					29c. LICENSE NUMBER D3452 \ 29d. DATE SIGNED (Month, Car. Year) 1-19-95						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mark Lamos 3346 Paper Mill Road Phoenix, Md 21131									27				
\$		31. DATE FILED (Month, Day, Year) JAN 2 1 1995	32. REGISTRAR'S SIG		au	F 11O	e111	X, M	u 211	21			



permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 the death certificate be has b Dept. The law certificate I OR ATTENDING PHYSICIAN: this c After DIRECTOR: /

6

10

80

ITEMS: 9c.10b.15. PER F.H. FILM G-720 2/28/95 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 17 3. TIME OF DEATH MATTHEW JÄNÜARY 1995 KLEIDERLEIN TALBOTT 14. 6:45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) JULY 9, 1970 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 217021490 1 X M 2 - F 24 BALTIMORE, MD. 9a. FACILITY NAME (If not institution, give alreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2603 JERUSALEM ROAD KTNGSVTLLE BALTIMORE HARFORD RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYL AND PALTIMORE HARFORD KINGSVILLE 1 YES 2XX NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2603 JERUSALEM ROAD 21087 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married 1 TYES 2 NO BY 3 Widowed 4 Divorced Specify: WHITE ED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high E College (1-4 or 5+) COMPL 12 STUDENT **EDUCATION** once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname To GEORGE B. KLEIDERLEIN FLORENCE E. TALBOTT BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FLORENCE PATRICIA KLEIDERLEIN 2603 JERUSALEM ROAD KINGSVILLE, MARYLAND 21087 pe 20a. METHOD OF DISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 1 M Burial 2 Cremetion 3 = # 4 Donation 8 Other (Specify) JOHN'S LUTHERAN CHURCH CEM. 1/21/95 BLENHEIM, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LASSAHN FUNERAL HOME. P.A. E.F. Parala 11750 BELAIR ROAD KINGSVILLE, MARYLAND 21087 hmo the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haert fallure. List only one cause on such line. Interval Retw IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF) resulting in death) event, traumatic VICUS CERTIFICATION Sequentially list conditions, if any, isading to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24h WERE AUTOPSY EINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 TYES 2 74-10 1 _ YES 2 _ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 TO NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 Realdance 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Soedly) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE 1-20-95 2

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N. Wolfe St 31. PATE FILED (Month, Day

-	
	١
	,
-	
0	
6876	
w.	
00	
10	
w	
BOX	
0	
0	
00	
ш	
~	
\mathbf{c}	
Ξ.	
P.0	
Bollos	
- 10	
10	
U)	
RECORDS,	
_	
œ	
_	
\mathbf{c}	
=	
$^{\circ}$	
ш	
cr	
lebe.	
_	
el.	
-	
TAL B	
-	
OF VI	
(September 1)	
4 .	
Station .	
\cap	
\sim	
ISION	
Z	
~	
O.	
=	
10	
41	
>	
Married I	

TO THE POSSION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE POSSION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE POSSION ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be used to the principle of t

•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	GIENE a. NO.
. 0	ECEDENT'S NAME /First Middle Last)		

	1. DECEDENT'S NAME (First	, Middle, Last)							-	2. DATE OF	DEATH			3. TIME OF DEATH
	LI LI	ENA			LOCK	ETT				JANUA	RY 1		995	2:00A M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	rs. lest birthday)	1	R 1 YEAR	IF UNDE	N 24 HRS.	7. DATE OF	BIRTH	0, 1	8. BIRTHE	PLACE (State or Foreign
	215-34-5659)	1 🗆 M 2 😾 F		56 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di		1020	N C	arolina
	Sa. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DE		75,		INTY OF DE	
8	THE JOH	INS HOL	PKINS HOS	SPITAL			BAL T	IMOR	F CT	TV		,	A\N	
DIRECTOR	RESIDENCE OF DEC	CEDENT							L 01			_ ,	N/A	
ᇤ	10a. STATE MD	10b. COUNTY				TY, TOWN								10d. INSIDE CITY LIMITS?
		N,	A		В	alti								1 X YES 2 NO
M	100. STREET AND NUMBER							f. ZIP COD	_					HAT COUNTRY?
FUNERAL	2608 McElde	erry Si						2120					S.A.	
5	11. MARITAL STATUS 1 Never Married 2 1	Married	12. WAS DECEDEN FORCES? 1	YES 2	NO V	13.	If yes, sp	CENDENT (OF HISPAN	IC ORIGIN? (S	specify Yea m, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
BY	3 Widowed 4 Dive		IF YES, GIVE Y	AR OR DATES	s**		1 TYES	2 💢 NO	Specify				Specify	Black
9		EDENT'S EDU		16.	a. DECEDENT'S	S USUAL (OCCUPATI	ON		T 16h KII	ND OF BUS	IMESS/IM	NUSTEV	DIACK
	(Specify onf Elementery/Secondary (0	y highest grade	College (1-4 or 5		(Give kind of	work done	during m	ost of worki	ing	100.10			5031111	
COMPLET	llth	,	N/A	"	Lab	orer				Po	stauı	cant		
Š	17. FATHER'S NAME (First, M	iddle, Last)					_	18. MOT	HER'S NA	ME (First, Midd				
BEO	Walter L.	Davis						Amai	nda M	McNair				
	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILIN	G ADDRES	S (Street	nd Numbe	r or Rural F	loute Number,	City or Town	n, State, Zij	p Code)	
임	Tina Locket	:t			2608	McEl	derr	y St	reet	Balti:	more	MD	2120	5
	20a. METHOD OF DISPOSIT	ION	nest from Char		ACE AND DATE			ame of		DATE	20c. LO	CATION —	City or Tow	rn, Siate
	4 Donation 5 Other	(Specify)	CSATE or Wallerin	Vos	y, crematory or hell N	other place 1emor	ial	Garo	lens	1-21	Dung	dalk.	. MD	
ł	21. SIGNATURE OF TUNERA	L SERVICE LIC	ENSEE /	1	1	22	NAME A	ND ADDRE	SS OF FAC	YTLIK				
1	MILA	bose	60 H	111	110	M	arch	Fune	eral	Home !	East	l to dome		MD 21202
\neg	23. PART L/Enter the di	seases, or o	ompilcations tha	t caused th	e death. Do	not anta	r tha mo	da of dv	ing. aucl	Averiu	or readi	ratory ar	reat	Approximata
ı	immediate cause (Fin	eart tenure.	List only one cau	se on aach	lina.			,						intarvai Between Onset and Death
ı	disease or condition	- >	METO	STATI	IC B	REDI	7 (ANO	ER					3 YRS
	reaulting in death)				INSEQUENCE (7011				-		3 17.3
z			h.											
은	Sequentially list conditi if any, leading to imme-	diate	DUE TO	(OR AS A CO	NSEOVENCE (DF):			-					
<u>ଧ</u> ∥	cause. Enter UNDERLYi CAUSE (Disesse or inju		0											
HIFICATION	that initieted avents resulting in death) LAS		DUE TO	(OR AS A CO	NSEOVENCE (DF):								
CEH			1											
- 11	PART II. Other aignifica	nt condition	s contributing to	death but r	not reauiting	in the u	ndarlyin	g cause	given in	Part i. 24	n. WAS AN			WERE AUTOPSY FINDINGS
EDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
- 1				1						_ ''	163 2	_ 140		OF DEATH? 1 □ YES 2 □ NO .
2	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF D	DEATH Y	ES 🗍	NO I	₹UNC	FRTAIN					
<u> </u>	25. WAS CASE REFERRED TO EXAMINER?	1			PLACE OF DEA									
PHYSICIAN:	1 YES 2 WHO		HOSPITAL:	ER/Outpaties	nt 3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 Re	esidence	6 🗆 Other (Sc	pecify)			
E	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY av. Year)	28b. Till	_	28c. IN.	URY AT		28d. DESCRI		JURY OC	CURED	
BY		Pending Investigation	(444			м		YES 2	NO					
		Could not be	28e. PLACE O building,	FINJURY - / atc. (Specify)	At home, farm,	street, fac	tory, offic	10		281. LOCATIO	ON (Street a	nd Number	or Rural Ro	ute Number,
	4 Homicide	determined		-										
2	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledg	e, death occur	red at the	ilme, date	and place	, and due	to the cause(e	e) end man	ner ee ata	ted.	
COMPLETED														and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUM	BER		29d. DAT	E SIGNED	Month, Day, Year)
H H	3MP WILL	ear,	MO					M	610	+ .			116/9	
2	30. NAME AND ADDRESS O	PERSON WHO			(ITEM 27) (Typ	e, Print)			_					
	600 N. L	3/01/C	Shut	, 110	Λ/.	70W	R	BUIC	DINIC	i, Boc	TO,	MD		
	31. DATE FILED (Month, Day)	(par)	12. REGISTRA	R'S SIGNATUI	RE									
	OUN P T 1995	ful	Studen	Mardall										

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
aw requir	s been si	pt. of He	3 show
I. The la	cate has	state De	Item 2
SICIAN	certifi	th the S	d, or
ING PHY	fter this	eath wit	marke
TENDI	TOR: A	after d	28 is
OR AT	DIRECT	Sunor S	tem 2
PITAL	RAL	1 72 1	11 11
HOS	FUNE	within	TAN

TO THE HOSPITAL OF THE FUNERAL COMPOSED FILED WITHIN 72 his IMPORTANT: If it

0

oward

1995

APLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

whis Sandam-Ro

MUE #14

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO CO

31. DATE FILED (Month, Day, Year)

JAN 2 1

CROSSA

Pages 1, 2, 3 should

Dermit.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATN January 19, 1995 Washington Livesay Robert 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF IMDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 7M 2 F 213-30-6305 YRS. October 4. Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3610 Edgewood Road (Residence) Randallstown Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Randallstown 1 TYES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3610 Edgewood Road 21133 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Press Operator Aluminum Industry 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Silad Livesay Birdie T. . Brannon BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3610 Edgewood Road Randallstown, MD 21133 Minnie A. Livesay 20a. METNOD OF DISPOSITION
1 △ Burlel 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Crestlawn Mem. Gardens 4 Donallon 5 Other (Specify) 1/23/95 Marriottsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Has HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Batween **IMMEDIATE CAUSE (Final Onset and Death** disease or condition END STAGE 5mgHYSKMA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NA 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED DO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL 1 - YES 2 - NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation BY 1 TYES 2 NO 28e. PLACE OF INJURY — At home, larm, street, lactory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29e. CERTIFIER

1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner se stated. (Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTI 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

028792

MILLS

OW 1 NGS

20/45

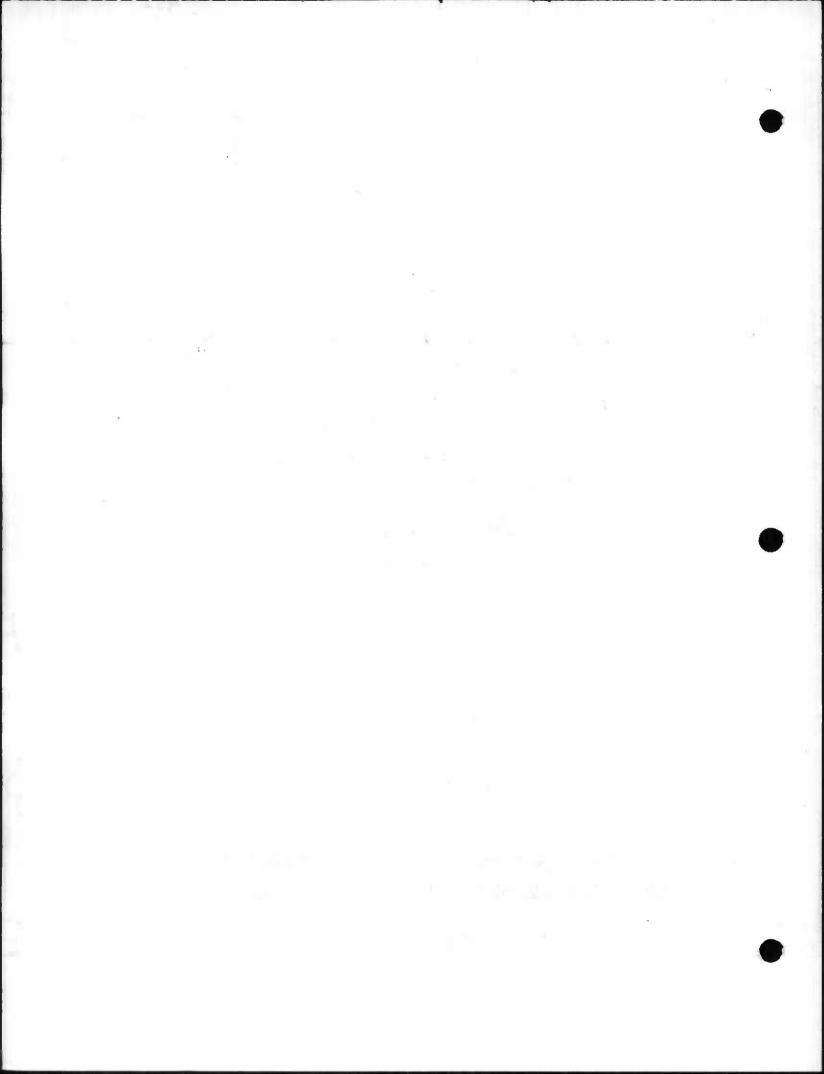
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 5 should be detached for use as the burial-transit of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. APORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
1	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

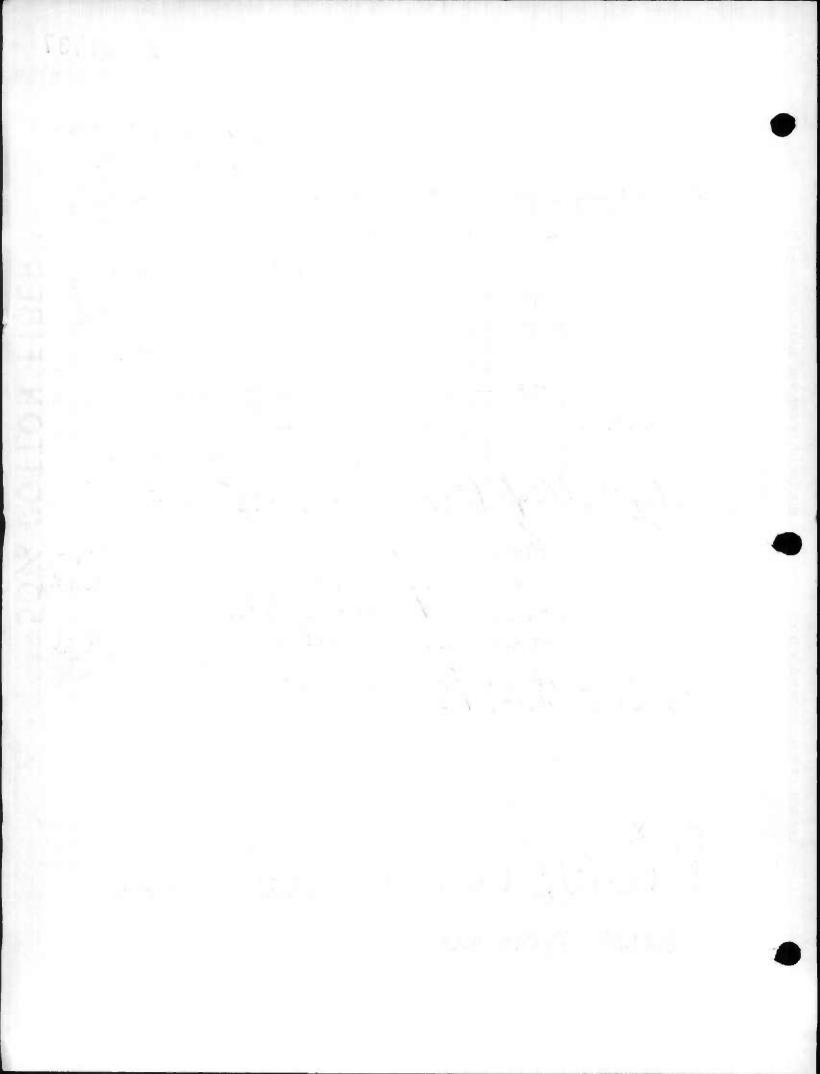
	REGISTRAR		CI	EKITF	CALE	OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) BETTY LEE MERRIL	L						2. DATE OF	DEATN DA	¥ 19	YEAR 195	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BURTN			PLACE (State or Foreign
	236-74-2368	1 M 2 F	47	YRS.		DAYS	HOURE MIN.	JAN .		47	WEST	VIRGINIA
	9e. FACILITY NAME (If not institution, give :	street end number)			9b, CITY, T	rown o	R LOCATION OF DE				INTY OF DE	
DIRECTOR	WASHINGTON COUNT	Y HOSPITA	AL				TOWN				HINGI	
5	RESIDENCE OF DECEDENT											
뿐	10e. STATE 10b. COUNT			10c, CITY	, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
	WV BERK	ELEY		MA	RTIN	SBU	RG					12X YES 2 □ NO
A	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	1011 S. RALEIGH	STREET					25401			U.	S. A	١.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. W	S DEC	ENDENT OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO			cify Cuben, Mexical 2 NO Specify		n, etc.)		Specify	White, etc.
		<u> </u>					Λ					WHITE
E	15. DECEDENT'S EDU (Specify only highest grade		/G	CEDENT'S I	ork done du	UPATIO	N st of working	16b. KII	D OF BUS	INESS/IN	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +	-) life	. Do NOT use	retired.)							_
COMPLETED		4	CI	ERK				DE	PART	MENT	STOR	Œ
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NAI			Surname)		
BE	RALPH S. LEWIS						VIRGIN	IA COL	LIS			
2	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural R					
-	SAMUEL E. MERR			1011	SOUTH	I RA	LEIGH ST	CR. MA	RTINS	SBUR	G, WV	25401
	20e METNOD OF DISPOSITION XL X Burlel 2 Cremetton 3 Rem	oval from State	20b. PLACE . cemetery, cre	AND DATE O	F DISPOSITI	ION (Na	me of	OATE	20c. LOC	CATION —	City or Tow	rn, State
	# Donation 5 - Other (Specify)				VIEW		ORY GDS		MAI	RTINS	BURG	. WV.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2	1			D ADDRESS OF FAC					
	Charles	YY 1:	Louis	1)	E	ROV	VN FUNERA BOX 82	L HOM	E, 32 ringi	27 W	. KIN	G STR.
	23. PART I. Enter the diseeses, or	complications the	t ceueed the de	esth. Do no	ot enter th	ne mo	de of dying, such	ss cerdisc	or respir	ratory sr	rest,	Approximats
	shock, or heert failure. IMMEDIATE CAUSE (Final	Liet only one ceu	se on each line									Interval Between Onset and Death
	disesse or condition	(A	Wist	2000	40-							i onset sine boatti
ł	reaulting in death)	DUE TO	COR AS A CONSE	OUENCE OF	: :							
z			उसी मह			4						26
CERTIFICATION	Sequentially list conditions, If any, isading to immediate	OUE TO	OR AS A CONSE	QUENCE OF	:	-						
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.										
Ē	that initiated eventa	OUE TO	(OR AS A CONSE	OUENCE OF	i:							
	resulting in death) LAST	d										1
11	PART II. Other significent condition	a contribution to	double hour next o		45			-22. Inc		1000		
EDICAL	TAIL III OUTO SIGNIFICANT CONDITION	to continuouting to	death out not t	reauting in	i the una	eriying	ceuse given in i	PSIT I. 24	PERFOR		1 7 2	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
اۃ								10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ								_				1 TYES 2 NO
ä	DID TOBACCO USE CONT	RIBUTE TO CA					UNCERTAIN	1 🗆 📗				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	CE OF OEATI	OTHER:	ly one)						
ΥS	YES 2 NO		ER/Outpatient 3	□ DOA	4 🗆 Nursin	_	5 Residence					
표	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIME INJU		8c. INJU	RK?	28d. OEŞCRI	BE NOW IN	JURY OC	CURED	
à l	2 Accident Investigation	Jan B	1995			1 🗌 Y		mv	$H_{\underline{}}$			
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE Of building,	F INJURY — At he stc. (Specify)	ome, term, st	reet, fectory	y, office		281. LOCATIO	N (Street elevin, Stety)	nd Number	or Rural Ro	ute Number,
	Tomicios datellimed							1	1684	Vii	rack	nia
7	(Check only CERTIFYING PNYS	ICIAN: To the best of	my knowledge, de	ath occurred	at the time	e, date	end place, and due	to the cause(e) end men	ner ee sta	ted.	
COMPLET	one) 2 MEDICAL EXAMINE											end menner se stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE	R . /	1.		_	Т	29c. LICENSE NUM	BER		29d. DAT	E SIGNED /	Month, Day, Year)
B	Tavi	Tolord	Mu.				D44	2/3	}	•	1/16/9	25
2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETEO CAUS	E OF DEATH (ITE			/ /	- 110	-, -	1			
	Kavi C Yalar	nanchil	1 11	110	Med	ica	1 Cam.	ons	H	Nh.	md	
	31. DATE FILED (Month, Day Year)	32. REGISTRA	R'S SIGNATURE			VV	/		11	1	, , ,	
	JAN Z I 1995 X	in Davden	WAR ALL									





DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	within Jours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should efiled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 1314(TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Four after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	E
	1. DECEDENT'S NAME (First, Middle, Last) Pauline E. Mille			2. DATE OF DEATH DA	18, 1995 749A M
	179-09-2532 1□M2X F	91 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) Jan. 13, 19	
TOR	90. FACILITY NAME (If not institution, give street and number) Plassont Living Convolucent RESIDENCE OF DECEDENT	, III	Edgewater	EATH	Anne Arundel
DIRECTOR	MD Anne Arundel	10c. CITY, TOY Edger	on or location		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 144 Washington Rd.		101. ZIP CODE 21 (139	10g. CITIZEN OF WHAT COUNTRY? U.S.A.
ВУ	11. MARITAL STATUS t Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA. If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	en, Puerto Ricen, etc.)	or No— 14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working ad.)		er Box Mfg.
BE COM	17. FATHER'S NAME (First, Middle, Last) William	Hildebran	18. MOTHER'S NA	ME (First, Middle, Meiden Bars)	sumana) Shinger
TO B	190. INFORMANT'S NAME (Typo/Print) Ronald G. Miller	1066 Do		,Davidsonvi	ille, MD. 21035
	1/L Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	ew Freedom		New	CATION — City or Town, State Freedom, Pa.
	May M. Klisfel	to	22. NAME AND ADDRESS OF FA	Austin t.Dallastou	
	23. PART I. Entre the disesses, or complications that caused and ek, or heart failure. List only one cause on ea IMMEDIATE CAUSE (Final disesse or condition resulting in death) DUE TO (OR AS A	the death. Do not ench line. Out CONSEQUENCE OF:	ster the mode of dying, suc	th as cardiac or respi	Approximate Interval Setween Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COURT OF:	AKampa Duentic	tation;	and years
MEDICAL	PARTIN Other significent conditions contributing to death by Chipurc Arial Analysis	nt not resulting in the	enderlying ceuse given in	Part I. 24a. WAS AN PERFOR 1 YES 2	AWAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Output		26. PLACE OF DEATH (CI		
PHYS	27. MANNER OF DEATH 26e. DATE OF INJURY (Month. Day. Year)	28b. TIME OF	Nursing Home 6 Residence 28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY building, etc. (Speci	- At home, ferm, street,	1 YES 2 NO	26f. LOCATION (Street of City or Town, State)	and Number or Rural Route Number,
ETE	4 Homicide determined			Oily or lown, State)	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination				
BE	25% WGHATURE AND TITLE OF DEPOPTER	Cun	29c, LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)			J
	31. DAY AND 2 T. 1995 July Day Constants Services	TURE			



DIVISION OF VITAL RECORDS: P.O. BOX 68760

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPAI CERTIF	RTMENT OF H	HEALTH AND		G. NO.		
		1. DECEDENT'S NAME (First, Middle, Last) Patricia	Ruth	Miskel:	1 y		2. DATE OF DE		YEA 3.	10=00 AM
9		4. SOCIAL SECURITY NUMBER 216-38-3804	5. SEX 6. AGE	(In yrs. lest birthday) YRS YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	Magel	Maryl	ICE .
2, 3 shoul	OR	90. FACILITY NAME, Wilford 109 Wolford Ct.	street end number)		96. CITY, TOWN	DeGrace	EATH	9c. COUNT	ry of DEATH	
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			ty, town or Loca Havre		ace		17.77	I. INSIDE CITY LIMITS? Y YES 2 NO
sit permit	AL.	MI) Har 100. STREET AND NUMBER Wilfong 109 Wilsong Co	ford			1. ZIP CODE 21078	acc	-7-1	EN OF WHAT	Δ
ling physician. the burial-trar	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Opivorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	34 MO	Il yes, sp	CENDENT OF HISPAI pecify Cuban, Mexica 3 2 XNO Specifi	n, Puerto Rican,	cify Yee or No 1		American indian, hite, etc.
ital or attending of for use as the	COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 12 yrs.	College (1-4 or 5+)	180. DECEDENT'S (Give kind of kine. Do NOT u		ON ost of working		OF BUSINESS/INDU		
be detached for use		17. FATNER'S NAME (First, Middle, Last) Edward F. Miske	4 yrs.	Crieni	120			.S. Gove	rnmen	<u> </u>
retained by 5 should be notified at	TO BE	190. INFORMANT'S NAME (Type/Print) M. Jane Bailey	<u> </u>			and Number or Rural	Route Number, Cit	y or Town, State, Zip C Md. 2120		
ay be		20a. METNOD OF DISPOSITION X Ø Burlei 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	coval from State 201	b. PLACE AND DATE	of Disposition (Ne	ama of	DATE	20c. LOCATION — CI Baltimore	Ity or Town,	
death. Page funeral din		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AI	NO ADDRESS OF FA	eral Hom			
ficate be executed with the filed in by physician and completely filled in by ne prior to burial, cremation, or remove traumatic event, the medicine	RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. A CUITE COIDUE TO (OR AS A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (OR A CUITE COIDUE TO (ronary A CONSEQUENCE C	Artery on:			r respiratory scre	BT,	Approximats Interval Between Onset and Death
death c attend ental Hy	핑	PART II. Other significent condition	d.	but not requition	In the underlyin	a seuse aluma la	Boot I ac			
v requires that the been signed by tr. of Health and shows any i	N: MEDICAL		Hypertens		in the underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 XNO	AWA COA DF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 WD
He ste H	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs	Ipstient 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch		ifv)		
The with	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending : 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year) NA	266. TIS	ME OF 28c. INJ	JURY AT DRK?		NA NA	RED	
CTOR: A after d	ED	3 Suicide 6 Could not be 4 Nomicide datarmined	28a. PLACE OF INJURY building, atc. (Spec	Y At homa, ferm, ecify) NA		•	281. LOCATION City or Tow	(Street and Number on n, State) NA	r Rural Route	Number,
HOSPITAL OR A FUNERAL OIREC WITHIN 72 hours TANT: If Item	COMPLET	009)	ICIAN: To the best of my know ER: On the besie of axaminatio							d menner ee stated.
TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	A. DME			29c. LICENSE NUI D 2 1			SIGNED (Mor	nth, Day, Year)
10		30. NAME AND ADDRESS OF PERSON WN Ganesh S Prab	hu 1810 Be			Fallst	on Md.	21047 4	10-8	79-6564
10		31. DATE FILED (Month, Day, Year)	32 AGGISTRATS SIGN			*				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS P.O. BOX 68760

-	ì
С.	i
Ε.	
2	4
-	
>	- 4
=	. A
_	-
_	
1	- 4
=	- 5
I	÷
-	
0	6
	- 4
	- 1
_	_ 9
Ţ	
\$	- 3
ζ.	- 3
2	
	- 3
	- 1
~	2
•	5
	- 3
Ć.	
7	- 9
٦.	-
-	- 0
Э.	- 7
	. 6
	· ·
`	- 1
,	- 9
	,
ь.	£
	č
	- 9
2	- 3
	. 0
а.	-£
,	-
-	- 5
	£
,	- 7
9	- 2
,	.5
	- 2
•	- 5
-	9
-	3
1	- 2
	-
r	- 0
•	E
-	-
	-
b .	- 2
	=
	- 54
	·¥
	- 5
	- 18
۰	
	- 6
	- 2
,	
	- 2
	- 14
	1
	-
	15
	- 10
	- 10
1	
1	2
1	180
1	prilki
1	tarrilla.
1	Chicarita
1	MATERIAL
THE STATE OF	Lambstorita:

TO THE MOSPIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

State or Foreign State or Foreign SIDE CITY MITS7 ES 2 NO UNTRY7
SIDE CITY MITS? ES 2 \(\text{NO}\) UNTRY? rican Indian, etc.
RES 2 NO UNTRY? Incan Indian, etc.
RES 2 NO UNTRY? Incan Indian, etc.
rican Indian, etc.
ec.
71216
71216
in hel
ZIZIS relty med
pproximata terval Between neet and Death 30 min
UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE
S 2 NO
nber,
nner as stated,
Day, Year)
- My 21
t n o

4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 - M 2XX 92 YRS. 215-12-7173A permit. Pages 1. 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 2247 Reisterstown Road BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE CITY FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE ours after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-transit 2247 Reisterstown Road 21217 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-BALTIMORE, MARYLAND 21215-0020 It yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 8th grade Custodial 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Long BE UNKNOWN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Charles H. Slaughter 2247 Reisterstown Rd. Baltimore Maryland 21217 must be 20a, METHOD OF DISPOSITION
XIX Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Mount Calvary 1/23 ☐ Donetion 6 ☐ Other (Specify) the medical examiner 21. SIGNATURE OF FUHERAL SERVICE LIC 22. NAME AND ADDRESS OF FACILITY
William C. Brown Community F/H Mile Moele ysician and completely filled in by the prior to burial, cremation, or removal. 23. PART IN Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) traumatic event, ATTENDING PAYSICIAN, The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly ilst conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician I Mental Hygiene prior to injury, or other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL signed by the malli Dept. of P DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 -NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 6 27, MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? this o marked, 1 Natural 5 Pending 1 YES 2 NO After ВУ 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide £ COMPLETED 8 Could not be SCHOR / ě 22 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M^CINTYRE

CERTIFICATE OF DEATH

STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

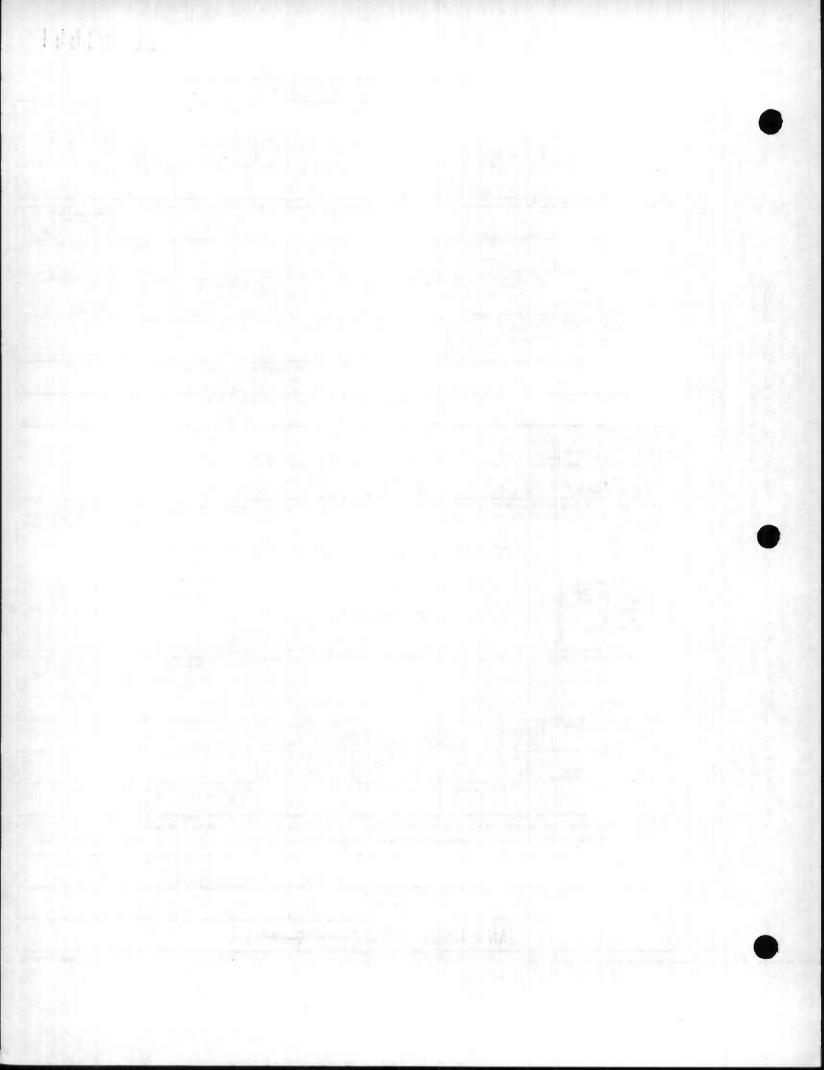
VIRGINIA

1 -

95 01440 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 04:45 01 7. DATE OF BIRTH BIRTHPLACE (State or Foreign Country) 02-12-1902 Pennsylvania 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Black 16b. KIND OF BUSINESS/INDUSTRY Westinghouse 20c. LOCATION - City or Town, State Baltimore, Maryland 1206 W. North Ave., Balto. Maryland Interval Between Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNEO (Month, Day, Year)

	1. DECEDENT'S NAME (Fire	4 9	+ M	HTRA	Mitten	DAVIS	N.	ATE OF DEATH	DWY O	95 12:5
	4. SOCIAL SECURITY NUM	DEN	5. SEX 6.	. AGE (In yrs. lest birthde) YRS.	MONTHS DAYS			ATE OF BIRTH fonth, Day, Year		B. BIRTHPLACE (State Country)
	9a. FACILITY NAME (If not	7	street and number)	. 0	96. CITY, TOWI	N OR LOCATIO	N OF DEATH	1 0		TY OF DEATH
CTOR	Laurel K	CEDENT	1 Hospit	(مر)	Laur	-el			PG	- Count
H	10a. STATE	106. COUNT	ry /		TY, TOWN OR LOC					10d, INSIDI
AL DI	10e. STREET AND NUMBER	1-11	le locar	965 2	Laure,	10f. ZIP CODE			100 CITIZE	1 TYES
ERA	14 Moas	land	Court				070	7	1/2	to 15%
BY FUNER	11. MARITAL STATUS 1° Never Married 2 3 Widowed 4 Div		12. WAS DECEDENT E FORCES? 1 IN IF YES, GIVE WAR	YES 2 NO	If yes,		, Maxican, Pue	IGIN? (Specify rto Rican, atc.)	Yes or No-	14. RACE — America Black, White, etc. Specify:
ETED		CEDENT'S EDI nly highest grad (0-12)		(Give kind o	'S USUAL OCCUPA of work done during of use retired.)		,	16b. KIND OF	BUSINESS/INDU	STRY
COMPL	17. FATHER'S NAME (First,	Adiciolia I mott					5010 11415 (5)			
ш	Brian	Amp	Orlando	Dav	is	IN. MOTH	10 / S	st, Middle, Maid	Mi H	an .
TO B	19a. INFORMANT'S NAME		- //		NO ADDRESS (Street	1	/	/	lown, State, Zip C	Code)
-	20a, METHOD OF DISPOSI		nitten	1			Cour		iviel	140
	1 Duriel 2 Cremati	ion 3 🗆 Ren		cemetery, cremetory o		(Name of		DATE 20c.	LOCATION — CI	ity or Town, Stata
	iMMEDIATE CAUSE (Fi	diseasea, or heart fallure.	complications that c		6551	W . Bal	timor	e St,	Balto	, MD 2 1 2 0
NOIN	23. PART I. Enter the shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm	diseases, or heart failure. inal	complications that c. List only one cause a. Severy DUE TO (Or		o not enter the n	W . Bal	timor	e St,	Balto	, MD 2 1 2 0
ERTIFICATION	23. PA/IT i. Enter the shock, or immEDIATE CAUSE (F disease or condition resulting in death) Sequentially list conditions.	diseases, or heart failure.	complications that c. List only one cause a. Severy DUE TO (Of	aused the death. Do on each line.	onot enter than one of the officers.	W . Bal	timor	e St,	Balto	, MD 2 1 2 0
RTIFI	23. PANT i. Enter the shock, or immediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition and if any, leading to immicause. Enter UNDERLY CAUSE (Disease or injusted events	diseases, or heart failure.	complications that c. List only one cause a. Severy DUE TO (OF b. DUE TO (OF c. DUE TO (OF	aused the death. Do on each line. R AS A CONSEQUENCE R AS A CONSEQUENCE	onot enter than one durid	W . Ba 1	timor	e St, cardiac or re 23 w es hali	Balto apiratory arrested to the condition of the conditio	MD 2 1 2 0 at, Appinter Ones 24b. WERE AUTC ANAILABLE COMPLETIC OF DEATH?
MEDICAL CERTIFI	23. PANT i. Enter the shock, or immEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or that initiated events resulting in death) LA	diseases, or heart failure.	complications that c. List only one cause a. Severy DUE TO (OF b. DUE TO (OF d. DUE TO (OF	aused the death. Do on each line. R AS A CONSEQUENCE R AS A CONSEQUENCE	OF): OF):	W . Ba 1 mode of dylr	timor	e St, cardiac or re 23 w es txli	Balto apiratory arre-	tomy Bo, MD2120 at, Apprinter Onse Onse Onse Onse Onse Onse Onse Onse
MEDICAL CERTIFI	23. PART I. Enter the shock, or immediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific	diseases, or heart failure.	Complications that c. List only one cause a. Severy DUE TO (OF b. DUE TO (OF d. DUE TO (OF d. HOSPITAL: 1 Inpetient 2 E	RAS A CONSEQUENCE RAS A CONSEQUENCE RAS A CONSEQUENCE RAS A CONSEQUENCE RAS A CONSEQUENCE RAS A CONSEQUENCE RAS A CONSEQUENCE RAS A CONSEQUENCE	OF): OF):	W . Ba 1 mode of dylr ling cause gl	timor ng, such as 22-3 g	e St, cardiac or re 23 W es hall 1. 24a. WAS PERF 1 VES	Balto apiratory arre- ceels on), AN AUTOPSY ORMED? 2 NO	Apprinter Onse
PHYSICIAN: MEDICAL CERTIFI	23. PA/IT i. Enter the shock, or immediate CAUSE (f disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUPART II. Other algnific DEAMINER? 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Retural 5	diseases, or heart failure. Itions, ediata VING lury ST Cent condition TO MEDICAL	Complications that c. List only one cause a. Severy DUE TO (OF b. DUE TO (OF d. DUE TO (OF d. HOSPITAL: 1 Inpetiant 2 PE 28a. DATE OF IN. (Month, Day.	RAS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE RAS A CONS	OF): OF):	W . Ba 1 mode of dyln ling cause gl	timor ng, such as 22-3 g liven in Part EATH (Check on sidence 6 = 28d.	e St, cardiac or re 23 W es hall 1. 24a. WAS PERF 1 VES	Balto apiratory arre-	Apprinter Onse
D BY PHYSICIAN: MEDICAL CERTIFI	23. PAIT i. Enter the shock, or immediate Cause (F disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LAIPART II. Other algnific EXAMINER? 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Retural 5	diseases, or heart fallure. itions, edieta ying lury ST cent conditio	Complications that c. List only one cause a. Severy DUE TO (OF b. DUE TO (OF d. DUE TO (OF d. HOSPITAL: 1 Inpetient 2 DE 258. DATE OF IN. (Morth, Day. 289. PLACE OF B.	RAS A CONSEQUENCE RAS A CONSEQU	OF): OF):	W . Ba 1 mode of dyln fing cause gi PLACE OF DE ome 5 Res my AT work? yes 2	timor ng, such as 22-3 g liven in Part EATH (Check on aldence 6 128d.) NO 28t.	e St, cardiac or re 23 W E S FXCII 1. 24a. WAS PERF 1 VES Other (Specify) DESCRIBE HO	Balto apiratory arre- eelds on), AN AUTOPSY FORMED? 2 NO	Apprinter Onse
ETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or immediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition and in any, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LANDERT II. Other algnification of the conditi	diseases, or heart fallure. Itions, ediata ying lury ST Cent condition To MEDICAL Pending investigation Could not be determined	Complications that c. List only one cause a. Severy DUE TO (OF b. DUE TO (OF d. DUE TO (OF d. HOSPITAL: 1 Inpetient 2 DE 28a. DATE OF IN. (Month, Dey.	RAS A CONSEQUENCE RAS A CONSEQU	OF): OF):	W . Ba 1 mode of dylr ling cause gl PLACE OF DE ome 5 Res injury AT WORKY VES 2 Nice	timor ng, such as 22-3 g liven in Part EATH (Check on aldence 6 128d.) NO 28t.	e St, cardiac or re 23 W 24a. WAS. PERM 1 VES Describe HO LOCATION (Street) cause(e) and of	Balto apiratory arre- cells on), AN AUTOPSY FORMED? 2 NO W INJURY OCCU wet and Number of	Apprinter Onset 24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES
D BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or immediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition and in any, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LANDERT II. Other algnification of the conditi	diseases, or heart fallure. Interest fallure. In	complications that c. List only one cause a. Severy DUE TO (OF b. DUE TO (OF d. DUE TO (OF	RAS A CONSEQUENCE RAS A CONSEQU	OF): OF):	W. Ball mode of dyir fing cause gi PLACE OF DE ome 5 Res INJURY AT WORK? YES 2 INIce	timor ng, such as 22-3 g liven in Part EATH (Check on aldence 6 128d.) NO 28t.	e St, cardiac or re 23 W 24a. WAS. PERM 1 VES Describe HO LOCATION (Street) cause(e) and of	Balto apiratory arre- cells on), AN AUTOPSY FORMED? 2 D NO W INJURY OCCU- menner as states and dua to the	Apprinter Onset 24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES

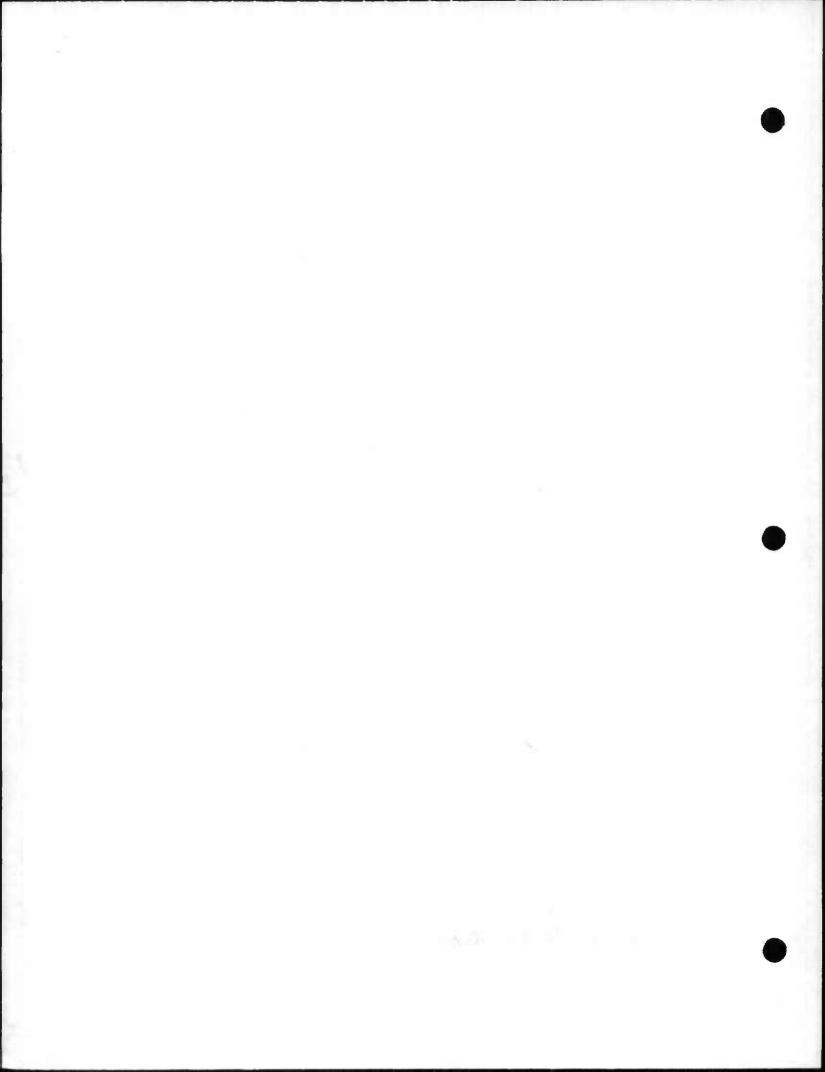


DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: Jf I	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, La	et)							TE OF DEATN		YEAR	3. TIME OF D	EATN
	DAVID C. NOWACK							JAN	JÄRY 18,	1995	YEAR	7:45	Р .
	4. SOCIAL SECURITY NUMBER 392–10–3450	The lift yes, and bridgery is under 1 team is under 26 His. 7. DATE OF BRITIN							100E	Countr	IPLACE (State of		
	9e. FACILITY NAME (If not institution, gi				9h CITY T	D WWO	R LOCATION OF D		EMBER 15,			RTOWN, W	Ι.
DIRECTOR	96. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH BALTIMORE COUNTY BALTIMORE												
E E	10e. STATE 10b. COU			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE C	ITY
	MARYLAND BALTI	BAL	.TIMORE							LIMITS?	No No		
FUNERAL	4 SIPPLE AVENUE					1	ZIP CODE			200	IZEN OF V	VHAT COUNTRY	7
B≺	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAF	YES 2 N	MEO O	If y	yes, spe	ENDENT OF NISPA city Cuben, Mexic 2 X NO Speci	en, Puer	DIN? (Specify Yes to Rican, atc.)	or No—	14. RACE Black Speci	— American la k, White, etc. //y: WHITE	ndlan,
	15. OECEDENT'S E (Specify only highest gr				USUAL OCC				6b. KIND OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	We.	Do NOT u	work done dui se retired.) L. ENGTN		it of working		MARTINS				
OM	17. FATHER'S NAME (First, Middle, Last)	TELEVITE CONTEST TO THE PROPERTY OF THE PROPER											
BE C	CARL F. NOWACK						CORNELIA	BREN	NECKE			0	
5	190. INFORMANT'S NAME (Type/Print) FRANCES NOWACK						BALTIMORE,				p Code)		
	20g METHOD OF DISPOSITION 1 \(\tilde{D}\) Burlel 2 \(\tilde{C}\) Cremation 3 \(\tilde{R}\) 4 \(\tilde{D}\) Donetion & \(\tilde{D}\) Other (Specify)	amoval from State	20b. PLACEA	ND OATE	OF OISPOSITI	ION (Nar		D		CATION -	City or To		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7771000	7 04 1	22. NA	AME AN	D ADDRESS OF FA	ACILITY		I'IOI IL,	PERM		
	Massam F	inaral th	mo Tr	\sim	LA	ISSAF	IN FUNERAL	HOM -	E, INC.	AAADWA	AND O	1000	
	23. PAHI I. Enter the diseases, a	or complications that c	eused the dea	th. Do r	not enter th	he mod	de of dying, aud	ch aa ci	ardiac or respi	ratory ar	ANU Z	Approx	mata
	ahock, or heart fallus IMMEDIATE CAUSE (Final	re. List only one ceuse	on aach lina.							307		interval	Batween nd Daath
	disesse or condition resulting in death)	5181	MANO	- H	-Em	ASTE	Dun of						
		DUE TO (O	R AS A CONSEO	UENCE O	F):								
ON	Sequentially list conditions, Due to (or as a consequence of):												
CAT	if any, leading to immediate cause. Enter UNDERLYING	0		DEITOE O	17.							İ	
Ĕ	CAUSE (Disesse or injury that initiated events	DUE TO (OI	R AS A CONSEO	UENCE O	F):							-	
CERTIFICATION	resulting in dasth) LAST	d											
١٢	PART II. Other significent condit	ions contributing to de	ath but not re	suiting	in the unda	arlying	cause given in	Part i.	24s. WAS AN		24b.	WERE AUTOPSY	FINDINGS
DICAL									PERFOR	1		AMAILABLE PRIC	
뿔												OF DEATH?	NO
ä	DID TOBACCO USE CON	ITRIBUTE TO CAU	SE OF DEAT	H YE	S I NO	0 🗆	UNCERTAI	N 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DE OF DEATH (Check only one) OTHER:											
IYS	1 VES 2-18 NO 27. MANNER OF DEATN	HOSPITAL:			4 🗆 Nurein		5 A Residence	6 🗆 Ot	her (Specify)				
	1 Natural 5 Pending	26e. DATE OF IN. (Month, Day,		- 1	URY	WOF	RK?	_	ESCRIBE HOW IN				
B	2 Accident Investigatio	26e, PLACE OF II		5 (N)		1 V	ES 2 KNO		etient	10.		handa Africa hara	
COMPLETED	3 Suicide 6 Could not be determined 26. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)								1. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 SIPPLE Ave. 21236				
PL	290. CERTIFIER CERTIFYING PH	YSICIAN: To the best of my	knowledge, dear	th occum	ed at the time	e, date (and place, and due	to the c		ner as ata	led.		
S S	one) 2 MEDICAL EXAM	NER: On the basis of axam	nination end/or in	vestigatio	n, in my opir	nion, de	ath occured at the	time, de	ita end place, en	due to th	ne cause(e)	end manner ed	stated.
BE C	296. SIONATURE AND TITLE OF CERTIF	TER					29c. LICENSE NU	-		29d. DAT	E SIGNED	(Month, Day, Yes	nr)
10 B	D						D376	180	1	> (7	0 95	-
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	TA	TRIC	(En	TER	BA	75	Mo	
	31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S	SIGNATURE			-							9
	JAN 2 1 1995 A	my margare	metall.										



LTIMORE, MARYLAND 21215-0020 retained by the hospital or 9 Page 6 may Pages 1, 2, 3 should

permit.

use as the burial-transit

be detached for

notified

Pe

must

examiner

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

1702

1995

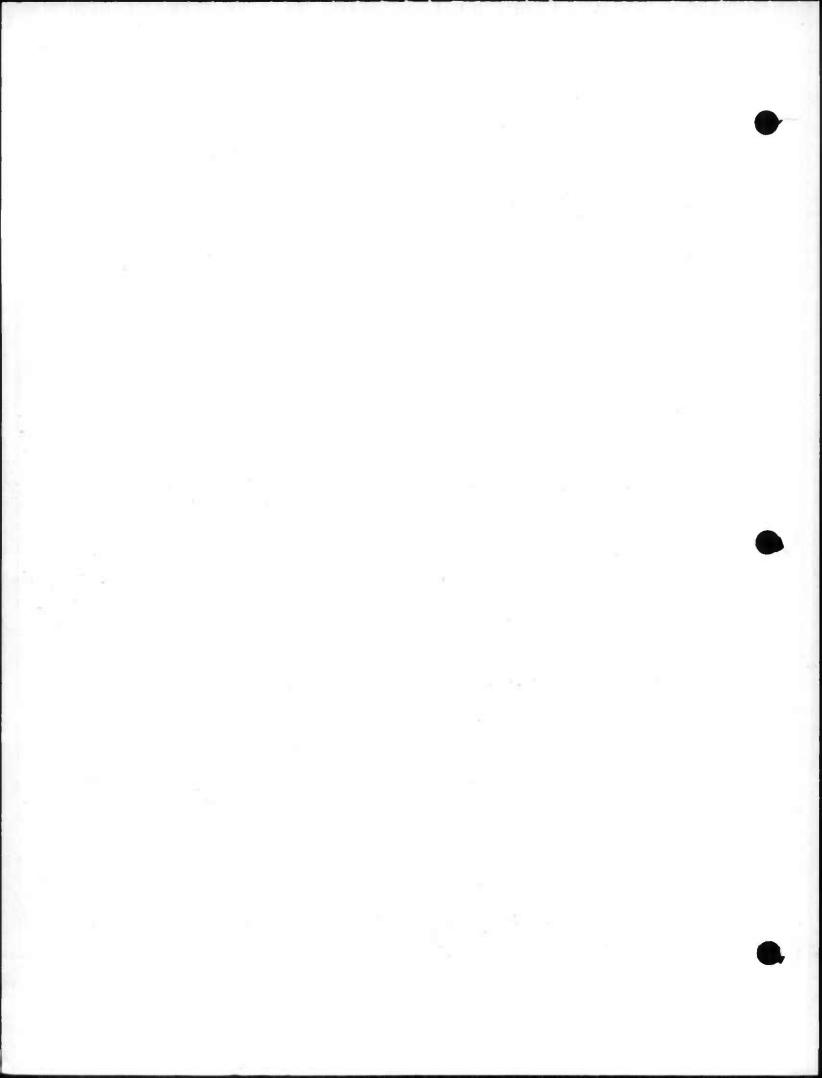
attending physician.

4	0	63	_	-
0	ifter in	6	100	10
	55	6	Leu	6
_	ĕ	B	9	Ē
	7	3	ion,	a e
	差	tely	mat	Ţ,
9	M	nple	Cre	Ven
2	Ted	00	60	20
8	GCL	pu	ğ	#
×	8	an 3	2	E
0	9	sicia	rior	E
00	icat	phy	e p	5
o.	ertil	DU	gie	듬
<u> </u>	9	pudi	÷	6
-	leat	at a	Пта	2
S	90	the	Me	른
Z	# H	3	pur	-
O	4	ped	4	9
C	ires	Sigr	lea	\$
Щ.	equ.	en	jo	oti
	*	Z C	p.	63
⋖	96	Tag.	ŏ	2
	E	afe	tate	te
>	IAN	riffe	S al	10
T.	200	9	4	Ď,
0	F	th:	×	윤
Z	8	ter	ath	E
\subseteq	9	N.	ğ	.00
DIVISION OF VITAL RECORDS, P.O. BOX 68760	Е	5	afte	28
>	X	SEC	5	E
<u></u>	0	ō	20	=
	IA	Z	2	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
	¥	丑	M	M
	置	품	fled	ò
	0	2	90	H
			_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR James S. Nott AM January 995 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign YRS 217-18-7818 Maryland 86 January 26, 1908 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5114 Old Court Road (Residence) Randallstown Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Randallstown 1 YES 2 K NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 18g. CITIZEN OF WHAT COUNTRY? 5114 Old Court Road 21133 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) COMPLE 12 Building Supervisor Telephone Company 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James W. Nott Grace Grabill BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Wilma Nott 5114 Old Court Road Randallstown, MD 21133 20s. METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Fairmount Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 1/21/95 Libertytown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Hai Sykesville. MD 21784 (410)-795-1400

23. PART I. Enler the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, | Appro Approximata shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) carcinoma DOS TO (OR AS A CONSEQUENCE OF) with metastasis CERTIFICATION carcinoma Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO OF DEATHS 1 TYES 2 NO NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residen 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 5 М 19/95 A 1 YES 2 NO BY PLACE OF INJURY — 2 Accident 3 Sulcide At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as ateted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in occured at the time, data and placa, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month. BE



REG. NO.

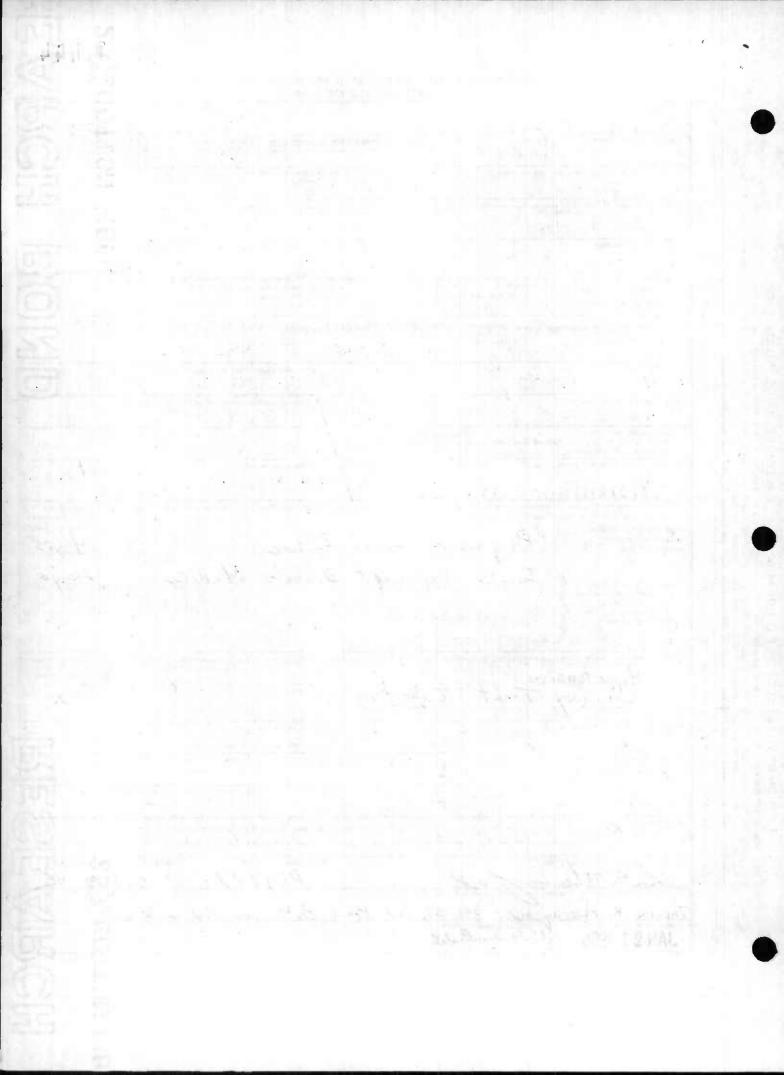
FOR STATE REGISTRAR

0
68760
~
00
2
×
BOX
\simeq
ш
0
۵.
S
0
ш
RECORDS,
7
\mathbf{c}
ш
00
_
⋖
_
_
>
OF VITAL
0
SION
0
_
70
97

1. DECEOENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH 052 K 0205 uice 1ewicz 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig DAYS SEPTEMBER 12,1960 BALTIMORE, MARYLAND HOURS t 🗌 M 2 📈 F 215-78-3041 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY BALTIMORE CITY DIRECTOR MERCY HOSPITAL Pages 1, 2, 3 RESIDENCE OF DECEDENT 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d, INSIDE CITY BALTIMORE COUNTY MARYLAND BALTIMORE 1 YES 2 1 NO permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 1817 WEYBURN ROAD 21237 USA the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

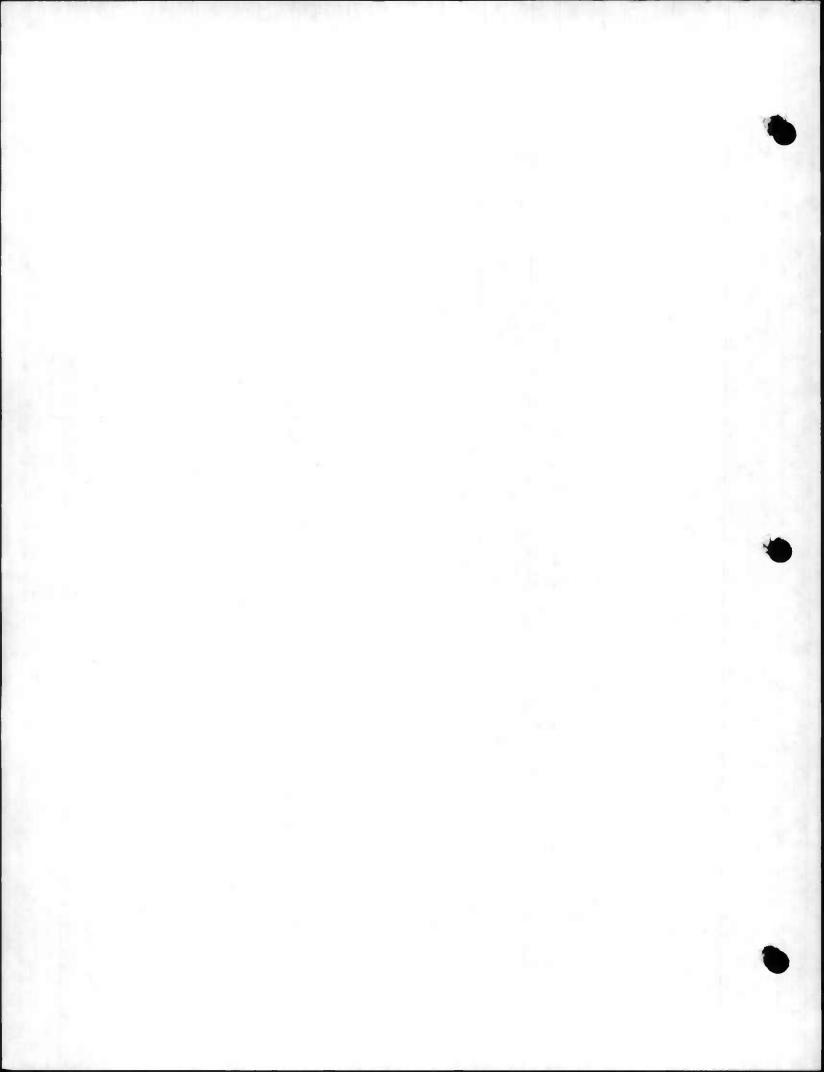
1 YES 2 NO Specify: t Never Married 2 Merried BY 3 Widowed 4 Divorced WHITE use as COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) retained by the hospital or 5 should be detached for X-RAY TECHNOLOGIST ELIASSON M.D. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) RAYMOND WALTER PASZKIEWICZ NATALIE WANDA MISLAK BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 RAYMOND W. PASZKIEWICZ 1817 WEYBURN ROAD BALTIMORE, MARYLAND 21237 ours after death. Page 6 may be re in by the funeral director, page 5 r removal. pe 20s. METHOD OF DISPOSITION tA Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must HOLLY ROSARY CHURCH CEM. JANUARY 21,1995 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME, INC. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236 Obesom Funcial domo medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in shock, or heart failure. List only one cause on each line. interval Between 0 IMMEDIATE CAUSE (Finsi Onset and Death the cremation disesse or condition resulting in death) rogressive completely event, BUE TO (OR AS A CONSEQUENCE OF): burlal, serden traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene pri 2 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST attending the atten Mental H PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and and any pertension Health a 1 YES 2 NO OF DEATH? shows 1 TYES 2 NO been 10 PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: Nem State certificate h the State L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate bours after death with the State OTHER: t TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED marked, N 1 Natural
2 Accident 1 YES 2 NO BY Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 69 6 Could not be COMPLETED 28 4 Homicide Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated, HOSPITAL FUNERAL 1 WITHIN 72 h = MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 30. NAME AND ADDRESS OF PERSON WHO COM PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paul 301 st. 0 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) JAN 2 1 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**



VOID
CERTIFICATE #

95-01445
SEE
CERTIFICATE #



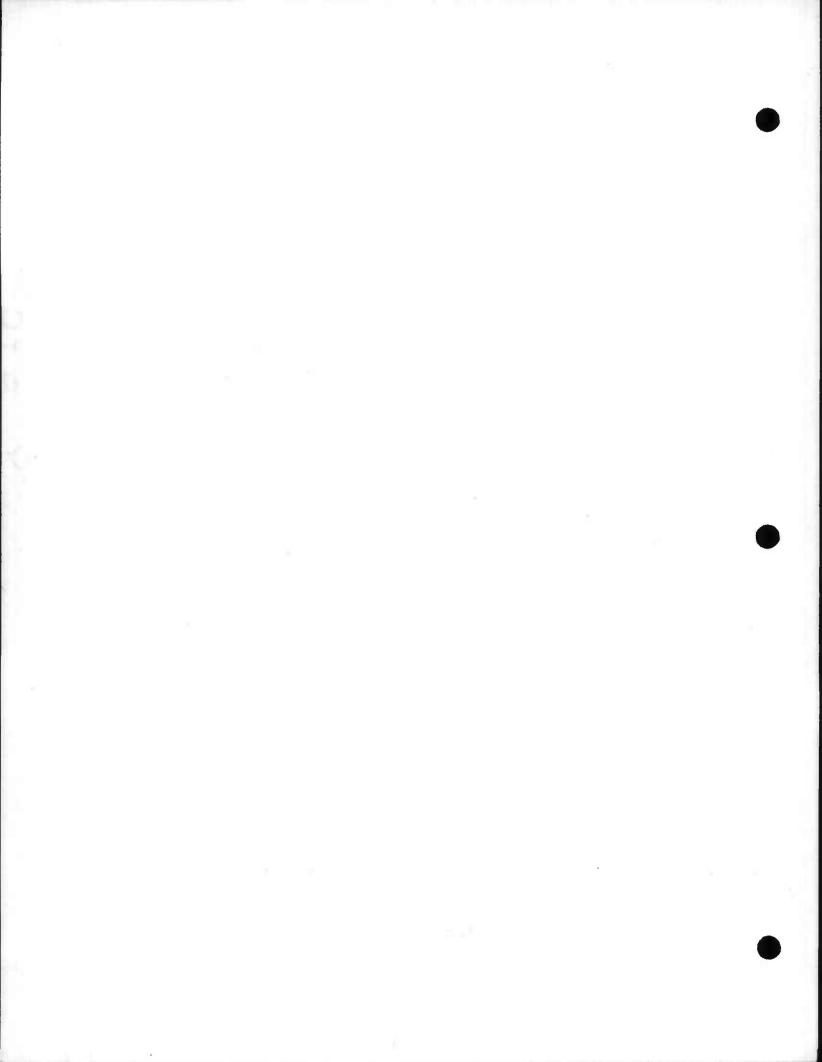
FOR STATE REGISTRAR

-	. 4
0	Total Control
6876	- properties
õ	2
0.8	nartification
S, P	daneh
٥	940
Ö	44.00
REC	racetima
AL	The law
MINISION OF VILAL RECORDS, P.O. BOX 68760	SOUTH ADMINISTRACTION The law manifement that the denote the denote he assessed district
Z	DIAIR D
2	PACIFICAL
Z	9
-	CDIT

CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CARL RAGLAND JANUARY 15 1995 23:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 244-42-1639 OCI. 23, MONTHS DAVE HOURS 1 🛛 🗶 2 🗆 F 65 1929 N. CAROLINA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR n/a BALTIMORE CITY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2102 WOLFE Ν. STREET 21213 UNITED STATES page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 XXMerried BY 1 TYES 2 X NO Specify: Specify: BLACK 3 Widowed 4 Divorced 60 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 TH CONSTRUCTION WORKER LOCAL # 516 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) OTIS RAGLAND Ħ IOLOR RAGI AND notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MELISSA RAGLAND 1665 CLIFTVIEW AVENUE, BALTIMORE, MD 21213] death. Page 6 may be 2 20a. METHOD OF DISPOSITION

XX Buriel 2 ☐ Cremation 3 ☐ Re PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must funeral director, 4 Donation 6 Dither (Specify) KING MEMORIAL PARK 1-20 RANDALLSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVE. and completely filled in by the burial, cremation, or removal. after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Batw IMMEDIATE CAUSE (Final Onset and Death ş disease or condition Staphlololus Auvens Sepsis 2 days resulting in death) event, Bilateral DUE TO (OR AS A CONSEQUENCE OF): days traumatic CERTIFICATION Sequentially list conditions 8 If any, leading to immediate physician ne prior to cause. Enter UNDERLYING wer tailure CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST mute venal terlive Injury, or the atten PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and a PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE COPD any signed Health a 1 TYES 2 740 OF DEATH? 1 YES 2 NO L of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate the State HOSPITAL:
1 Unpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED with (1 Natural 5 Pending Investigation M 1 YES 2 NO ВҰ Affer I 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be Dune offer hours after 4 Homicide TO THE HOSPITAL DREAM TO THE FUNERAL DIRECTOR De filed within 72-hours IMPORTANT: IN JIEM. 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurs at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER mauren R. Horter mo 16 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 N. Wolf Baltimore RHORton MD mD 21287 Maureen 2. RESISTRAR'S SIGNATURE JAN 2 1 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



REG. NO.

FOR STATE REGISTRAR

31. DATE FILEO (Month, Day, Year)

JAN 2 1 1995

0	
9	
<u></u>	
8	
Ψ	
×	
BOX 68760	
m	
	ı
0	
٧.	
٥.	
2	
S	
œ	
RECORDS, P.O.	
Ō	
III	•
~	
_	
_	4
4	
	1
>	
	4
_	1
0	1
7	
\overline{a}	
$\underline{\mathcal{L}}$	-
'A	į
	The second of the second of the second
2	
DIVISION OF VITAL	ì
	i

		1. DECEDENT'S NAME (First,	Middle, Last)	-								2. DATE	OF DEATH		3.	TIME OF DEAT	ГН
		Paula			Sch	wab						T.A.	nuary	14,1	995	6:50	n M
		4. SOCIAL SECURITY NUMB	ER	5. SEX		'In yrs. lest biri	thday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		. BIRTHPL	ACE (State or Fo	_
-		139 18 97	87	1 🗆 M 2 🖫 🗐		98	YRS.	ONTHS	DAYS	HOURS	MIN.		th, Day, Year) t.18,	1894	Country)	nanv	
3 should		9a. FACILITY NAME (If not ins		reet and number)			- 1	9b. CITY,	TOWN O	R LOCATE	ON OF DE		0.107		Y OF DEAT		
2, 2, 3	стов	Hebrew Ho	me of	E Great	er V	<u>Washi</u>	nat	on	F	Rock	vi1	1e	1	Monto	omei	<u> </u>	
if. Pages	DIRECTOR	Maryland	Mont	gomery		10	ROC	TOWN O							10-	d. INSIDE CITY LIMITS?	NO
physician. burial-transit permit. Pages 1, 2,	FUNERAL	100. STREET AND NUMBER 6121 Montr	ose 1	cd.					10f.	208						t country? States	5
fing physician.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN	U.S. ARMED 2 NO ATES XX)	H	yes, spe	ENDENT Cocking Cubs	OF HISPAN In, Mexical Specify	n, Puerto	N? (Specify Yee Rican, etc.)	or No-	Specify:	American India	
r attending use as the	윤		DENT'S EDUC			16e. DECED	ENT'S US	SUAL OC	CUPATIO	N st of workin	Nr.	166	. KIND OF BUS	SINESS/INDU		asiai	.1
. 0 -	ŽET	Elementary/Secondary (0-	12)	College (1-4 or 5	r)	IIIa. Do	NOT use I	retired.)		at or worm							
the hospital detached fo	COMPL	17. FATHER'S NAME (First, Mic	della Lasti			Hom	nema	ker	•				Home				
be de				3									Middle, Maiden	Sumeme)			
retained 5 should notified	BE	Victor Kle)		19b, M	AILING A	DORESS	(Street ar		ida or Burni F		UM ber, City or Tow	n State 7in (Corde)		
- 10 E	임	Gerald Sch	wah										xandi			2207	
2 2 2		20e. METHOD OF DISPOSITION STATEMENT OF DISPOSITION STATEMENT OF DISPOSITION STATEMENT OF THE PROPERTY OF THE	ON	and down State	20b	PLACE AND	DATEOF	DISPOSI	TION (Ner	me of	. , .	OAT	E 20c. LO	CATION — CI	ty or Town,	State	
ge 6 ma irector, g		4 Donation 5 Dother	Specify)		Cem	etery, cremato	Par	r pleca)	eme	ter	y	199	1 7 20c. LO	merso	n, Ne	ew Jer	rsev
death. Page tuneral dire		21. SIGNATURE TO PUNERAL	SERVICE LIC	ENSEE							SS OF FAC	YTIJK	unera				
. 0 = 0		W COX	Lely	0									Va. 2		ies		
8 > E U		23. PART I. Enter the dis	eases, or c	omplicationa tha	t caused	the deeth.	. Do not	t enter 1	ha mod	de of dyl	ing, auch	an cer	diac or reapi	ratory arre	nt,	Approxima	
		IMMEDIATE CAUSE (Fine		Liet Only One Cau	rae Oil e	acti iiiie.										Onset and	
a 4:40 =		disease or condition resulting in death)	+ ,	Respi	rate	ory F	ail	ure	5							ļ	
B 6 4 5				DUE TO	(OR AS A	CONSEQUE	NCE OF):										
e be executed sician and com prior to burial, traumatic en	NO	Sequentially list condition		Dehyd	rati	ion	NCE OE:										
ficate be physician ne prior t	AT	if any, leading to immed cause. Enter UNDERLYIN	IG	1102.46													
	CERTIFICATION	CAUSE (Disease or Injur that initiated events		DUE TO	(OR AS A	CONSEQUEN	NCE OF):										
eath certi attending ntal Hygie Y, or oth	E	resulting in death) LAST															
he death the atter Mental	- 4	PART II. Other algolifican	t conditions	contributing to	deeth be	ut not reau	Iting in	the unc	lerivina	Cause C	alven in i	Part I	24a. WAS AN	AUTOPSY	24h WE	RE AUTOPSY FII	MDIMOS
that the dealed by the att the and Menta	MEDICAL	Congestiv							,				PERFOR	MED?	AWA	MILABLE PRIOR	TO
sign Heal	밀	Anemia											1 TYES 2	- NO		DEATH?	
P o be	- 1	DID TOBACCO US	E CONTR	IBUTE TO CA	USE O	F DEATH	YES		10 🗆	UNC	ERTAIN] (ea 2 [] N	
	SI	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		26. PLACE OF	F DEATH	(Check o	nly one)								
Sician: The certificate the State	PHYSICIAN:	1 TYES 2 TYNO		1 Inpatient 2	ER/Outp	atient 3 🗆 E		X Mini		5 🗆 Re	sidence	6 🗆 Othe	or (Specify)				
PHY this with	ву Рн	27. MANNER OF DEATH Natural 5 P 2 Accident Ir	ending trestigation	28e. DATE OF (Month, D	INJURY ay, Ybar)	28	b. TIME (WOF		NO	28d. DE	SCRIBE HOW II	NJURY OCCU	RED		
TTEND TOR: A after d	COMPLETED E	3 Suicide B C	ould not be stermined	26e. PLACE O building,	F INJURY etc. (Speci	— At home, i	farm, stre	et, facto	ry, office			281. LOC City	ATION (Street e or Town, State)	and Number of	Rural Route	Number,	
	P.E.	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowl	edge, death o	occurred	at the tin	ne, date 4	end place	end due	to the ce	use(e) and man	ner en state-	1	-	
HOSPITAL FUNERAL WITHIN 72 I	NO.			R: On the basis of ea												d manner ee st	lated.
THE HOSPI THE FUNEF filed within	BE	296 SIGNATURE AND TITLE	OF CERTIFIER			2.0				29c LICE	NSE NUM	BER		29d. DATE	SIGNED (Mo	onth, Day, Year)	
5 5 9 W	0	1000	M	M	7	VN	M	1		D.	25	10	1	▶Jar	uary	16,	199

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Silver Spring, Maryland

9801 Georgia Ave.,

1995

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 CPITAL IN ATTENDING PHISCHALL THE Law requires that the death certificate be executed within

PALE CHECOTH Are this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT II Izem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY

THE THE PART OF TH

2 Accident

	D. K. S					90	01448			
	1 - STATE OF MA	ARYLAND / DEPAR CERTIF	RTMENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO					
- 6	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH		3. TIME OF DEATH			
	CLIFTON S	EENEY	JR.			7 9				
		8. AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.8	ORTHPLACE (State or Foreign Country)			
H.	90. FACILITY NAME (if not institution, give street and number) ST. AGNES HOSPITAL E. 1	R.		R LOCATION OF OR	ATH	9c. COUNTY	OF OEATH			
5	RESIDENCE OF DECEDENT					<u> </u>				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	13 alt	ION O			10d. INSIDE CITY LAMITS? 1 YES 2 NO			
FUNERAL	2053 Northeast	Ave	The second second	ZIP CODE 21227	,	10g. CITIZEN	OF WHAT COUNTRY?			
B≺	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 I IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 NO R DR DATES	13. WAS DECI If yes, spe 1 YES	city Curben, Mexico	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	- 53	RACE — American Indian, Black, White, etc. Specif Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Consequence of the secondary (0-12) Consequ									
BE CO	17. FATHER'S NAME (First, Middle, Last) CI ften Seeney	Sr.		18. MOTHER'S NA	ME (First, Middle, Melden rude 1	Sumama)				
10	James (TypoPrint) E. See	ney 205	ADDRESS (Street at	or Humber or Aural F	Toute Number, City or Toy	p. State; Zip Code	"md 21227			
	20s_METHOD OF DISPOSITION 1	ACE AND DATE	OF DISPOSITION (National Property of the Prope	t vet	DATE 20c. LO	CATION - CITY O	or Town, State Mills, mal			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Gran	22. NAME AN	D ADDRESS OF FAC	F. H-W	st	e			
	23. PART I. Enter the disesses, or complications that a shock, or heart feiture. List only one cause IMMEDIATE CAUSE (Final disesse or condition resulting in death) a. DUE TO (C	caused the desth. Do a on each line.	Caption	te of dying, such	•	ratory arrest,	Approximats Interval Between Onset and Daeth			
ERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to de	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
-	DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DEATH YE	S D NO D	UNCERTAIN	10 lugu	ection	,			
¥.	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEA		41.16EI(17(II						
Sic	EXAMINER? XXYES 2 NO HOSPITAL: 1 Inpetient 2X X	R/Outpetient 3 DOA	OTHER:	5 Residence	6 Other (Specify)					
PHY	27. MANNER OF DEATH 26e. DATE OF IN (Month, Day,	JURY 26b. TIM		RY AT	26d. DESCRIBE HOW I	JURY OCCURE	D			

3 Suicide
4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated.

26e. PLACE OF INJURY — At home, farm, etreet, factory, offica building, etc. (Specify)

ation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner es stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E JAN. 18,1995

WHO COMPLETED CRUSE OF DEATH (ITEM 27) (Typo, Print)

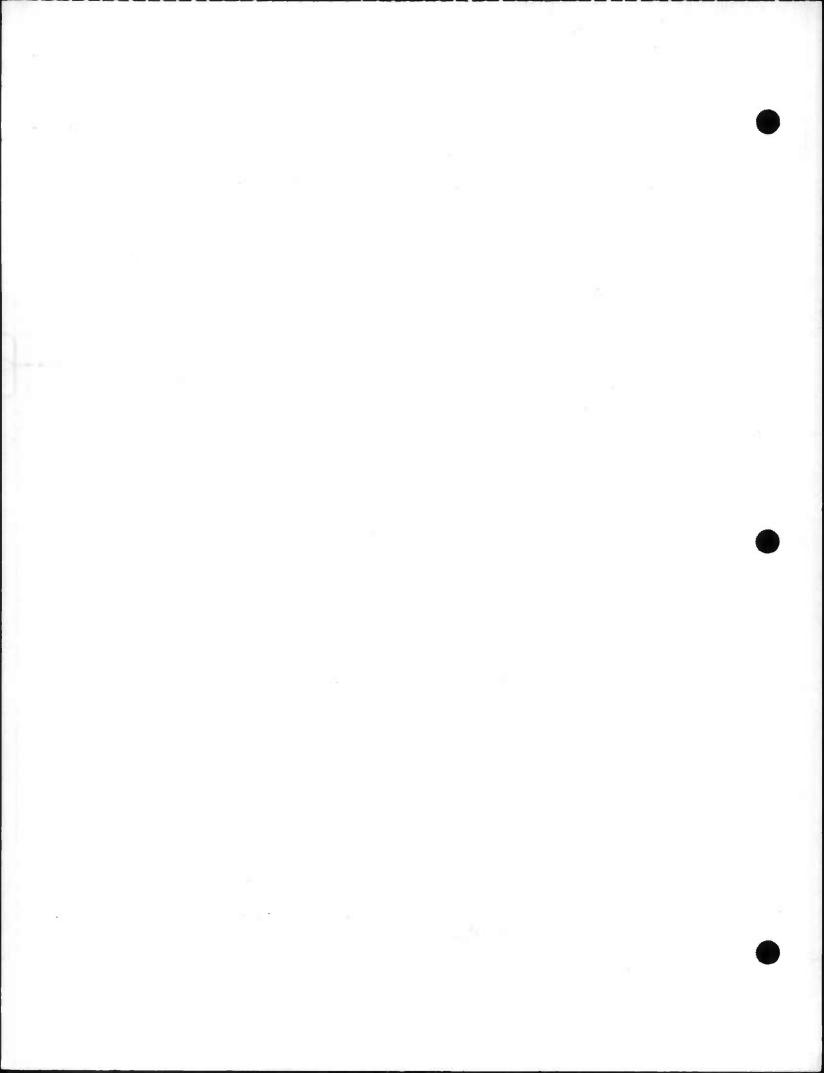
111 Penn Street, Baltimore, Maryland 21201

281. LOCATION (Street and Number or Rural Route Number, City or Town, Stelle)

211995

Investigation

Could not be



31. DATE FILED (MONTH, Cary, Year) 1995

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attend
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

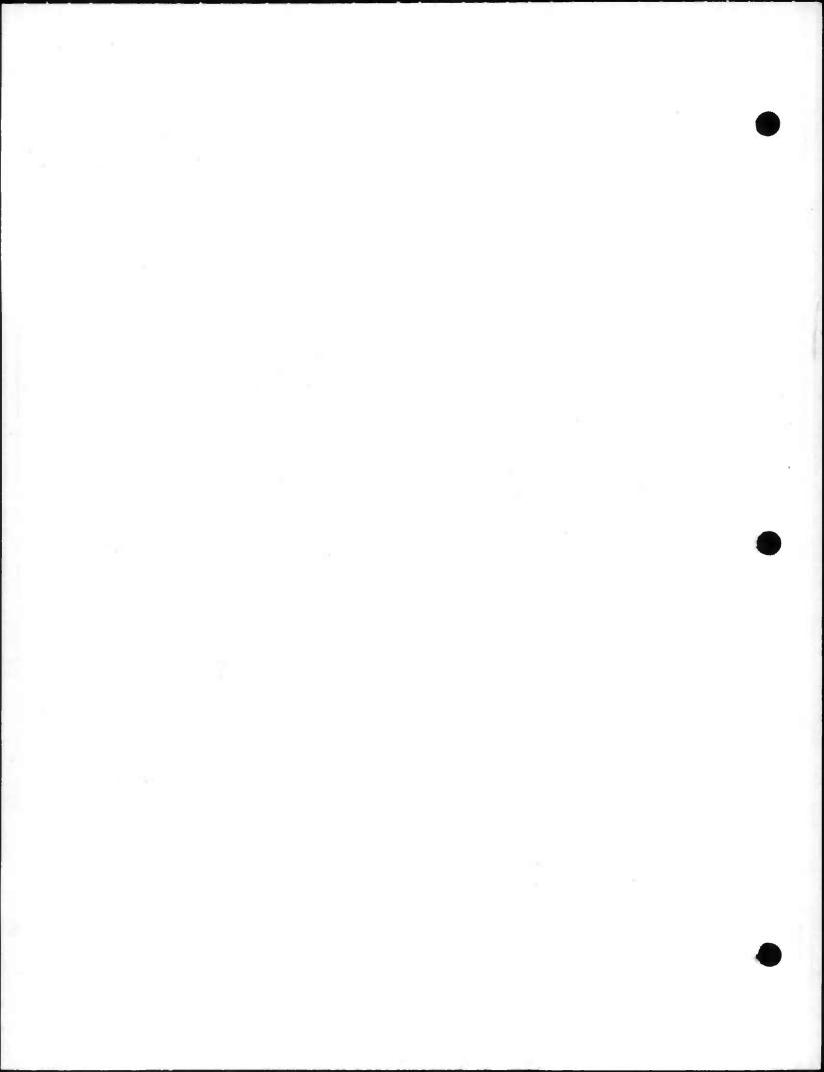
em7,8,Film719,1					20	011.0	
1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTING CERTIFIC	MENT OF HEALTH A EATE OF DEATH	ND MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Lest	Elizabeth	Gump	Snapp	2. DATE OF DEATH MONTH		year 9:44 PM	
4. SOCIAL SECURITY NUMBER 215 22 5333	1 - M 2 77Ms		UNDER 1 YEAR IF UNDER 24 HTHS DAYS HOURS		UNE .	BIRTHPLACE (State or Foreign Country) Md PENNA	
90. FACILITY NAME (If not institution, gives Carroll County RESIDENCE OF DECEDENT			Westminster	OF DEATH	9c. COUNT	y OF OEATH	
100. STATE 10b. COUN Md • Minn • Ram	TY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER		Eag	10f. ZIP CODE		10g. CITIZE	X YES 2 NO	
1376 Interlac	hen Drive		55123			U.S.A.	
1 Never Married 2 Married 3 X Wildowed 4 Divorced	FORCES? 1 YES	S 2 X NO		HISPANIC ORIGIN? (Specify Mexican, Puerto Rican, etc.) Specify:	fes or No- 14	4. RACE — American Indien, Black, White, etc. Specify: White	
15. DECEDENT'S ED (Specify only highest grades) Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF 8	USINESS/INDUS	STRY	
H.S.	_	Secretar			of Eng	ineers	
17. FATHER'S NAME (First, Middle, Last) S. Howard Gump				r's name (First, Middle, Maidle e Grove	en Surname)		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or		own, State, Zip C	ode)	
	Joseph Snapp, Sr. 1376 Interlachen Drive Eagan, Minn. 55123						
20e. METHOD OF DISPOSITION 1 Description							
21. SIGNATURE OF FUNERAL SERVICE I	Hoint		P.O.Box 19	of FACILITY Haight S Sykesville	Funeral	Home	
23. PART i. Entar the diseases, or shock, of neer failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardi	ac arrest	enter tha moda of dying	j, auch aa cardiac or ras	piratory arrea	Approximate Interval Batwee Onset and Das	
Sequentially list conditions,	Ruptu		nal aortic a	aneurysm		3 hours	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	. Sever	A CONSEQUENCE OF): PE AOPTIC A A CONSEQUENCE OF):	theroscleros	sis			
PART II. Other algnificant condition	ona contributing to death	but not resulting in t	he undarlying cause giv	an in Part i. 24a. WAS	IN AUTOPSY	24b. WERE AUTOPSY FINDING	
	RTIC ATHEROSO			PERF 1 [X YES	ORMEO? 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO	
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAUSE	OF DEATH YES		RTAIN 🗆		^	
EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1)(Inpatient 2 ER/Ou	Itpatient 3 DOA 4	THER: Nursing Home 5 Resid				
1 X Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	286. TIME O		28d. DESCRIBE HOY	MUURY OCCU	RED	
3 Suicide 6 Could not be 4 Homicide determined	284 PLACE OF HARR	er — At home, farm, zire- ecify)	et, factory, office	28f. LOCATION (Sires City or River), Sta	it and Number or tel	Rural Route Number	
29a. CERTIFIER 1 EERTIFYING PICY O'NE) 2 NEOICAL EXAMIN	SICIAN: Ja the book of my kno	reledge, death occurred a	If the time, date and place, ar n my opinion, death occured	nd due to the cause(s) and of	anner as stated	cause(x) and manner as stated.	
200. SIGNATURE AND TITLE OF CENTUR	DV I	THE	29s. LICENS		29d. DATE S	SIGNED (Month, Day, Year) 20/95	
Richard A. Jones			General Hosp	nital Wostm			
31. DATE FILED (Month, Qay, Year)	2 AEGISTRAR'S SIG		. Tosp	Trai Westill	1113 (61)	110 21137	

BALTIMORE, MARYLAND 21215	death. Page 6 may be retained by the hospital or attend	e funeral director, page 5 should be detached for use as
8	hours after	illed in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24 hours after death. Page 6 may be retained by the hospital or attend	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
DIVISION OF	L OR ATTENDING PHYSI.	. DIRECTOR: After this cu

ding physician. the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTION. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH	
	MARGUERITE Mary SIMCOE	JANUARY 15,199	95 3:10 a M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS	5. 7. DATE OF BIRTH	BIRTHPLACE (State or Foreign Country)	
	214 18 0506 1 M 2 XF 77 YRS. MONTHS DAYS HOURS MIN		Marvland	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF		Y OF DEATH	
5 P	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY na			
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY	
DIR	Maryland Baltimoe County Dundalk		LIMITS?	
AL	10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZE	EN OF WHAT COUNTRY?	
FUNERAL DIRECTOR	8167 Gray Haven Road USA			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Yea or No. 1	4. RACE — American Indian.	
BY F	The state of the s	(ican, Puarto Rican, etc.)	Black, White, etc. Specify:	
			White	
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUS	STRY	
PLI	Elementary/Secondary (0-12) College (1-4 or 5+) Federal Gov't	SocialSecuri	tvFmnlovee	
Ö		NAME (First, Middle, Malden Sumame)	суппріоуес	
BE C	John Charles Holthaus Mary	Lindner		
10 B	19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rul	rel Route Number, City or Town, State, Zip C	ode)	
F	John Holthaus 4324 BlakelyAve,	Baltimore, MD21	236	
	20e. METHOD OF DISPOSITION 1	OATE 20c. LOCATION — CH	y or Town, State	
	4 🗆 Ronation 5 🗆 Other (Specify)			
	Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board			
	and Mille 1-12-95 655W. Baltimore St, Balto, MD21201			
	23. THT I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, a shock, or heart failure. List only one cause on each line.	uch as cerdlec or raspiratory arres	t, Approximate Interval Between	
	IMMEDIATE CAUSE (Finel		Onset and Death	
CERTIFICATION	resulting in death) a. Congestive Heart Failur	0	10 years	
	sequentlelly list conditions, our TO (OR AS A CONSEQUENCE OF): Sequentlelly list conditions, our TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING			
	a. Congestive Heart Failure OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A DONSEQUENCE OF):		Quears	
CAT	cause. Enter UNDERLYING		Immth	
CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):			7771077	
EH	resulting in death) LAST			
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given	In Part I. 24e, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ICAL	and the state of t	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED		1 □ YES 2 X NO	OF DEATH?	
2 ≥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTA	IIN IST	1 TES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)			
Sic	EXAMINER? 1 YES 2 X NO HOSPITAL: OTHER: 1 Alignment 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence	e 6 Other (Specify)		
F	27. MANNER OF OEATH 288. DATE OF INJURY 280. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCUP	RED	
BY	1 Natural 5 Pending M 1 YES 2 NO			
	3 Suicide 6 Could not be determined determined	261, LOCATION (Street and Number or City or Town, State)	Rurel Route Number,	
ET				
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.			
Ö	One) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.			
296. SIGNATURE AND TITLE OF CRATIGUER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER			IIGNED (Month, Day, Year)	
			nary 15 1995	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	OHNS HOPKINS HOSPITAL		
	MONICA SHAH MD JOHNS HUPKINS	HOSFITAI		
	JAN 2 1 1995 Jun Denison Rudel			



4,	
<u> </u>	
C	
_	
S	,
-	
7	
Q.	Į,
_	1
>	
~	
14.	
9	
95	1
-	
ш	
C	
-	
0	4
95	
-	
	1
BALTIMORE, MARYLAND 21219	
-4	ľ
⋖	
m	ı
_	4
	1
	i
	ì
-	
0	Acces of the last
68760	
~	7
00	
10	1
4	

OF VITAL RECORDS,	DIVISION OF VITAL RECORDS, P.O. BOX 68760
OF VITAL RECORDS,	OF VITAL RECORDS,
DIVISION	DIVISION
DIVISI	DIVISI
5	

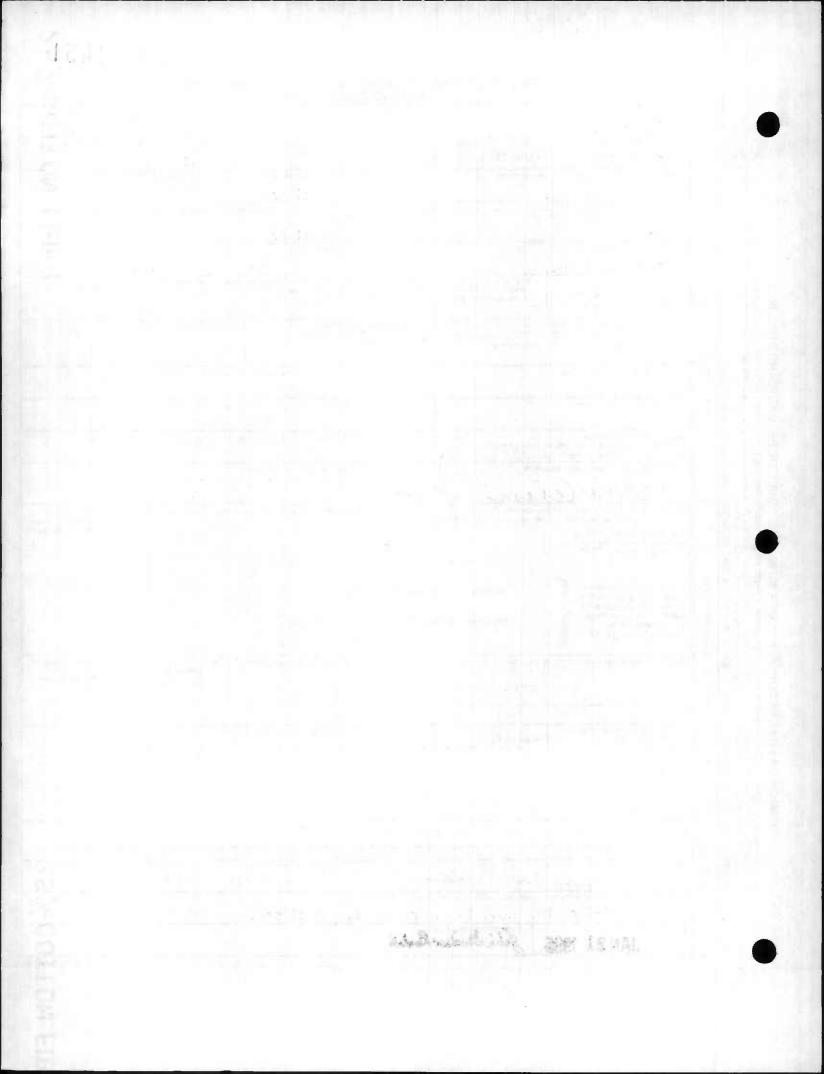
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be field within Z hours after death with the State Dept. of Health and Mental Hydine prior to burial-certainty or removal.

The manneral is the control of the property of the manufact of the manuf 5-0020

STATE	OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	OF DEAT	H		REG. NO.

			MENT OF HEALTH AND CATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, La.				2. DATE OF DEATH	3. TIME OF DEATN
Richard A. Tra				01-19-95	4:30 P
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
214-22-7467	1 × M 2 🗆 F	73 YRS.		03-02-21	Pennsylvan
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF		COUNTY OF DEATN
610 Wyanoke Av	е.		Baltimor	e l	
610 Wyanoke Av	NTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY
			Baltimor		1 💢 YES 2 🗌 NO
100. STREET AND NUMBER			10f. ZIP CODE		g. CITIZEN OF WHAT COUNTRY?
10. STREET AND NUMBER 610 Wyanoke Av. 11. Marital Status 1 Never Married 2 XMarried	2. WAS DECEDENT EVE	DINITIS ADMED		1-10	U.S.A.
		S 2 NO	If yes, specify Cuban, Max		Black, White, atc.
3 Widowed 4 Divorced	1945 -	1946	1 TES 2 XNO Spe	cny:	specify Black
15. DECEDENT'S E	DUCATION ade completed)	16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUSINES	SS/INDUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during most of working etired.)	Complete	- 4 0 -
15. DECEDENT'S E (Specify only highest an Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)		Toement	Finisher		ction Co.
			Irene	NAME (First, Middle, Maiden Sum	ame)
100 INFORMANT'S NAME (Topo (Poleti)		Top Mail INO A	DDRESS (Street and Number or Run		nts. 7in Corlst
Janice Traft	on		yanoke Aveni		
200 METNOD OF DISPOSITION		206. PLACE AND DATE OF	DISPOSITION (Name of		ON — City or Town, Stata
1 🔀 Burial 2 🗆 Cremation 3 🗆 R 4 🗆 Donation 5 🗆 Other (Specify) _		cemetary, crematory or otha Arrison	Forest Vets	1/24 Gar	rison, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		.22. NAME AND ADORESS OF	FACILITY IONES In	Funeral HM PA
+ Yllous/()	· la mal	Jones	4101 Edmond	Son Ave B.	alto. MD 21229
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF):			
	d				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO 27. MANNER OF DEATN	iona contributing to deat	n but not reaulting in	the underlying cause given	In Part I. 24a. WAS AN AUTI PERFORMED 1 YES 2 X 1	7 AMILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)	
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/C	outpatient 3 DOA 4	THER: Nursing Home 5 KRasidence	e 6 Other (Specify)	
27. MANNER OF DEATN 1 X Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 VES 2 NO.				
	building, atc. (8	JRY — At home, ferm, stri (pecify)	et, factory, office	28f. LOCATION (Street and A City or Town, State)	lumber or Rural Route Number,
			et the time, data and place, and d		se stated, a to the cause(a) and manner as stated
<			29c. LICENSE N	TUMBER 296	
296. SIGNATURE AND TITLE OF CERTIF	201- 1de	2	915	K50 1	d. DATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	MHO COMPLETEO CAUSE OF			K20 1	d. DATE SIGNED (Month, Dey, Year)
296. SIGNATURE AND TITLE OF CERTIF	MHO COMPLETEO CAUSE OF	N. Greene		K20 1	d. DATE SIGNED (Month, Day, Year)



10	
ched	
deta	
20	
3	
Sho	
5	
pag	
director,	
ly filled in by the funeral	
by the	moval
Ξ.	7
lled	0.
y	utio
stel	mat
J.	5
8	lal.
B	ğ
E	2
nding physicia	noc
E	d e
0.0	en
÷	못
ten	e
(d)	ent
5	Σ
5	Ith and M
Dec	들
Sign	Health
eeu	0
S	ept.
e ha	0 9
heat	Sta
s certif	the State I
this (€
Je	leath w
Y	60

permit. Pages 1, 2, 3

use as the burial-transit

notified at

e

must

examiner

medical

the

event.

traumatic

other

injury,

any shows 23 ltem.

0 marked, BY

權 12

TO THE DE SHEET SH

COMPLETED

BE 2 296. SIGNATURE AND TITLE OF CERTIFIER

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) TRUSTY 3. TIME OF DEATH ,1995 YEAR 9:02 am 16 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In vrs. lest birthdev. 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 37 220-64-5922 1 XM 2 - F YRS Sep. 11, 1957 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? N/A Baltimore MD 1 X YES 2 | NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1039 N. Durham Street 2120-5 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried
3 Divorced Specify: Black BY 16e. DECEDENT'S USUAL OCCUPATION ETED. 15, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade cor (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+)
N/A Elementery/Secondary (0-12) COMPL 12th Printer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Trusty, Jr. Mary Mont BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1039 N. Durham Street/Baltimore, MD 21205 Phillip Trusty 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Buriel 2 Cremetion 3 Donation 5 Donation Voshell Memorial Garden Dundlak, MD 22. NAME AND ADDRESS OF FACILITY March Funeral Home East 1101 E. North Avenue/Baltimore, MD 21202 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onaat and Death** disease or condition resulting In death) entucular DUE TO JOR AS A CONSEQUENCE ailes CERTIFICATION mont Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST Mellituro PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FIR

DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEATH	YES 🗆 1	NO UNCERTAI	PERFORMED? 1 YES 2 W NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PLACE OF HOSPITAL:	OTHER		6 Other (Specify)		
27. MANNEY OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28		28c. INJURY AT WORK? t YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	lerm, streat, fecto	ory, office	28t. LOCATION (Street and Number or F City or Town, State)	Bural Route Number,	
29e. CERTIFIER (Check only	CtAN: To the best of my knowledge, death	occurred at the ti	me, date end piece, end du	to the cause(e) end menner ee atated.		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOPILINS

2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner se stated.

HOSPITAL

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

Illis committee has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

hours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

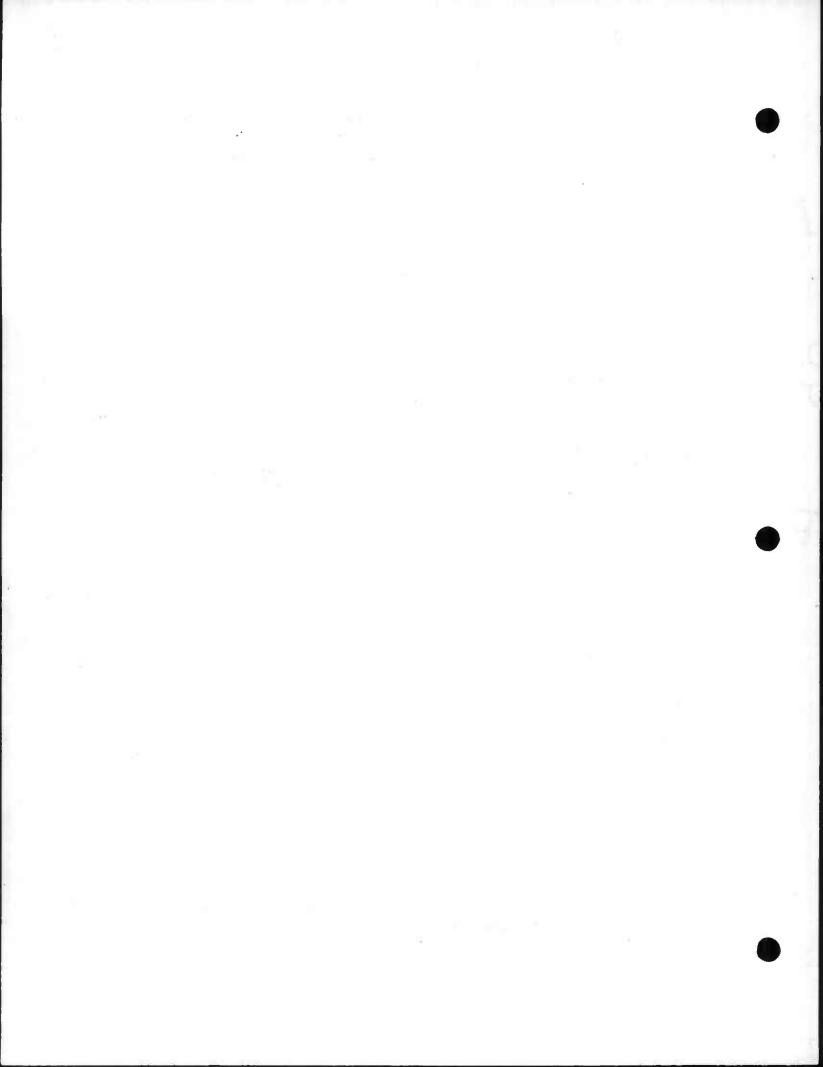
WE PHYSICIAN: The law requires that the death certificate be executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFIC	CATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH		у .	YEAR	3. TIME OF DEATH
	DAJUAN 4. SOCIAL SECURITY NUMBER	Labor			WITC		JAN	12	1 9	5 ^{YEAR}	11:00A
	n/a	5. SEX 1 X M 2 F	8. AGE (In yrs. les		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De Sep.	ly, Year)	1994	Country	
	9e. FACILITY NAME (If not institution, give	street and number)		1	b. CITY, TOWN	OR LOCATION OF D		107		NTY OF DE	
DIRECTOR	42 B WESTWAY NO	ORTH			ESS	EX			BA	LTIM	ORE
H.	10a. STATE 10b. COUNT			10c. CITY,	TOWN OR LOCA	NOTION					10d. INSIDE CITY LIMITS?
		V/A		Bal	timore						1 X YES 2 NO
FUNERAL	104. STREET AND NUMBER				10	H. ZIP CODE					NAT COUNTRY?
NE	532 S. Ellwood A		NT EVER IN U.S. AR			21224				SA.	
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO IMED	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 R NO Specif	n, Puerto Ricar		or No—	14. RACE Black, Specify	— American Indian, White, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	CEDENT'S US	SUAL OCCUPATION done during m	ION lost of working	16b. KIN	ID OF BUS	INESS/INC	DUSTRY	WILLIE
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or 5-N/A	+)	BABY	reared.)			BABY			
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middl	le, Maiden	Surname)		
BE	Kareem Hawkins					Sheila					
2	19a. INFORMANT'S NAME (Type/Print) Sheila Witcher					and Number or Rural Od Avenue					24
1)	20a. METHOD OF DISPOSITION 1. Burlal 2 Crestation 3 Rem 4 Donation 5 Other (Specify)	noval from State	semetery, cre	matory or other	DISPOSITION (Nor place)	lame of	1-21			City or Tow	
	21. SIGNATURE OF TUMERAL SERVICE LI	CENSER? /	Jul. 23	on ce	metery 22, NAME 4	ND ADDRESS OF FA			Saowi	ne, M	ID
	► 116.0km	6 4	1.0)		E. North			timo	wo I	WD 21202
								Interval Betwee			
ATION.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
	PART ii. Other significent condition	na contributing to	deeth but not r	eaulting in	the underlyin	o cause given in	Part I 24a	. WAS AN	HITTOREY	1 045	WERE AUTOPSY FINDINGS
EDICAL				ng cause given in		PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?		
Ξ.	DID TOBACCO USE CONT	RIBLITE TO CA	LISE OF DEA	TH YES	Пиог	LINCEPTAL					1 SPES 2 NO
HAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SIC	EXAMINER? 1 XYES 2 NO	HOSPITAL:	ER/Outpetlant 3		THER:	ne 5 X Raaldence	8 Other (Sp	ecity)			
PHYSICI	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TIME (JURY AT DRK?	28d. DESCRIE	BE HOW IN	JURY OCC	CURED	
ВУ	1/\top Natural 5 Pending 2 Accident Investigation				M: 1 🗆	YES 2 NO					
TED	3 Suicide 8 Could not be determined	28s. PLACE O building,	OF INJURY — At ho atc. (Specify)	me, farm, stri	et, factory, offic	20	28f. LOCATIO City or To	N (Street ai wn, State)	nd Number	or Rural Ro	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the beat of a									and manner as stated.
8	29b. SIGNATURE AND THEE OF CERTIFIE		W			O.C.M	MOER		29d. DATE		Month, Day, Year) 15/95
5	30. NAME AND ADDRESS OF PERSON WH					t, Balt	imore	. Ma	rv1	and	21201
	31. DATE FILED (MOOTH), OF 1995	32 1 town	ar Randell		30200	-,		, 110			
	AHIA T 1900 Q										



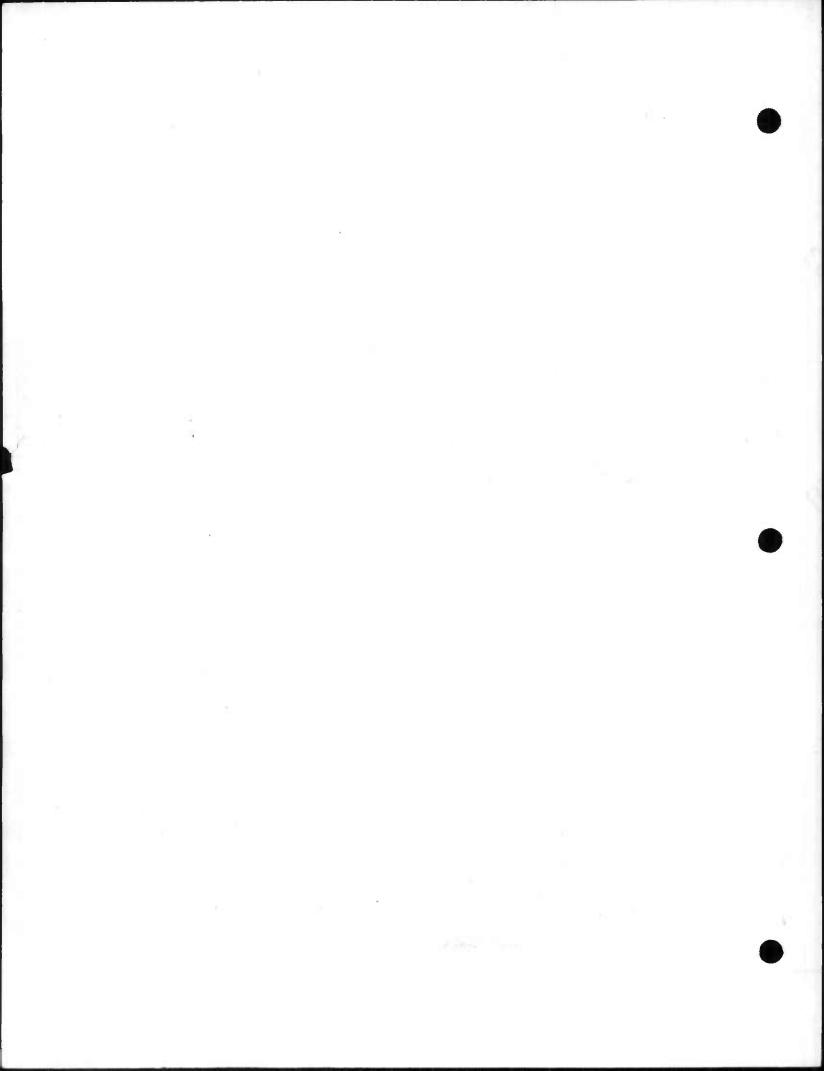
ITEMS: 23 PART I, II, 27, PER MEO FILM G-719 1/26/95 t.t

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

ONESCHOR After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or least begt. Of least any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 WISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYO
	-						

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) DENNIS	R.		YOUNG	3	2. DATE OF DEATH MONTH	MY YEAR 3 95	
	4. SOCIAL SECURITY NUMBER 247-04-3135	1½ M 2 □ F 40		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTIN (Month, Day, Year) 11-17-54	8. Bit Co	RTNPLACE (State or Foreign untry) urel Co., S.C.
DIRECTOR	9a. FACILITY NAME (If not institution, give a JOHNS HOPKINS		5		IMORE C		9c. COUNTY O	r DEATH
<u> </u>	10a. STATE 10b. COUNT	Y	10c. CITY	TOWN OR LOCAT	ION .			10d. INSIDE CITY
	Maryland 10e. STREET AND NUMBER	n/a		altimore	9			LIMITS?
FUNERAL	1621 East Prest			107.	21213		US/	A A
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECI	ecify Cuban, Mexican	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	8:	ACE — American Indian, lack, White, etc. pecify: Black
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION 16s	DECEDENT'S US	SUAL OCCUPATIO	N at an analysis a	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLET	HIGH SCHOOL	College (1-4 or 5+)	Insurance	rk done during mos retired.) ce Agent		In	surance	
CON	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
BE	Coleman Young				Katt:	ie Saddlew	hite	
5	19a. INFORMANT'S NAME (Type/Print)					Noute Number, City or Tow		
ľ	Beatrice Jord					eet Balto		4-1
	1 Burial 2 Cremation 3 Rem	cewerer	CEAND DATE OF	propriet M. E	. CH CE	M. 1- C	LINTON,	S. CAROLINA
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE		22. NAME AN	D ADDRESS OF FAC			
	Tonet	te Kin	10	March	F/H-East	t 1101 E.	North .	Avenue
	23. PART I. Enter the diseases, or shock, or heart failure.	complicatione that caused the	e death. Do not	t enter the mod	de of dying, such	an cerdlec or resp	iratory arreet,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	PNEUMONIA						intarval Between Onset and Death
_		DUE TO (OR AS A CO	NSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A COL						
ERTII	that initieted events resulting in death) LAST	d	ASEOUENCE OF):					
	PART II. Other aignificant condition	is contributing to deeth but n	ot resulting in	the underlying	cauee given in i	Part i. 24e. WAS AN		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
PHYSICIAN: MEDICAL	HIV SEROPOSITIVITY					1 XYES 2		COMPLETION OF CAUSE OF DEATH?
N: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)							
YSI	1 X YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatier		OTHER: Nursing Home	5 🗆 Residence (6 Other (Specify)		
ву Рн	27. MANNER OF DEATN 1 XX Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WOF	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
						al Route Number,		
COMPLÉTED		ICIAN: To the best of my knowledge						
O O		R: On the basis of exemination and	f/or investigation,	in my opi <i>n</i> ion, de	ath occured at the t	time, data and place, an	d dua to the caus	e(a) and menner as stated.
BE	296. BIGMATURE AND TITLE OF SCHOOLS	8 —			O.C.M		29d. DATE SIGN	ED (Month, Day, Year) N 14/95
, TÔ	30. NAME AND AD SEES OF PERSON WH	O POWPLETED CAUSE OF DEATH 111	(ITEM 27) (Type, Pr Penn S	treet.				
	31. DATE FIRED (Month, Disj. Year)	22. REGISTRAR'S SIGNATUR						



-	
_	
CVI	
-	
=	
_	
-	
- 1	
LC 3	
_	
- 4	
CVI.	
9.4	
_	
CA.	
9.4	
-	
_	
AN	
_	
-	
-	
LA	
_	
_	
>	
-	
MAR	
LL.	
_	
-	
-	
-	
-	
_	
111	
-	
-	
R	
()	
~	
-	
_	
_	
_	
_	
-	
М.	
m	

BALT	eath.
8	after d
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after
	E
	AE.
5	with
_	2
O	S
0	8
-	8
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	20
20	TE.
-	2
7	5
	8
7	5
m.	8
ກ	0
	5
r	Tei.
5	5
ζ.	52
~	5
_	6
Ľ	-
7	MB G
4	E
=	
>	3
	ਠ
ξ.	S
2	7
7	66
-	ž.
_	9
n	Ġ.
É	5
2	œ
1	0
	4
	E
	30
	오
	-
	I

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH ouis YEAR MMET 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1XXM 2 □ F 217-42-4712 YRS. August 30 19d7 New York Should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hebrew Home Of Greater Washington Pages 1, 2, 3 Rockville Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland permit. Montgomery Silver Spring YES 2 NO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 15301 Beaverbrook Court 20906 the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2013 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify. BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) director, page 5 should be detached for Yrs Colleg Lawver Legal 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) À Ħ Sam Zimmet BE Fanny Greenberg retained notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20906 Rose Zimmet 15301 Beaverbrook Court Silver Spring. Maryland 2 20e. METHOD OF DISPOSITION

VLXBuriel 2 ☐ Cremation 3 ☐ Removal from State зде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE must 4 Donation 5 Other (Specify) Mount Lebanon Cemetery 1/16/95 Adelphi Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22 NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, INC. funeral Donald C. myer 232 CARROLL ST, NW, WASHINGTON, DC 20012 욢 medical 23. PART I. Enter the diseases, or complications that caused he deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. In by 0 interval Batween filled IMMEDIATE CAUSE (Final Onset and Death the cremation, disesse or condition resulting in death) ESPIRATORY
DUE TO (OR AS A CONSEQUENCE OF): FAILURE and completely fi burial, crematio event, ARDIOMYOPAT other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, lasding to immediate cause. Enter UNDERLYING prior CAUSE (Disease or injury the attending phy I Mental Hygiene I DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART il. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS a de PERFORMED? AMAILABLE PRIOR TO signed Health a COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO L of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🔀 PHYSICIAN: UNCERTAIN Dept. S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only onle) certificate ... the State ... Item OTHER: HOSPITAL 1 YES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY After Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28 is i 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firms, date end place, end due to the cause(e) end manner ee stated. FUNERAL WITHIN 72 H 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IS 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) 29c. LICENSE NUMBER BE NGO Comun 35 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GEORGIA

DHMH-16 Rev 1/89

M.D.

32. REGISTRAR'S SIGNATURE

.le

Pages 1, 2, 3 permit. use as the burial-transit retained by the hospital or attending physician, jo funeral director, page 5 should be detached been signed by the attending physician and completely filled in by the rt. of Health and Mental Hygiene prior to burial, cremation, or removal. has this certificate h OR ATTENDING PHYSICIAN:

event.

traumatic

other

6

marked,

.00

28 HOURS

After the

DIRECTOR: after

HOSPITAL

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) BEADENKOPF BEADENKOPK 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR **EUGENE** W. JAN 16 1995 12:41P 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) a. BIRTHPLACE (State or Foreign DAYS HOURS 560-36-9101 t | M 2 | F 80 JULY 9, 1914 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1719 W. PRATT ST. DIRECTOR Baltimore City. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE tog, CITIZEN OF WHAT COUNTRY? 1719 W. Pratt St. 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 1 YES 2 NO Specify: BY Widowed 4 Divorced WWII & Korean white ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-t2) College (1-4 or 5+) COMPL 12 Seaman S. Navv 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Carroll W. Beadenkopf <u>Helen M. Liddard</u> BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carroll E. Beadenkopf 1721 W. Pratt St., Balto., Md. must be 20a. METHOD OF DISPOSITION
tX Burlat 2 Cremation 3
4 Donation 8 Gither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 1/20 Western Cemetery Balto. the medical examiner 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc. 5695 Main St., Elkridge, Md. 23. PART L Enter the diseries, or complications that deused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) a. Arteriosclerotic Cardiovascular Disease.

DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 - YES 2 NO 1 YES 2 NO INOIRY DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a, DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. TO THE HOSPITAL TO THE FUNERAL DE FIED WITHIN 72 H 2 MEDICAL EXAMINER: On the bi axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Mar. B JAN 1995 C.M.E 2 WHO COMPLETED CARSE OF DEATH (ITEM 27) (NOW PRINT)



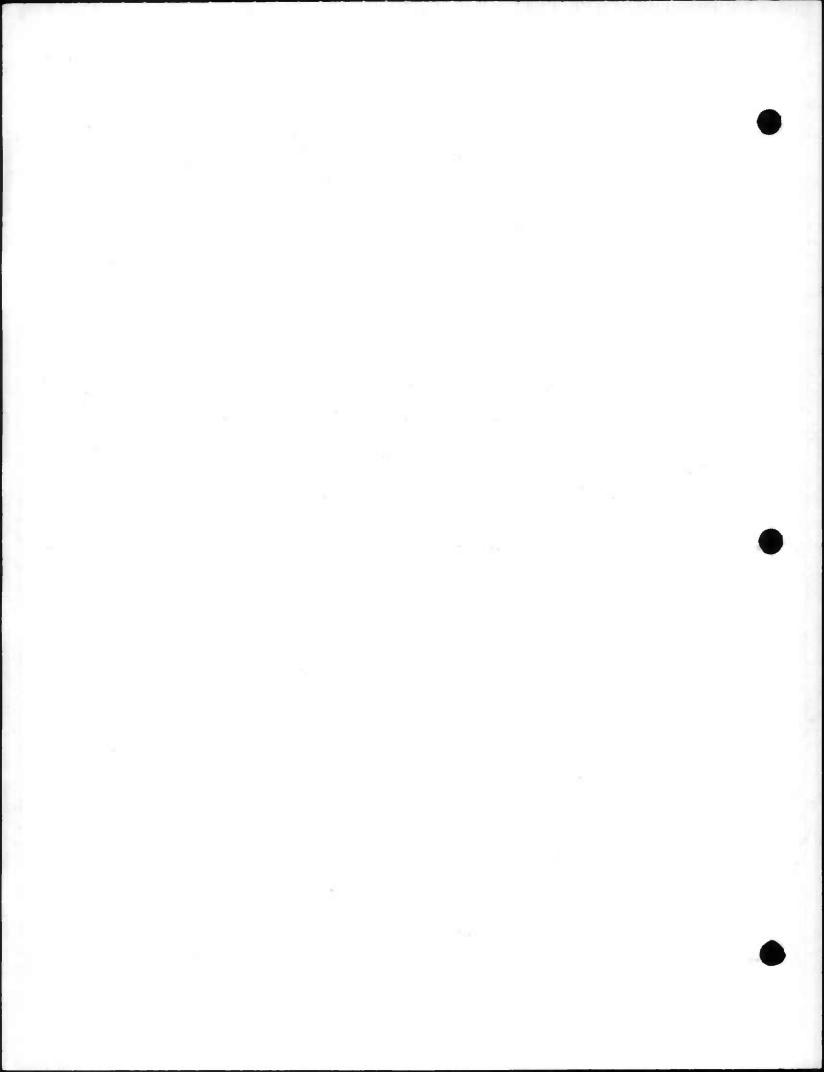
DIVISION OF VITAL RECORDS, P.O. BOX 68760

111 Penn Street, Baltimore, Maryland 21201.

to a comment of the second sec

달	£		
2	Se		
藍	92		
0	5		
7	ē		
Spid	ed		
2	act		3
IN LEMPING PRINCIPAL THE LAW REQUIRES THAT THE GRADIT CONTINUES OF EXECUTED WITHIN 24 HOURS ATTENDED TO MAY BE RETAINED BY THE HOSPITAL OF ATTENDING	det	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	198 is marked or lies 29 shows any injury or other transmists awart the marked averages and the said of account
8	8		- 7
8	딍		3
8	욙		191
5	5		-
8	90		
9	g		4
E	0,0		3
9	5		Ē
ğ	ě		1
-	70		3
E S	2		6
e de	2		- 2
3	鲁	3	-
Ö	6	Ē	3
2	.5	9	-
2	8	0	E
74	4	8	2
111	Se X	lati	•
5	et	ren	2
5	Ē	0	2
9	8	2	
9	B	3	90
В	-	2	E
5	Cia	5	8
all a	3	ă	-
Ĕ	4	900	å
b	Ē	ğ	6
5	pue	Ŧ	6
Pa	att	mta	2
0	9	Me	1
5	yt	B	5
B	D	à	5
0	ē	틒	
	Sig	He	3
ğ	en	0	4
2	2	ĸ.	-
0	as	De	6
5	93	e	E
	cat	Sta	2
Ž.	Life.	9	20
2	Ce	th ch	7
E	this	N.	Sec.
5	100	4	200
É	Aff	Jea	E
3	à	Je (-
2	2	afte	28
ε.	595	100	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEP/	ARTMENT OF I	HEALTH AND	MENTA	L HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Last)						E OF DEATH			. TIME OF DEATH	
	Carol	yn Egerton	Butler			Jai	n. 20,	1995	YEAR	2:45 p	
	4. SOCIAL SECURITY NUMBER 220-32-3080	5. SEX 8. AGE	(In yrs. last birthda	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF SHRTH th, Day, Year)		Country)	ACE (State or Foreign	
NG.	9a. FACILITY NAME (If not institution, give a The Keswick Home				or Location of D		. 07,	7	TY OF DEA		
5	RESIDENCE OF DECEDENT										
DIRECTOR		timore	10c. (CITY, TOWN OR LOCA R	mon eisterst	own				Od. INSIDE CITY LIMITS? YES 2 1 NO	
FUNERAL	13009 Dover Road			10	2113	6		10g. CITIZ	USA	AT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, s	CENDENT OF HISP/ pecity Cuben, Mexic 2 NO Spec	en, Puerto	N? (Specify Ye Rican, atc.)	s or No-	Black, Specify:	American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	completed)	(Give kind	T'S USUAL OCCUPATI of work done during me Tuse retired.)	ON ost of working	16b. KIND OF BUSINESS/INDUSTRY					
MPLE	Elementery/Secondary (0-12)	College (1-4 or 5 +)	Homema			(Own Home				
3	17. FATHER'S NAME (First, Middle, List)				18. MOTHER'S N	AME (First,	Middle, Malden	Sumame)			
H H		well Griswa				essie Montague Brown					
2	19a. INFORMANT'S NAME (Type/Print)	-				rel Route Number, City or Town, State, Zip Code)					
	Benjamin Griswald					isterstown, MD 21136					
	20c. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Metro Crematory, Inc. 01/23/95 Baltimore, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSPE Dawn F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21									nc.	
	23. PART I. Entar the diseases, or canock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Alzheir	mer's Di	sease	de of dying, su	ch as car	diec or resp	iratory arre	est,	Approximata interval Between Onset and Deat 8 years	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE								
	PART II. Other significant condition	s contributing to deeth	but not resultin	g in the underlyin	g ceuse given in	Part I.	24e. WAS AN PERFOI	MED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
É	DID TODA CCO LICE COATE								1	YES 2 NO	
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE (UNCERTA	N \square					
	EXAMINER?	HOSPITAL:		OTHER:							
	1 YES 2 THO 27. MANNER OF GEATH	1 ☐ Inpetient 2 ☐ ER/Out 28e. DATE OF INJURY		1.	e 5 🗌 Reeldence	-					
DI CHI SICION. MEDICA	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	200. 1	IME OF 28c. INJURY WO	PK?	28d. OE:	SCRIBE HOW I	NJURY OCC	URED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferri	n, street, factory, offic	•	261, LOC City	ATION (Street or Town, State)	end Number o	or Rural Rou	te Number,	
		CIAN: To the best of my known. R: On the beele of examination								nd menner se stated.	
10 05	296. SIGNATURE AND TITLE OF CERTIFIER W	raa Gre	garmo		29c. LICENSE NU D13657	MBER				lonth, Day, Year) 20, 1995	
	M. Isabelle MacGr	egor, M.D. K	EATH (ITEM 27) (Ty) Ceswick.	pe, Print) 700 W 40	th St. 1	Balti	more	MD 21	211		
	31. 0JAN 203 1995 Ju	LA WHESTERNANTE	WYEL,				,	-112 -11	-11		

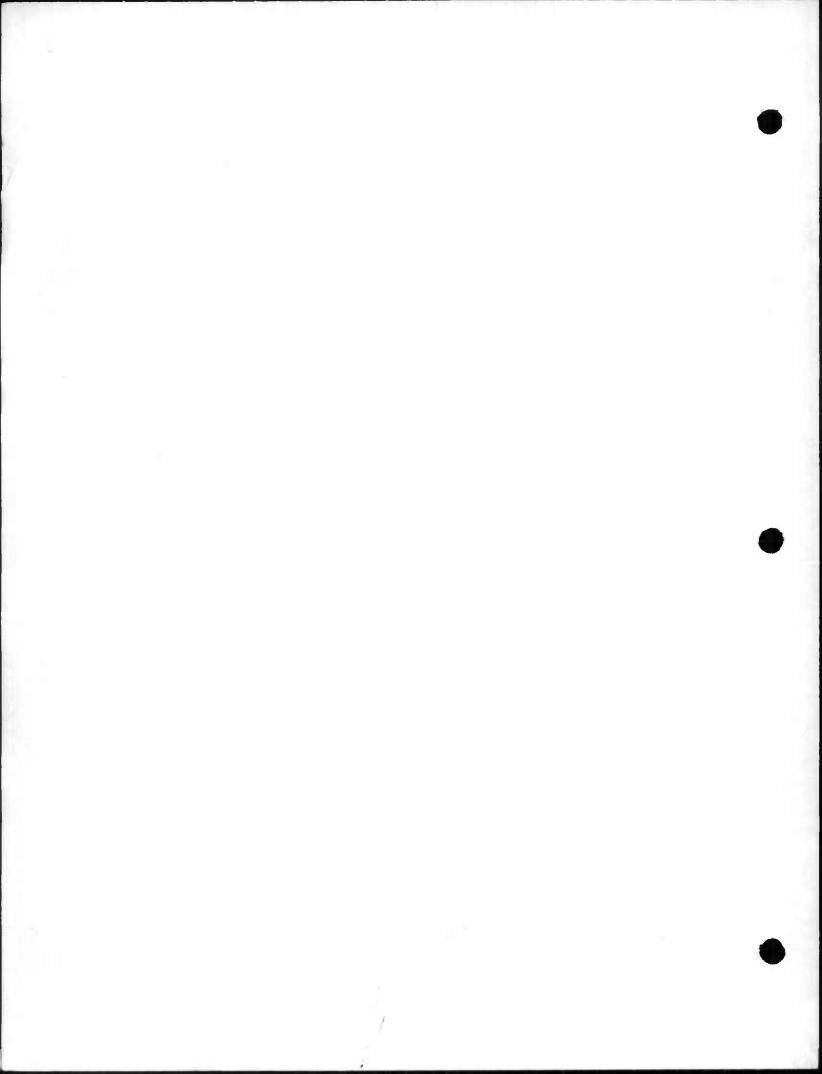


09289
BOX
P.O.
RECORDS,
VITAL B
OF
ISION
DIV

JAN 2 3 1995

34. RECESTRAR'S DIGNATURE

1	1. DECEDENT'S NAME (First, Middle, Last)	Wilber					DEAT		MONTH	OF DEATH		YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le	Broo	OKS IF UNDER 1	WEAR	IF UNDER		Jai				
	219-58-2986	1 M 2 F	42	YRS.		DAYS	HOURS	MIN.	(Month,	Dey, Year)		Country)	ACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give s				9b. CITY, 1	rown c	R LOCATI	ON OF DE		29-19:		TY OF DEA	
OR	3517 Oakmont	Avenu	е		B a	alt	0						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN OR							L	Dd. INSIDE CITY
띰	Md				alto								LIMITS?
AL	10e. STREET AND NUMBER					101	ZIP COO	E			10g. CITIZ		AT COUNTRY?
FUNERAL	3517 Oakmont Ave	nue				2	1215				US	Α	
5	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 V	RMED NO	11	yes, spi	city Cubs	n, Mexicar	C ORIGIN	(Specify Yer	or No-	Black, V	- American Indian, Vhita, etc.
0	3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES		1 (YES	2 × NO	Specify	•			Specific	lack
3	15. DECEDENT'S EDU (Specify only highest grade		16a. Di	ECEDENT'S	USUAL OCC	UPATIC	ON .		16b.	KIND OF BU	SINESS/INDU		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille	o. Do NOT u	se retired.)	any mo	St Of WORKE	v		netni	otion	Com	201/
COMPL	10th		DI	ick L	ayer					onstru		COIII	pany
5	James T. Brooks								Gowai	iddle, Maiden	Surname)		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street a	nd Number	or Rural R	oute Numb	er, City or Tow	n, State, Zip (Code)	
=	Ericia D. Short	er		3517	0akm	ont	Ave	nue	Bal'	to, Mo	2121	.5	
	20a, METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 Rem	oval from State			OF DISPOSIT				DATE		CATION - C		
	A Donetton 5 Chemiston 3 Hemoval from State 4 Donetton 5 Chemiston (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Memo					12395	Rar	ndalls	town	, Md
200	· Wien	Elm	Ofo				C h	F/H	Wes	t Avenı	ie Ba	lto,	Md 212
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a.	caused the dee on each line ATO OR AS A CONSE	s. S		he mod	de of dyl	ng, auch	ea cerdi	ac or reapl	ratory arre	et,	Approximate Interval Betwee Onset and Dea
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	OR AS A CONSE										
3	PART II. Other aignificent condition	a contributing to	leeth but not	reculting	in the und	erlying	ceuse g	lven in i	Pert I.				ERE AUTOPSY FINDINGS
æ	TUDO	1							_	PERFOR		CC	MPLETION OF CAUSE DEATH?
DICA									- 1				
MEDICA	Anen								_ 1			1	YES 2 NO
	DID TOBACCO USE CONT			_			UNC	ERTAIN				1	YES 2 NO
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAL	26. PLA	CE OF DEAT	TH (Check on	ly one)							YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAU	26. PLA	CE OF DEAT	OTHER:	ly one)	5 A		Other		HIBY OCC		YES 2 NO
rn raicina.	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	26. PLAI ER/Outpatient 3 NJURY	DOA 28b. TIM	OTHER:	ly one) ng Home 8c. INJU	5 Ao	sidence (Other	(Specify) CRIBE HOW II	NJURY OCCL		YES 2 NO
D BY PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28e. DATE OF I	26. PLAI ER/Outpatient 3 NJURY	DOA 26b. TIM	OTHER: 4 Nurein E OF URY M	ng Home Bc. INJU WOI 1 Y	JRY AT RK?	sidence (3 Other 28d. DESC			/RED	
MPMETED BY PHYSICIAN: MEDICA	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 inpatient 2 28e. DATE OF I (Month, De) 26e. PLACE OF building, e	26. PLAM ER/Outpetient 3 NJURY (x Year) INJURY — At hote. (Specify) ny knowledge, de	28b. Tim INJ	OTHER: 4 Nursin E OF 2 URY M	ng Home 8c. INJU WOI 1 Y, office	JRY AT RIC? ES 2	NO NO	28d. DESC	TION (Street a Town, State)	and Number o	PRED r Rural Rout	⊎ Number,
D BY PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYSI	HOSPITAL: 1 Inpatient 2 28e. DATE OF I (Month, De) 28e. PLACE OF building, e	26. PLAM ER/Outpetient 3 NJURY (x Year) INJURY — At hote. (Specify) ny knowledge, de	28b. Tim INJ	OTHER: 4 Nursin E OF 2 URY M	ng Home 8c. INJU WOI 1 Y, office	DRY AT RK? ES 2 and place, eath occur	NO NO	28d. DESC 28d. LOCA City o	TION (Street a Town, State)	and Number o	PRED F Rural Rout L. Cause(s) ar	e Number, and menner as stated.



1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

95

3. TIME OF DEATH

08:45 am

hours after death. Page 6 may be retained by the hospital or attending physician. should be detached for page 5 director, p the funeral

BALTIMORE, MARYLAND 21215-0020

PHYSICIAN: The law requires that the death certificate be

OF VITAL RECORDS, P.O. BOX 68760

2. DATE OF DEATH MONTH ANNIE BENANS ELIZABPTH 01 20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 M DAYS HOURS VRS use as the burial-transit permit. Pages 1, 2, 3 should CITY, TOWN OR LOCATION OF DEATH DIRECTOR more DECEDENT STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Balti more 10. STREET AND NUMBER FUNERAL 10f. ZIP CODE 229 Wa 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yee, specify Cuban, Mexican, Puerto Rican,

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

(Glass kind of work done during most of working 15. DECEDENT'S EDUCATION (Give kind of work done during mille. Do NOT use retired.) idary (0-12) oe (1-4 or 5 +) Unemployed notified at once. BE 2 pe 20s. METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION (Nat DATE must 2 Cremation 3 🗆 4 Donation 5 Other (Specify) examiner Josep 2222 LICENSEE medical seases, or complications that caused the death. Do not enter signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or with heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel the diseese or condition PNEUMONIA ASPIRATION resulting in deeth) or other traumatic event. DUE TO (OR AS A CONSEQUENCE OF): CVA MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events. resulting in death) LAST any Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Dementia Hyperteusión; Shows has been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) mis certificate he with the State E item HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO ng Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26s. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF INJURY marked, 1 Natural 湯 1 YES 2 NO Investigation Accident 26e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify)

MUD

Lendent

10d. INSIDE CITY LIMITS? 1 PYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 16b. KIND OF BUSINESS/INDUSTRY evans Hom the mode of dying, auch as cardisc or respiratory arrest. Approximata Interval Batween Onset and Death 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. investigation, in my opinion, death occurad at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D-44789 1/20/95 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE PHINI)
KHIN MAUNG U, MD, DRATINGE, MED; ST AGNES HOSFITAL, 900 CATON AVE, BALTIMORE,
MD 21229 OHMH-16 Rev 1/89

JAN 2 3 1995

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

6 Could not be

Chukam

2 MEDICAL EXAMINER: On the basis of examin

3 Suicide

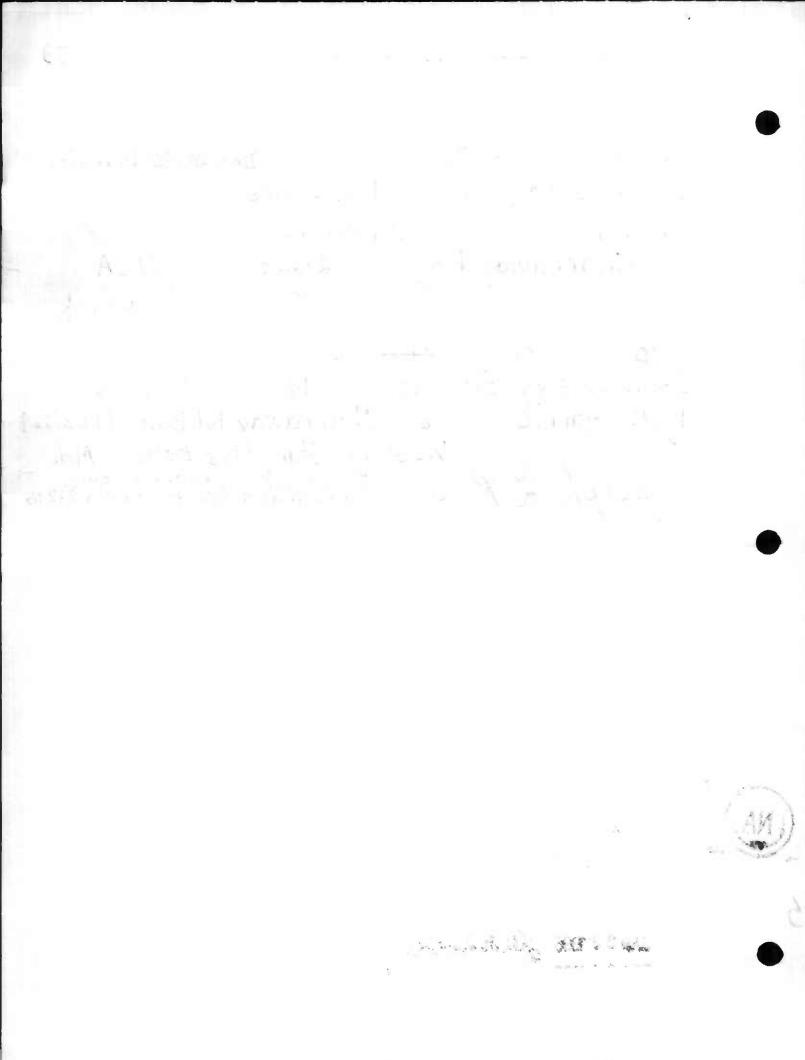
4 Hornicide 29a. CERTIFIER

PLETED

BE

0

TO THE HU TO THE FUL THE SIND WITH



blh Item#7,G-film 719 per F.H 1/23/95 P.C

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float relater death. Page 6 may be retained by the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CENTIF	ICATE	UF	DEAL	п	P	IEG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF				3. TIME OF GEATN
	Bryan				D				1	MONTH	DA 1.0		YEAR	00== M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs	Brown	IF UNDER 1	VEAR	IF UNDER	24 MBC	Jan 7. DATE OF I	19		95	0.855 M
			1 M M 2 □ F				DAYS	HOURS	MIN.	(Month,)			Counti	
	218 74 9698			2	2 YRS.					DEC E	,19	72	MA	RYLAND
	90. FACILITY NAME (If not is	nstitution, give s	treet and number)			9b. CITY, 1	TOWN C	R LOCATIO	ON OF DEA	TH		9c. COU	NTY OF D	EATN
띥	Chook Tr	21122	Conton			77.7	7 4							
ΙĔΙ	Shock Tr	CEDENT	Center			BE	TT	imor	e			L		
DIRECTOR	10a. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN OR	LOCAT	ION						10d, INSIDE CITY
<u> </u>	MD	ד ג כו	TOTAK NOTE:			DOGE	T 7 T	77						LIMITS?
	10e, STREET AND NUMBER	DAI.	TIMORE			ROSE	_							1 YES 2 NO
Z.							101	. ZIP CODE				10g. CIT	IZEN OF Y	VHAT COUNTRY?
<u>u</u>	1600 Rose	wick A	lve					2.	1237			TT	SA	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT O	F HISPANIC	ORIGIN? (S	pecify Yea		14. FIACE	- American Indian,
	1 Never Married 2		FORCES? 1		NO NO				n, Maxican, Specify:	Puarto Ricar	1, a1c.)		Speci	t, White, etc.
BY	3 Widowed 4 Dive	orced				1 ''	_ 123	2 @ 110	Specify.				Speci	WHITE:
	15. DEC	EDENT'S EDU	CATION	16a	DECEDENT'S	USUAL OCC	TIPATIO	M		16b KIN	D OF BUS	INECC/INI	MICTON	***************************************
COMPLETED	(Specify on	y highest grade	completed)		(Give kind of a	work done du	ring mo	st of workin	g	JOHN KIIN	D OF BUS	HINE 33/INL	JUSTRI	
۳	Elementary/Secondary ()-12)	College (1-4 or 5	·)	WW. DO 1401 BE	o remou.								
₹ I	12		0		NONE									
Ö	17. FATHER'S NAME (First, A	liddle, Last)						18. MOTE	ER'S NAM	E (First, Middl	e, Maiden	Surname)		
Ш	STEVE BROW	N						1	MANIDA	J. N	ਜ਼ਾਟਜ	D		
BE	19a. INFORMANT'S NAME (Vpe/Print)			19b. MAILING	ADDRESS /	Street o						Codel	-
임	Harris College College		-								,			
	WANDA J.				611	2 Ham	ilt	on A	ve F	oseda				
	20a. METHOD OF DISPOSIT		oval from State		CE AND DATE (ION (Na	ma of		DATE	1		City or To	
	4 Donetion 5 Dother			- Connectary,	GARDE	NS OF	FA	TTH		1123	BA	MITLI	ORE,	CIM
	21. SIGNATURE OF FUNERA	L SERVICE	ensige		04 21 27 111		AME AN	D ADDRES	S OF FACI					
	6	110	//				C	VACH	/ROSE	DALE	FUNE	RAL I	HOME	
CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE 21237														
	23. PART I. Enter the d	iseases, or o	complications the	t ceused the	death. Do r						or respir	ratory an	rest.	Approximata
	ahock, or h	eart fellure,	Liet only one ceu	se on eech l	ine.									Interval Between
	IMMEDIATE CAUSE (Fit disease or condition	nal		B			/m -	1 1	-,	vel	1	1 1/2	. 0	Onset and Daath
	resulting in death)	→ ,	a	CC	6-0	a	1-8	LOV	wa	vel	00	life	oa	
			DUE TO	(OR AS A CON	SEDUENCE OF	F):								
z			h.											
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CON	SEQUENCE OF	f):								
Ă	cause. Enter UNDERLY	ING												1
윤	CAUSE (Disease or inju	iry	C	(OR AS A CON	SEQUENCE OF	F)·								
Ē	thet initiated eventa reaulting in death) LAS	т				,.								ì
iii			d											
	PART II. Other algolitics	nt condition	e contribution to	death but no	at consisting i	n the und			due le D				L	
EDICAL	TANT II. Othar arginica	- Condition	e continuating to	deeth but no	or resulting i	in the una	ariying	cause g	iven in Pi	BPT 1. 24s	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음										_ 110	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
												1		
Σ.	DID TOBACCO U	SE CONITI	PIRLITE TO CA	IISE OE D	EATH VE	14 🗖 2	0 [LING	EDTAIN	_	,			1 YES 2 NO
A	25. WAS CASE REFERRED T		UDUIL IO CA					UNC	ERTAIN					
<u> </u>	EXAMINER?	O MEDICAL	HOSPITAL:	26. P	LACE OF DEAT	OTHER:	ry one)							
S	1 TYPES 2 - NO		1 Inpetient 2	ER/Outpatient	3 DOA		g Home	5 □ Re	eldence 6	Other (Sp	ecify)			
PHYSICIAN	27. MANNER OF DEATH		28a. DATE OF (Mykry, D	MALIEN	26b. TIM		8c. INJI	JRY AT	2	6d. DESCRIP	BE NOW IN	URY OC	CURED	10
	1 Netural 5	Pending	1116	195	AST	9" "	1 Y		NO	Sh	red	-	1.1	self
		les en la est e en		1 1	1001		- attle	-/		IN LOCATIO	Commercial and	and Mumber	- C V	0 - 1
BY	2 Accident	Investigation	288, PLACE O	F INJURY - A	home form a								or nursi r	IOL/TE TYLITIDEY.
BY	2 Accident 3 Suicide 6	Could not be	28s. PLACE O building,	F INJURY — At etc. (Specify)	A -	itreal, tector	y, office		'	Bt. LOCATIO	wn State		h = 1	4.1
ED BY	2 Accident 3 Suicide 6		28s. PLACE O building,	F INJURY — At etc. (Specify)	home, ferm,	Hoctor	y, office		ĺ	SUS!	wn Stafe	6	ki t	twy
ED BY	2 Accident 3 Sulcide 6 Nomicide	Could not be detarmined	building,	etc. (Specify)	MOI	E	-			X008	5 12	5 6-1	FC 1	twy
ED BY	2 Acoldent 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only	Could not be determined	CIAN: To the best of	etc. (Specify) my knowledge,	MOT	EL sid at the 11m	a, date	end placa,	and due to	the cause(s	end man	nor as ata	FC X	TWY
BY	2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only 2 MED) 2 MED	Could not be determined TIFYING PNYSIG	CIAN: To the best of	etc. (Specify) my knowledge,	MOT	EL sid at the 11m	a, date	end placa,	and due to	the cause(s	end man	nor as ata	FC X	end manner as stated.
E COMPLETED BY	2 Acoldent 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only	Could not be determined TIFYING PNYSIG	CIAN: To the best of	etc. (Specify) my knowledge,	MOT	EL sid at the 11m	a, date	end placa,	and due to	the cause(s	end man	ner as atai	od.	TWY
BE COMPLETED BY	2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only 2 MED) 2 MED	Could not be determined TIFYING PNYSIG	CIAN: To the best of	etc. (Specify) my knowledge,	MOT	EL sid at the 11m	a, date	end place, eath occur 29c. LICE	and due to	the cause(s	end man	ner as ater d due to the 29d. DAT	C A led. le cause(s	end manner as stated, (Month, Day, Year)
E COMPLETED BY	2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only 2 MED) 2 MED	Could not be determined IFYING PNYSIC ICAL EXAMINER OF CERTIFIER	CIAN: To the best of R: On the besis of e	my knowledga, comination and	death occurre	ed at the 11mn	a, date	end place, eath occur 29c. LICE	and due to	the cause(s	end man	ner as ater d due to the 29d. DAT	C A led. le cause(s) end manner as stated.
BE COMPLETED BY	2 Accident 3 Quicide 6 4 Nomicide 29e. CERTIFIER (Check only 2 X) MED 279. SHANATURE AND TITLE	Could not be determined IFYING PNYSIC ICAL EXAMINER OF CERTIFIER	CIAN: To the best of R: On the besis of e	my knowledge, comination and	death occurred or investigation	ed at the lim n, in my opi	a, date	end place, eath occur 29c, LICE	and due to ad at the tir	the cause(sine, data and) end mani place, end	ner as ater d due to the 29d. DAT	e cause(s)) end manner as stated. (Month, Day, Year) 20 1995
BE COMPLETED BY	2 Accident 3 Suicide 6 4 Nomicide 6 290. CERTIFIER (Check only 2 X MED) 291. SIGNALURE AND TITLE 30. NAME AND ADDRESS OIL	Could not be determined IFYING PNYSIC ICAL EXAMINER OF CERTIFIER	CIAN: To the best of R: On the bests of e)	my knowledga, comination and	death occurred or investigation	ed at the lim n, in my opi	a, date	end place, eath occur 29c, LICE	and due to ad at the tir	the cause(sine, data and) end mani place, end	ner as ater d due to the 29d. DAT	e cause(s)	end manner as stated, (Month, Day, Year)
BE COMPLETED BY	2 Accident 3 Quicide 6 4 Nomicide 29e. CERTIFIER (Check only 2 X) MED 299. SHANATURE AND TITLE	Could not be determined IFYING PNYSIC ICAL EXAMINER OF CERTIFIER	CIAN: To the best of R: On the bests of e)	my knowledge, comination and	death occurred or investigation	ed at the lim n, in my opi	a, date	end place, eath occur 29c, LICE	and due to ad at the tir	the cause(sine, data and) end mani place, end	ner as ater d due to the 29d. DAT	e cause(s)) end manner as stated. (Month, Day, Year) 20 1995

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR	TIEMS	20		_				1/30/95	
FOR			CTATE	- 05	MADVI	AND	/ DEDA	DTMENT O	-

	1 - STATE REGISTRAR	SIAIE UF P	CERTI	FICAT	E OF	DEATH	MENI	AL HYGIE! REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last) EDDTE.		ARIS					E OF DEATH		95ª	3. TIME OF DE. 7:30	ATN A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde	y) IF UNDE	R 1 YEAR	IF UNDER 24 HRS	. 7. DAT	E OF BIRTH			IPLACE (State or	
	240 84 2506	1 💢 M 2 🗆 F	48 YRS	MONTHS	DAYS	HOURS MIN	(0.4-	nth, Day, Year)	947	Counti		De
ŀ	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CIT	Y, TOWN C	R LOCATION OF	DEATH	1-	9c. COU	NTY OF D	EATH/	JAC.
DIRECTOR	2236 BRUNT ST	REET		BA	LTI	MORE C	ITY					
EC	10a. STATE 10b. COUNT	Υ	10c. (NWOT, YTK	QR LOCAT	ION					10d. INSIDE CI	TY
	MD		1	80/4/	mor	و					LIMITS?	
FUNERAL	10e. STREET AND NUMBER	,		.,,,,,,,		ZIP CODE			10g. CIT	ZEN OF Y	VHAT COUNTRY?	
Ā	505 Mc Mech					21217	1		u	SA	1	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		13.	If yes, spi	ENDENT OF NISI city Cuben, Mex 2 NO Spi	ican, Puerk	HN? (Specify Ye o Rican, etc.)	a or No—	14. RACE Black Speci	- American Inc.	dlen,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT	'S USUAL C	CCUPATIO	N st of working	10	Sb. KIND OF BU	SINESS/INC	DUSTRY	Olack	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	//fe. Do NO	uso retired.)	4							
ž		12		5700	MAN							
	17. FATNER'S NAME (First, Middle, Lest)	,				16. MOTHER'S	NAME (First	, Middle, Maider	Surname)			
NE NE	19a. INFORMANT'S MAME (Type/Print)	75	19b. MAILE	NG ADDRES	S (Street a	nd Number or Rui	ed Boute Nu	OPAR	/5	Corfe		
2	HENRY W. Be	SIK	505	- M	Ma	60015	7-1	mosi, only or low	т, энне, гар	(Cooe)		
Ì	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem		20b. PLACE AND DAT	E OF DISPO	SITION/Na	me of	DA	TE 20c. LC	CATION _	City or To	wn, State	-
	4 Donation 5 Other (Specify)		cemetery, crematory o	MIT Z	ZION	Cemr.	1/	21 81	altin	ore	Mel	
ı	21. SIGNATURE OF FUNERAL SERVICE OF	CENSEE		22.	NAME AN	D ADDRESS OF	FACILITY	1	:1.1	- H.F	20	
	· Barbul.	Span		1	206	W.N	as 4	LAU	e			
NO	IMMEDIATE CAUSE (Finsi disease or condition resulting in desth) Sequentially list conditions,	DUE TO	SCLEROTIC CARI	OF):	CULAR	DISEASE					Onset ar	
ŧ I	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUENCE	OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEQUENCE	OF):								
Ē	resulting in desth) LAST	d										
	PART II. Other significant condition	ns contributing to	death but not resulting	a in the w	nderlylne	cettee alven	In Part I	24a, WAS AN	ALITOREV	Las	WERE AUTOPSY	En 104-00
1 P		_				Couse given		PERFO	RMED?	240.	AVAILABLE PRIOR	R TO
MED								1 TYES	Z [] NO		OF DEATH?	NO
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEATH	YES 🗆	NO 🗆	UNCERTA	NIN 🗆	1			1 163 2	NO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DE	_							-	
הַ	1 X YES 2 NO		ER/Outpatient 3 DOA	4 Nu	R: rsing Nome	5 XRasideno	6 G Ott	ner (Specify)				
	27. MANNER OF DEATH	28a. DATE OF (Month, Di		IME OF NJURY	28c. INJU	PK?	28d. DI	SCRIBE NOW	NJURY OCC	CURED		
5	2 Accident Investigation	28a PLACE O	F INJURY — At home, farm	M atreat for		ES 2 NO						
	3 Suicida 6 Could not be 4 Homicide determined	building,	atc. (Specify)	i, street, fac	tory, office		Cit	CATION (Street y or Town, State)	and Number	or Rural R	loute Number,	
COMPLETED			my knowledga, daath occu								and manner as	stated.
ı	29b. SIGNATURE AND TITLE OF CERTIFIER	100	/			29c. LICENSE N			29d. DAT	SIGNED	(Month, Day 19	'n E
2	(Jamis)	L Chung	to out			0.C.	M.E		▶ J.	AIN.	1/,19	33
	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUS	SE OF DEATH (ITEM 27) (7) 111 Pen	n St	reet	, Bal	timo	re, M	aryl	and	21201	
	JAN 2 3 1995	SA REGISTRA	R'S IGNATURE									

IN PRYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

In mis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may be at the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

In manied, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 ON OF VITAL RECORDS, P.O. BOX 68760,

10c,10b 10d film # G /19 1-23-95 N.A. Per Tuneral nome

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	annie		cain			1//6	195	(/16/95M
	4. SOCIAL SECURITY NUMBER 5. SI	M 2 SKF 6. AGE	(In yrs. last birthday) O/ YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIFT Cour	THPLACE (State or Foreign
ron	99. FACHITY NAME (If not institution, give street as	+ HOSON	fal	Balt	OR LOCATION OF DE		9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	Bronx	New York		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	0		100	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL		VAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian,
B		F YES, GIVE WAR OR			2 NO Specifi	n, Puerto Rican, etc.)		ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll	eted)	16a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
MPL	6 4	ege (1-4 or 5+)				Cloth	ing Stor	L
BE CO	17. FATHER'S NAME (First, Middle, Last) Richard Rubin	SUN			18. MOTHER'S NA	ME (First, Middle, Melden Ha Gree	surname)	ie l
TO B	19a. INFORMANT'S NAME (Type/Print)	· Murry	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Poute Number, City or Tow	n, State, Zip Code)	N V 104-1
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal fr	rom State 26	b. PLACE AND DATE Of	e plece)	me of	DATE 200 LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE		Trince		D ADDRESS OF FA		Netvn,	Baltond
	> Dladys	Wan	res	Mari	hF.H.	WET 4300	Wabas	h Ave ziris
	23. PART I. Enter the diseases, or complete ahock, or heart fallure. List of	ications that cause nly one cause on	ed the deeth. Do no each line.	ot enter the mo	de of dying, auc	h aa cerdiec or respi	ratory arreat,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	SEP	515					Onset and Death
			A CONSEQUENCE OF					DAUS
TION	Sequentially list conditiona, If any, leading to immediate		A CONSEQUENCE OF					
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	*				
	PART II. Other algnificant conditions con	tributing to death	but not resulting Ir	the Underlying	ceuse given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS
DICAL	DECUBI	105	VLCE1	25		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH	YES N			1 TYES 2 NO
CIA		SPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
HYS		Inpetient 2 ER/Ou 28a. DATE OF INJURY	tpatient 3 DOA 26b. TIME	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 U	RK? /ES 2 NO			
8	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Sp	tY — At home, farm, st ecify)	reet, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or Rura	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 A CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On							(a) and manner as stated.
BE C	206. SIGNATURE AND TITLE OF CERTIFIER	70000	220		29c. LICENSE NUI	3 2 2	29d. DATE SIGNE	D (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CON	PLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	41/	100	1//	6/95
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	NATURE					
	JAN 2 3 1995	whi study	r Randell					
	0 1:		1 No. 10.					DHMH-t8 Rev t/8

**** 1

\times	
BOX	
\mathbf{v}	
\mathbf{m}	
_	
0	
0	
Α.	
Ω,	
S	
-	
0	
\sim	
\circ	
ш	
RECORDS	
-	
- 1	
7	
4	
\vdash	
-	
>	
OF VITAL	
0	
_	
Z	٠,
$\overline{}$	
Š.	ń
77	
(i)	
=	d
4	1
7	1

1 8	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICA	ATE OF		REG. NO		3. TIME OF DEATH
1 .	Edward Herbert C	rocker				0. 1995	1:10 a
	210 05 /.572		THS DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)
	9e. FACILITY NAME (If not institution, give street end number)	/8 YRS.		00	ct. 30, 1		Maryland
NC.	Lorien Nursing & Rehab. Cente			R LOCATION OF DEATH	1	9c. COUNTY OF HOWA	_
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	too CITY TO	WN OR LOCATIO	041			True de la constant
DIRI	Maryland Howard	100. 0111, 10		t. Airy			10d. INSIDE CITY LIMITS? 1 YES 2 NO
MAL	10e. STREET AND NUMBER		10f. ;	ZIP CODE		1.7	WHAT COUNTRY?
FUNERAL	916 East Watersville Road 11. MARITAL STATUS 12. WAS DECEDENT EVER	1		21771-33			SA ——————
	1 Never Married 2 Merried FORCES? 1 TYES	8 2 NO	Il yes, spec	INDENT OF HISPANIC (city Cuben, Mexican, P 2 [X] NO Specify:	ORIGIN? (Specify Yes werto Ricen, etc.)	Ble	CE — American Indian, ack, White, etc.
D BY	3 Wildowed 4 Divorced WW II					зр	White
ETEI	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work of life. Do NOT use retir	lone during most	N t of working	166, KIND OF BU	SINESS/INDUSTRY	
1PLE	Elementery/Secondary (0-12) College (1-4 or 5+)	Estimation	,	ager	MD Dry	Dock	
COMPL	17. FATHER'S NAME (First, Middle, Last)	•		18. MOTHER'S NAME	(First, Middle, Maiden		
BE	James Abraham Crocker				Russell		
5	Marguerite C. Crocker			d Number or Rural Rout			21771-3317
	20e. METHOD OF DISPOSITION 20	b. PLACE AND DATE OF DIS	SPOSITION (Nam	ne of	DATE 20c. LO	CATION — City or	
	4 Donetion 5 Other (Specify)	etro Crematory or other, pl				altimore	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F.	ation Soc	iety of N	Maryland	. Inc.		
	July S. II (of malo	Rd. Bal	timore,	MD 21228			
	23. PART I. Enter the disesses, or complications that cause shock, or heart failure. List only one cause on a	nter the mode	a of dying, auch s	s cardiac or respi	ratory arrest,	Approximata Intsrval Between	
	IMMEDIATE CAUSE (Fins) disease or condition	entia -	nonc	portf	ed		Onset and Dag
	DUE TO (OR AS	A CONSEQUENCE OF):		100011			years
Z	Sequentially list conditions, b. 5ep	5:15 . A CONSEQUENCE OF):					iweck
ERTIFICATION	cause. Entar UNDERLYING	acraf (deau	betus	4/ces	/ .	julouta
Ĕ	that initiated events BUE TO (OR AS	A CONSEQUENCE OF):		C			1.01 41
	resulting in death) LAST	epsis					moure
5	PART II. Other algorificant conditions contributing to death	but not reaulting in the	underlying	cause given in Par	1 I. 24s. WAS AN PERFOR		Nb. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
ا ر ا							COMPLETION OF CAUSE
١٥					1 YES 2	XNO	DF DEATH?
MEDICAL C		OF DEATH VEC		LINICEDYANA		XNO	
MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL	OF DEATH YES [Д ои □	UNCERTAIN		XNO	DF DEATH?
SICIAN: MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE C	28. PLACE OF DEATH (CH	NO NO NO NO NO NO NO NO NO NO NO NO NO N	UNCERTAIN		XNO	DF DEATH?
MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 280. DATE OF INJURY	28. PLACE OF DEATH (Chapter 1 and 1	NO No neck enly one) HER: Nursing Home 28c. INJUF	5 Residence 8 RY AT 28			DF DEATH?
BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28e. DATE OF INJURY (Month, Dey, Year)	28. PLACE OF DEATH (C/C) tpetient 3 DOA 4 28b. TIME DF INJURY	NO No No Neck anly one) MER: Nursing Home 28c. INJUR WORI 1 YE	5 Residence 8 RY AT 28 K?	Other (Specify)	NJURY OCCURED	DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 Accident	28. PLACE OF DEATH (Cr. tpstlent 3 DOA 4 28b. TIME DF INJURY	NO No No Neck anly one) MER: Nursing Home 28c. INJUR WORI 1 YE	5 Residence 8 RY AT 28 K?	Other (Specify)	NJURY OCCURED	DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 1 Inpetient 2 EN/Out 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year)	28. PLACE OF DEATH (Cr. tpstlent 3 DOA 4 28b. TIME DF (NJURY IY — At home, ferm, street, octly)	NO No neck only one) MER: Nursing Home 28c. INJU WORI 1 YE fectory, office	5	Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street of City or Town, State)	NJURY OCCURED	DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, atc. (Special Control of the Country	28. PLACE OF DEATH (Cr. tpstient 3 DOA 4 28b. TIME DF INJURY IY — At home, ferm, street, ecity)	No No No No No No No No No No No No No N	5 Residence 8 RY AT 28 K7 SS 2 NO 28	Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street of City or Town, State) the cause(e) and man	NJURY OCCURED and Number or Rure	DF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, atc. (Speck only 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my known control of the country of the co	28. PLACE OF DEATH (Cr. tpetient 3 DOA 4 28b. TIME DF INJURY TY — At home, ferm, street, ecity) wiedge, death occurred at to on end/or investigation, in the	NO Deck only one) MER: Nursing Home 28c. INJUR M 1 YE fectory, office	5 Residence 8 RY AT 28 K7 SS 2 NO 28	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street of City or Town, State) he cause(e) end man o, date end place, en	NJURY OCCURED and Number or Rura oner as stated. d due to the ceuse	DF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Check only) 2 MEDICAL EXAMINER: On the best of my known one) 29b. SIGNATURE-AND TITLE OF CERTIFIER 29b. SIGNATURE-AND TITLE OF CERTIFIER 29c. SIGNATURE	28. PLACE OF DEATH (Cr. tpatient 3 DOA 4 28b. TIME DF (NJURY) NY — At home, ferm, street, early) wiedge, death occurred at to on end/or investigation, in its	NO Deck only one) MER: Nursing Home 28c. INJUS MORI 1 YE fectory, office the time, date er my opinion, dea	5 Residence 8 RY AT 28 K? 28 NO 28.	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street of City or Town, State) he cause(e) end man o, date end place, en	NJURY OCCURED and Number or Rure inner as stated. d due to the ceuse 29d. DATE SIGNE	DF DEATH? 1 YES 2 NO I Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY (Morith, Dey, Year) 27. MANNER OF DEATH 28e. PLACE OF INJURY (Morith, Dey, Year)	28. PLACE OF DEATH (Cr. tpstlent 3 DOA 4 28b. TIME DF (NJURY) IY — At home, ferm, street, ocity) wledge, death occurred at to on end/or investigation, in in the property of	NO Deck only one) MER: Nursing Home 28c. INJUR 1 YE fectory, office the time, date earmy opinion, dea	5 Residence 8 RY AT 28 K? S 2 NO 28 NO 28 NO 28 NO 28 NO 28 NO 28 NO 29 C. LICENSE NUMBER	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street of City or Town, State) he cause(e) and man d. date and place, en	NJURY OCCURED and Number or Rura aner as stated. d due to the ceuse 29d. DATE SIGNE Janua	DF DEATH? 1 YES 2 NO I Route Number, (e) end menner es stated. (ii) (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation. or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	blh Items: 23	part 1.27.2	28a b c (defr	or ME	0 6.5	75221	2/05	roh		9	J	01404
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND		RTMEN'	T OF H	EALTH	AND N		HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Steven N	icholas		Chi	rist	oph	er		Jai		1 19	95	2310 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	Ť	e. BIRTHE	LACE (State or Foreign
	218 58 4846	1 👺 M 2 🗌 F	44	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	20 16	250	
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	Y, TOWN C	R LOCATIO	ON OF DE		act y		TY OF DE	MAPYT AND
H	6711 Havenoak	Apt. B	. 1		D _C	sed	210				D o	3 4 4 -	
5	6711 Havenoak	Apt. B	- 4		I KC	seu	ате				I ba	17 (11	nore
DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
		TIMORE			RO	SEDA	LE_						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE	E			10g. CITIZ	ZEN OF WI	HAT COUNTRY?
Ä	6711 HAVENOAK	APT B-4					1237				USA		
J.	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1					ENDENT O			? (Specify Ye	a or No —	14. RACE Black.	— American Indian, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					2 🚳 ND			wourt, ato.,		Specify	
	15. DECEDENT'S EDUC	ATION	100.0	DECEDENT'S	1101141 0		41				1	WHI,	TE
H	(Specify only highest grade of	completed)		(Give kind of a	work done	during mo		g	166.	KIND OF BU	SINESS/INDI	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+))	ANAGE					r	EPT.	STYDDE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			AMAGE	T.TETA T	-	10 MOTA	160.6 MVP		fiddle, Maiden			
_	LEONARD J. CHRI	CONTITUE									Sumama)		
BE	19a. INFORMANT'S NAME (Type/Print)	STOPTER		ION MAIL INC	ADDRES	C /Ctmat a	ANI		SAN	OF, City or Tox	- 0-7-7-	0.001	
2	GLORIA B. HACKMAI	AT.	- 1										
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION CITY or DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE 20c. LOCATION CITY OR DATE									21206				
	1 Burial 2 Cremation 3 Remo	val from State		remetory or o	ther place)				1/2				
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSECT		METR			OPV D ADDRES	SE OF FAC		I BAI	TIMOR	Œ, M	D
	MASA									FUNER	RAL HO	ME	
	01/200					12	11 CF	HESAC	O A	/E 21	237		
	23. PART I. Enter the diseeses, or co	omplications that	caused the c	deeth. Do r	no1 entar	the mo	de of dyl	ng, such	ss cerd	lac or resp	iratory arre	est,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition reaulting in death)	MIXED	DRUG INT	OXICAT	ION								
	The second of th	DUE TO (OR AS A CONS	EOUENCE O	F):								
Z	Sequentially list conditions,												
RTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE O	F):								
2	cause. Entar UNDERLYING CAUSE (Disease or Injury												
	that initiated events reaulting in death) LAST	DOE 10 (OR AS A CONS	EOUENCE O	F):								i
띩						-							-
	PART II. Other aignificant conditions	contributing to	death but not	rasulting	In the ur	ndariying	causa g	jivan in F	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
2									_	PERFO			MAILABLE PRIOR TO COMPLETION OF GAUSE
입									_	L'ES .	⊇ □ NO		OF DEATH?
2	DID TOBACCO USE CONTR	IBLITE TO CAL	ISE OF DE	ATH YE	:s 🖂	NO F	LINC	ERTAIN					T YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	DOTE TO CAL		ACE OF DEAT			0140	LKIMI					
Sic	EXAMINER? 1 Tyres 2 NO	HOSPITAL:	ER/Outpetient	3 DOA	OTHEI		5 [X/Re	sidence 1	Other	(Speciful			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIM	E OF	28c. INJ	URY AT			CRIBE HOW	INJURY OCC	URED	
	1 Natural 5 Pending	found 1/	19/95	Unk.	M	1 Y	RK? 'ES 2)()	NO	Subje	ect ing	ested o	drugs	
В	2 Accident Investigation 3 XX Suicide 8 Could not be	28s. PLACE OF	INJURY — At I	nome, farm, a	street, fact	tory, office	,		28f. LOCA	TION (Street	and Number	or Rural Ro	ute Number,
TED	4 Homicide detarmined		nc.(Specify) dat hom	е					City o	r Town, State,	6711 H	Haveno	ak
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of a	ny knowledge d	death occum	ed at the t	time data	and place	and due					
ME													and manner as stated.
	296 SIGNATURE AND TITLE OF CERTIFIER		1 N			1					1		
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O C M E Jan 20 1995													

DO, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Per

3 1995

32. REGISTRAR'S SIGNATURE

Penn Street, Baltimore, Maryland

9	- 6
N	2
9	- 5
BALTIMORE, MARYLAND 21215-0020	Mandina
S	1
7	la Oct
N	hoonita
A	4
\equiv	2
œ	3
A	atsin
	9
шï	2
Œ	8
0	4
Σ	Pane
Η.	4
¥	deat
m	re after death F
	Source

1 - FOR STATE REGISTRAR

RECORDS, P	es that the death
REC	requir
TAL	The law
OF VI	PYSICIAN
Mois!	ATTENDAG 9
á	HE HOSPITAL OR
	7

TO BE

31. DATE FILED (Month, Day, Year)
JAN 2 3 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

LINDA FREILECT 101

							11EG. 140					
		1. DECEDENT'S NAME (First, Middle, Last) CATHER INE	MARGARE	T CU	MBER	CLAND	JANUARY	20 19	AR 830 A			
		4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2 DATE OF BURE					
Pla		2/5-/6-673/ 1 9a. FACILITY NAME (If not institution, give atreet	□ M 2 □XF	74 YRS.		HOURS MIN.	Nov. 29,	1920 1	Mary Land			
3 should	E E	Fallston Gen. Ho	pand number)		Balt	OR LOCATION OF OE	ATH	SC. COOMITY	Balto.			
1. 2.	стов	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						Jul				
Pages	DIRE	Md. Harto	nd		y, town or loca Joppate				10d. INSIDE CITY LIMITS? 1 □ YES 2************************************			
permit.	AL	10s. STREET AND NUMBER				1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
020 physician. burial-transit	NER	116 Breakwater				21085		4.5.				
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	DENDENT OF HISPANI Decify Cuben, Mexican B 2XXXVI Specify:			RACE — American Indian, Black, White, etc. Specify: White			
21 se	TED	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCUPATE work done during mose retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUST				
pital or ed for u	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		se retired.) Atreas			athin.	To do do			
The hospital detached for	COMP	17. FATHER'S NAME (First, Middle, Last)		Jean	A CREAK		NE (First, Middle, Maiden	Surname)	Industry			
\$ 2 K	111	William Cumberla	ind			Mary						
retained 5 should	2	MRS. Phyllis B.	Stansbury				oute Number, City or Tow		nd. 21085			
May be		20g. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal	20b.	PLACE AND DATE	OF DISPOSITION (N			CATION — City				
Page 6 maral director, planer must		4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICENS		ak Law	n Lem.	NO 4000000 OF 540	1/23 Ba.	Lto. A	ld.			
after death. F y the funeral noval.		Harl by	00		#ant.	Tey Mil	ter Fune	nal Ho	ome Id. 21234			
s after by the emoval.		23. PART I. Enter the diseases, or com	iplications that caused	the desth. Do r								
filled in b		IMMEDIATE CAUSE (Finel	only one causa on ea	ch line.					Intarval Between Onset and Death			
oletety rematic		disease or condition resulting in death) a	DUE TO (OR AS A			er acci	wen.		120dy			
cuted v d comp urial, c	z		002 10 (011 102 11	oonseodence of	, ,.							
be ese cian an cian an ior to the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	INSEQUENCE OF):							
Tificate physican price	IFIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	F):							
ath centre tal Hyg	臣	resulting In death) LAST										
the de sy the a Men ad Men ad Men and	CAL	PART II. Other algnificant conditions c		t not resulting	in the underlyin	g ceuse given in F	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
uires that signed by Health an		13,16	stence				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
Deen of	≥	DID TOBACCO USE CONTRIB	LITE TO CAUSE OF	DEATH YE	S II NO I	1 HNICERTAIN			1 TYES 2 NO			
0 5 -		25. WAS CASE REFERRED TO MEDICAL			H (Check only one)							
SCIAN: The Deministe h	IVSI		Jepatient 2 ☐ ER/Outpe	tlent 3 DOA		ne 5 🗆 Rasidence 8						
	у РНУ	1 Natural 5 Pending	JURY AT DRK? YES 2 NO									
	АВ СІ	Accident Suicide 8 Could not be building stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route building, stc. (Specify)										
L OR ATTEN DIRECTOR: hours after	ETE	4 Homicide determined 29a. CERTIFIER (Check only 29c. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
国政化工	3	(Check only one) 2 MEDICAL EXAMINER: O							use(s) and menner on state d			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	E CO	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMI			NED (Month, Day, Year)			
TO THE De filed		did teil.	X			0183	39	ARE	wary 20 9			
	1 1 1	DO MARKE AND ADDRESS OF DEDGOM WILL OF					,					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020 VISION OF VITAL RECORDS, P.O. BOX

funeral director, page 5 should be detached for use as the burial-transit be retained by the hospital or attending physician. notified Pe hours after death. Page 6 may must medical examiner ed in by the f or removal. the attending physician and completely filled in Mental Hygiene prior to burial, cremation, or re the ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, or other injury, een signed by the shows any has been Dept. 23 certificate h Item g d marked, After t 28 is CTOR: / after

2

31. DATE FILED (Month, Day

A

permit. Pages 1, 2, 3 should

Item # 1 Film # G 719 1-23-95 N.A. Per Funeral Home 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) EPPS 3. TIME OF DEATH AWRENCE Α. Laurence 12-1 11:30 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SE) 6. AGE (In yrs. last birthday) 220-05-380 1 M 2 🗆 F 1920 9e. FACILITY NAME (If not institution, give street and number 96. CITY, FOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Md orestulle DIRECTOR tospita RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CUY, TOWN OR LOCATION 10d. INSIDE CITY ma ores 1 YES 2 NO 100 STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 7420 Pi 2074 Marbona U.S.A Le 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 6 NO 1 [YES 2 ΒY Specify. 3 Widowed 4 Divorced lack COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Sections. College (1-4 or 5+) Balto Gas + Elec once. 17. PATHER'S NAME (First, Middle, Last) MOTHER'S NAME (First, Middle, Maiden Surname) termon Ħ BE RMANT'S NAME (Type/Print) 2 Ba 3618 ma 21244 0 20e METNOD OF DISPOSITION

1 Burlet 2 Cremetion 3 Removal from State 296. PLACE AND DATE OF DISPOSI 20c. LOCATION - City or DATE crematory or other mills, ma □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIBERSEE 22. NAME AND AGORESS OF FACILITY H arch F 1R 00 wabash 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 | YES 2 | NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL YES 2 NO 1 Inpatient 2 NER/Outp 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER

DEATN (ITEM 27) (Type, Print)

1070

8

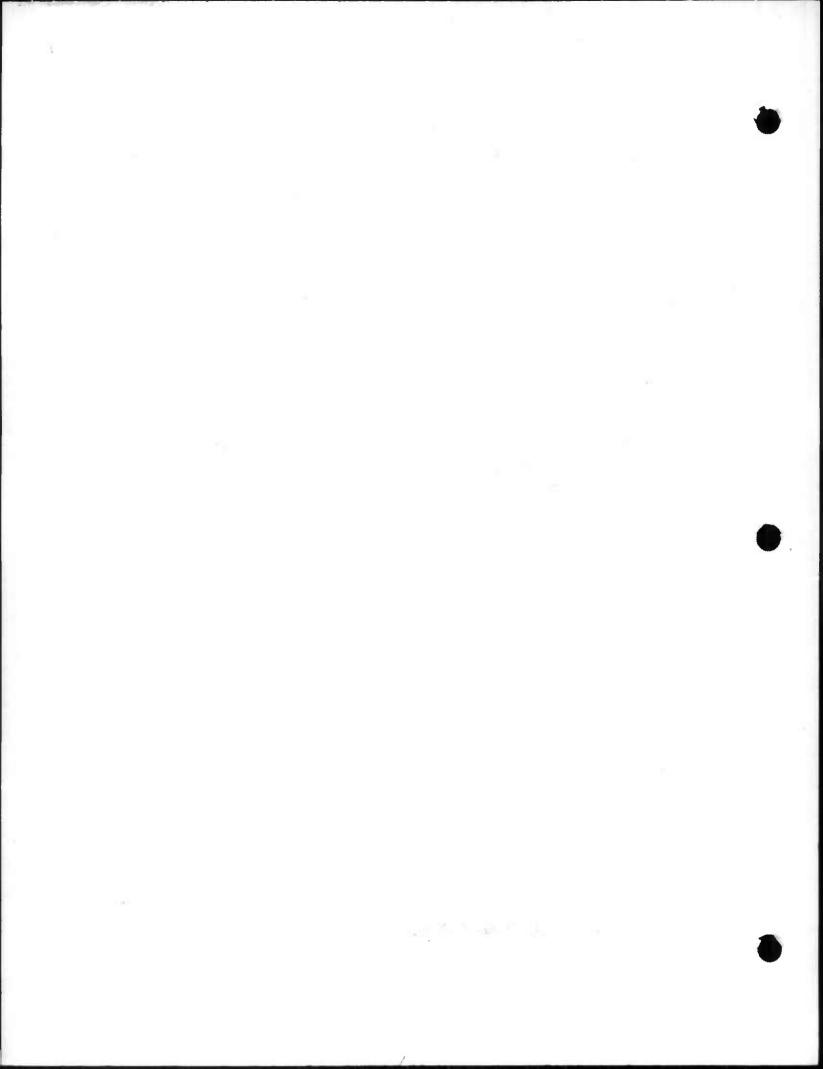
DHMH-16 Ray 1/89

and we think the state

ND 212	
MARYLAND	
BALTIMORE,	
X 68760	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR				CERTIF	ICATE	OF DEATH		REG. NO).			
			1. DECEDENT'S NAME (First, Middle	e, Last)						2. DAT	E OF DEATH			TIME OF DEAT	TH
			JULIA C	ARTE	? F	'ISCH	EB			TANI		20. 19	YEAR 195	1.7	Marc
			4. SOCIAL SECURITY NUMBER		5. SEX		In yrs. lest birthday)	IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DAT	E OF BIRTH	20, 		ACE (State or Fe	omian
	- 1		244031246		1 🗌 M 2 🌆 F		90 YRS.	MONTHS D	NYS HOURS MIN.	(Mo	onth, Day, Year) G 23, 19	204	Country)		
pinous			Se. FACILITY NAME (If not institution	n, give stre	et and number)		90	9b. CITY TO	WN OR LOCATION OF I		3 23,1	-	TY OF DEAT	AROLINA	1
6	5	Œ						, or 1, 10	IN ON LOCATION OF	DEATH					
		6	DULANEY TOWSON NURSING CENTER TOWSON BALTIMORE RESIDENCE OF DECEMENT												
900		DIRECTOR		COUNTY				Y, TOWN OR I	OCATION				10	d. INSIDE CITY	Y
å		FUNERAL DIF	MD	B	ALTIMORE			TOWS	DV.I					LIMITS?	110
firme			10e. STREET AND NUMBER					101100	10f. ZIP CODE			10a CITU		T COUNTRY?	NO
			1212 INDOUTDINGE DOOR												
020 physician. hurlal-transit		Ž	11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN	III S ADMED	12 140		1286	100 M	-			
D20 ohysi			1 Never Married 2 Marrie	Never Married 2 Married FORCES? 1 YES			2 NO	If ye	DECENDENT OF HISPANIC ORIGIN? (Specify Yes specify Cuban, Maxican, Puerto Rican, etc.)			s or No-	14. RACE Black, W	American Indi Thite, etc.	en,
215-0020 attending physician		B	3 Widowed 4 Divorced	IF YES, GIVE W	S, GIVE WAR OR DATES			1 TYES 2 TO Specify:					Specify: WHITE		
21215-0020 al or attending physic for use as the burdal		ED	15. DECEDENT				16a. DECEDENT'S	USUAL OCCU	PATION	1 10	Sb. KIND OF BU	ISINESS /INDI	IETOV	AATITI	. 10
2 8 2			(Specify only higher Elementary/Secondary (0-12)	st grade o			(Give kind of life. Do NOT us	work done durk	g most of working	1.	AL KIND OF BO	SINE 33/IND	Zaiki		
O PE E			Elementary/Secondary (0-12) College (1-4 or 5+)			''	SEAMSTRESS				HOSIERY MILL				
AND of the hospital detached to	once.	TO BE COMP	17. FATHER'S NAME (First, Middle, I	anti	U		DIEL ESTI	1.100	16. MOTHER'S N	A 145 (C)					
MARYLAND retained by the hospit 5 should be detached												Surname)			
Manual Land			TIMOTHY J. CZ		2					LIA					
MAR retained 5 should	notified								reet and Number or Rura						
	9		EVELYN K. FIN	JK.		_			ENCE ROAD	TOV	VSON, N	ID 21	286		
Page 6 may be	must		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3		al from State		PLACE AND DATE		N (Name of		- 3	CATION — C			
ALTIMOF leath. Page 6 m funeral director.			4 Donation 6 Other (Speci	-		-	METRO C	REMATO			23 E	BALTIM	ORE,	CIM	
	nine		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	examiner		CVACH/ROSEDALE FUNERAL HOME												
hours after of in by the or removal.	Cal		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate												
	D 70		anock, or heart failure. List only one cause on each line.												
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the the		disease or condition A 17 Le , wis disease										d Death		
ietely letely		- 1	resulting in death) a												
76 W bas	event,				DUE TO	(OR AS A	CONSEQUENCE O	F):							
secured and con	rior to buris	8	Sequentially list conditions,												
Cian be	or to	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
O. B. certificate ding physical		윤	CAUSE (Disease or injury \$ c.												
in Serie	other	Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
	A H	英	d												
	injury,	- 11	PART II. Other eignificant co	nditiona	contributing to	deeth bu	ut not resulting	in the under	lying cause given is	Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FI	INDINGS
Y 1 5	A >	2									PERFORMED?		AW	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
8 8	77 60 III	EDICAL											OF DEATH?		
HE THE	show	Σ	DID TOD 4 000 1107 0						_				10	YES 2 X	NO
AL he law	B 8	3	DID TOBACCO USE C		BUIE IO CA					IN \square					
OR ATTENDING PHYSICIAN; The DIRECTOR, After this certificate ht	State Item	PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?		HOSPITAL:		26. PLACE OF DEAT	H (Check only	one)						
ZIAN.	the S	YS	1 TYES 2 S.NO		☐ Inpetlant 2 ☐	ER/Outpo	etlent 3 🗆 DOA		Home 5 - Residence	6 🗆 Oth	er (Specify)				
PHYSIC this se	Ked,	표	27. MANNER OF DEATH		26a. DATE OF (Month, Da		28b. TIM	E OF 280	. INJURY AT WORK?	28d. DI	SCRIBE HOW	INJURY OCC	JRED		
S P P	death with	B	1 Neturel 5 Pendin 2 Accident Investig						YES 2 NO						
NO A	-		3 Suicide 8 Could		28a. PLACE Of building.	F INJURY	— At home, ferm, s	treat, factory,	office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					-	
OR ATTENDING DIRECTOR: After	s after	COMPLETED	4 Homicide determ	Ined			.,,			Cit	y or lown, state)				
8 8	Hours	Ä 1	200. CERTIFIER	PHYSICI	AN: To the best of	my knowle	edge, death occum	d at the time	date and place, and du	o to the o	waster and a		a i		
PITAL	7 u	ž II												d mannar on a	tetad
HOS	TA WITH	- 14	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at												
TO THE HOSPITAL O	De filed within	H	20b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUMBER 037016 29d. DATE SIGNED (Mord) 801 Ywk N.D., Sc. 7 101, TOLS-				ofh, Day, Year)			
2 2	2 2	၉	SO NAME AND ADDRESS OF THE	ON VIII					037	J, V		/	1631	11	
			30. NAME AND ADDRESS OF PERS	UN WHO	COMPLETED CAUS	E OF DEA	MO 7	Print)	V 6 11	2	62	10.	Ta. 1.	2/20	34
				And	· cree	~~	4	000	7w/ /.	y . 1 .	ا حر ا	171,1	المان	7,25	7
			JAN 2 3 1995	Jul	32 DEGISTRA	HE TEN	AT.								
	L		174M-5 1333	0											



BALTIMORE, MARYLAND 21215-0020

DIMISION OF VITAL RECORDS, P.O. BOX 68760

31. OATE FILED (Month, Day, Year)

JAN 2 3 1995

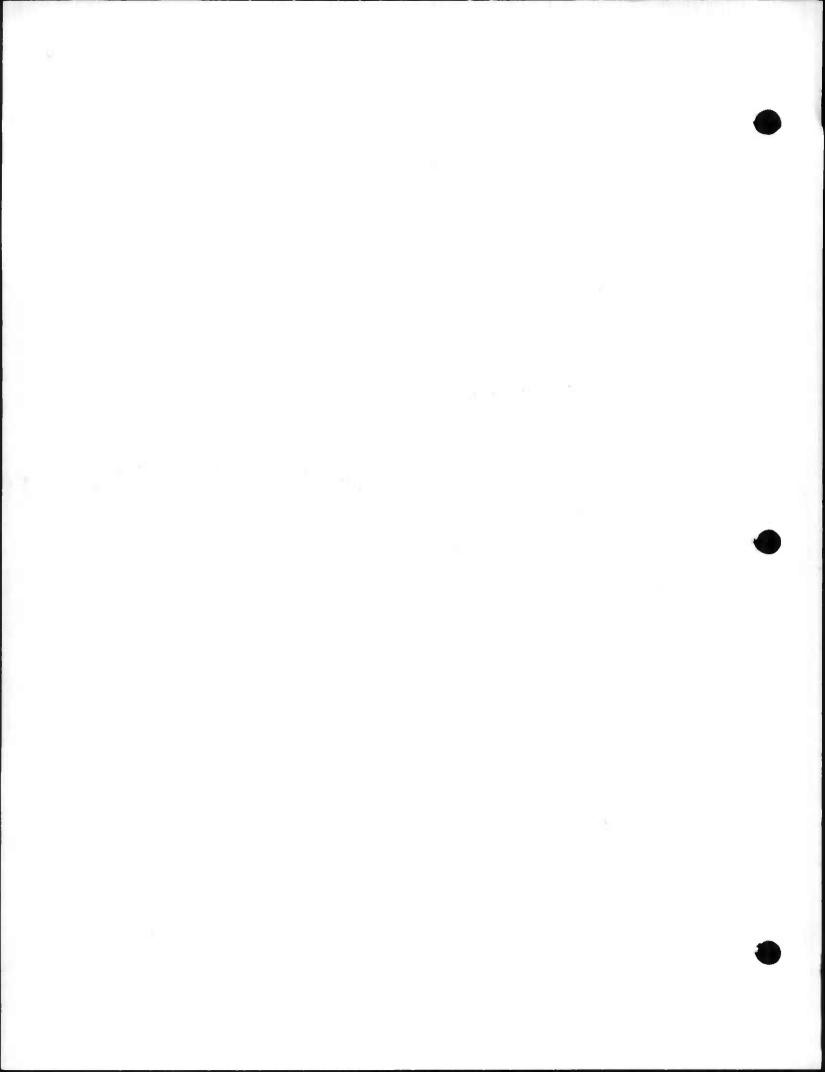
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lag 2. DATE OF DEATH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 X F permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE EDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 | HO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 33 0 funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 18. MOTRER'S NAME (First, Mickelle notified at BE 19b. MAILING ADDRESS (Street and Mumber or 2 pe METHOD OF DISPOSITION Burlet 2 Competion 20h PLACE AND DATE OF DISP must on 3 🗆 Re Donation 5 examiner been signed by the attending physician and completely filled in by the nt. of Health and Mental Hygiene prior to burial, cremation, or removal. the medical 23. PART 1 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac Approximate shock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition PANCREATIC CANCER resulting in death) traumatic event, executed with DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate the death certificate be e. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24s. WAS AN AUTOPSY PERFORMED? CARDIO MYO PATHY 1 YES 2 NO OF DEATH? CONGESTIVE HEART FAILURE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be ON MEDING PHYSICAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item curtificate P HOSPITAL OTHER: 1 YES 2 NO 4 Nursing Home 5 Realdence 8 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA b 27. MANNEB-OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED MITT 첉 1 Netural 5 Pending 1 YES 2 NO BY Affin 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) .00 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 = HOSPIT FUNETA WITHIN 7 2 __ MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPIT TO THE FUNESIA De fled within 7 IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER millen 1/23/95-D30272 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) THOMAS MILLEN

SECOURS

BON

22. REGISTRAD SIGNATURE



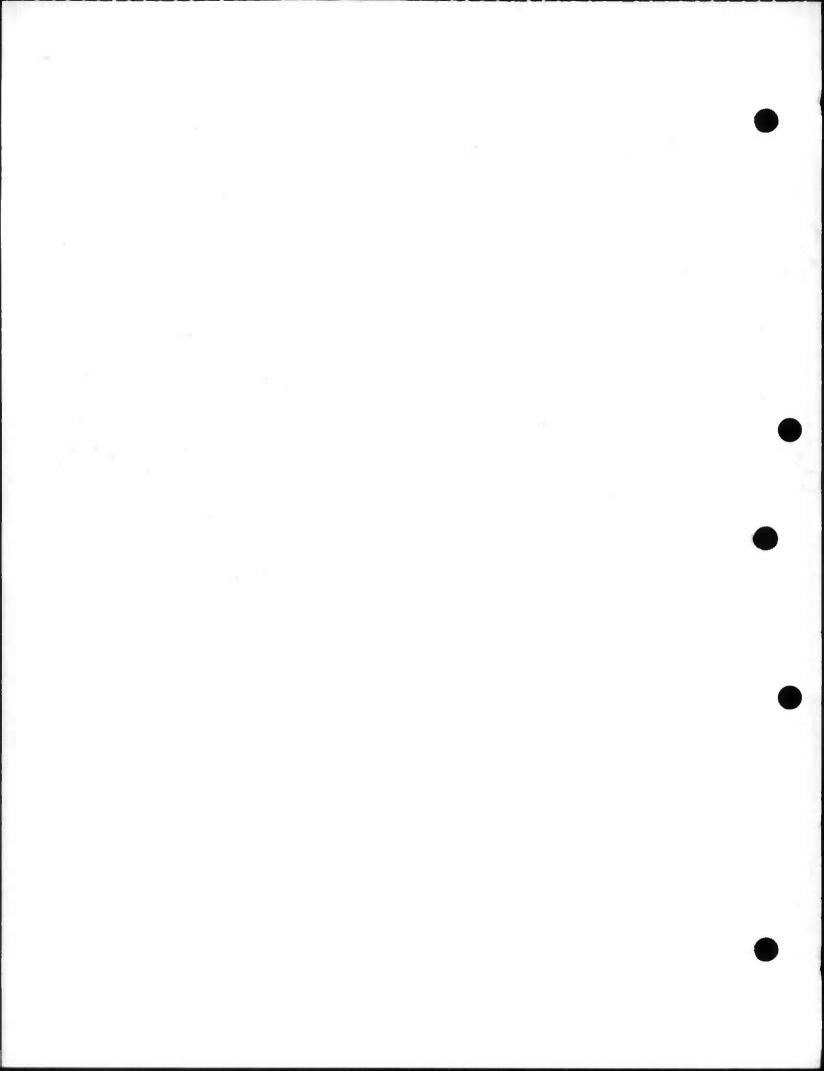
9	
×	
BOX	
8	
ш	
\circ	
0	
0	
S	
α	
0	
Ö	
RECORD	
~	
TAL	
P	
>	
11	
OF	
O	
Z	
$\overline{\circ}$	
SION	
S	
DIV	
=	

TO THE HUSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician and completely filed in the town of the standard of the attending physician and completely filed in the town of the standard of the BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE REGISTRAR

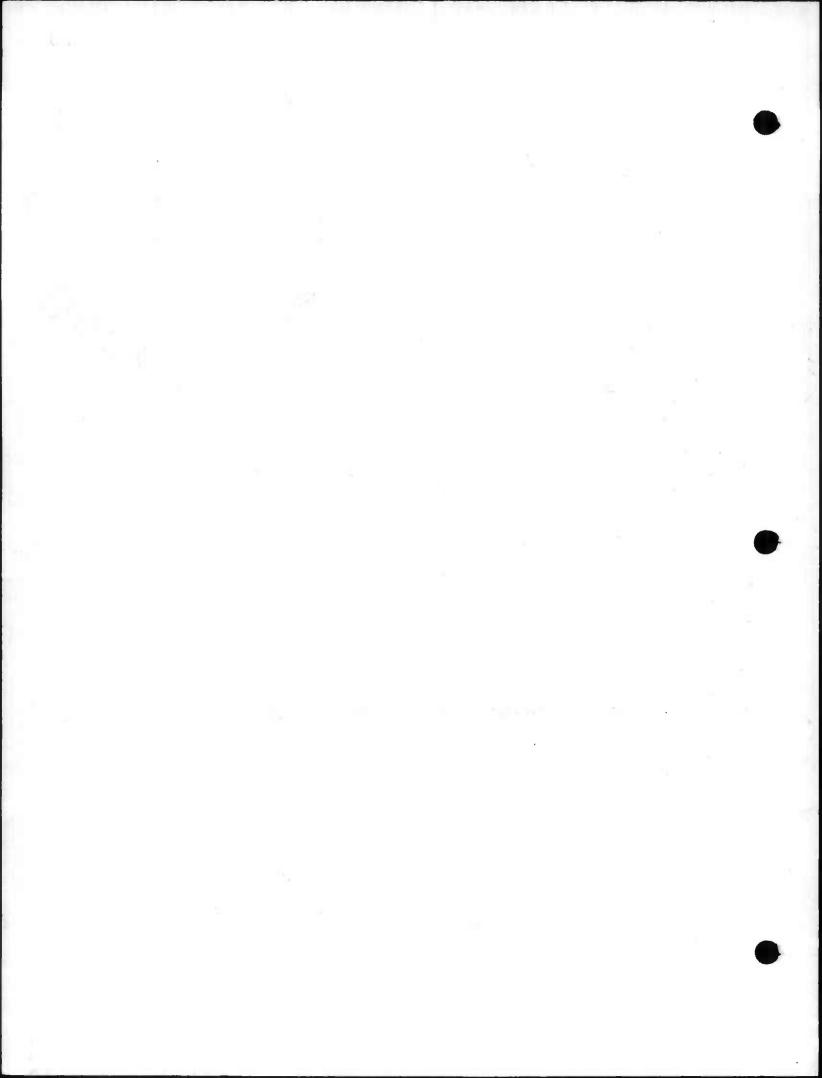
1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH		3. TIME OF DE	ATH
	DAISY B. G	EORGE				TAI	NUVARY		EAR 9.1	FD H
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. last birthday)	IF UNDER 1 YEA		7. DAT	E OF BIRTH	8.	BIRTHPLACE (State or	Foreign
1 7	217-20-4654	1 M 2 H	68 YRS.	MONTHS DAY	'S HOURS MIN.	(Moi	1 - 27 -	26	Country) MARY	MND
j.	9s. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOV	N OR LOCATION OF	DEATH	1 001	9c. COUNTY		
<u>۳</u>	NORTH WEST H	HOSPITAL		RANI	DALLS'	TOU	243	PD 4	TIMOR	F
5	RESIDENCE OF DECEDENT	TOSTITIE		101114	Bricis	100		10/10	3 1 1 1010 12	
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY	Y, TOWN OR LO	CATION			-	10d, INSIDE CI LIMITS?	TY
	LACT DAY	-nonor5							1 TES 2	NO
AL	10. STREET AND NUMBER	40	1		101. ZIP CODE		1	10g. CITIZEN	OF WHAT COUNTRY	-
FUNERAL	720% 510NV	/ DURR	RD.		212	44		1	1.5A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS	DECENDENT OF HIS	PANIC ORIG	IN? (Specify Yes	or No.— /14.	RACE — American In	dlan,
	1 Never Married 2 Married/	FORCES? 1 YES :	2 NO		specify Cuban, Max YES 2 NO Spe		o Rican, etc.)		Black, White, atc.	- 1
84	Widowed * Divorced				7				DIACK	
Ħ	15. DECEDENT'S EDUC (Specify sinly highest grade of	ATION 16 completed)	Give Aind of a	work done during	ATION most of working	11	Ib. KIND OF BUS	IINESS/INDUS	THY	
9	Elementary/Secondary (0-12)	College (1-5 or 5 +)	Ma. Do NOT us	a A John 1	b		GA	1/00/		- 1
COMPLETED		4	101	10/92			10/1	100		
	17. FATHER'S NAME (First, Mictile, Last)	//			19. MOTHER'S	NAME (First	Middle, Maden	Sumame) /	11-	
BE	(M)				1000	5/5	18/1	5/1	1116	
2	186. INFORMATI'S NAME (Type/Print)	Card	TISE MAJLING	ADDRESS (SIN	ec and Number or Pur	st Foute My	The Car or Bon	State Zip Co	TAN ALA	44
-	IV/AK/INA (DAGE -	72/	1 75	BVINILA	- /4	W 10	1/1/1	14,242	29
- 1	20s, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	wel from State comp	ACE AND DATE OF	FOSTORITION	(Name of No.	1. Z	7 100	ATION - Thy	or limit thats	6
	Donation 5 ☐ Offyr (Specify) Signature of Frankal Service Lici	1	1/16	10 NEVE	4 1/1/	219	SIP	1808/5/	Mr /4	70,
	21. SIGNATURE OF PERGHAL SERVICE CICI	/////	/	22. JUJM	AND ADDRESS OF	2002/	AFTEN	2011	bore IN	'
	(XBM // //	love		18	10 FEASI	スパチ	ton	mar	ninho	2
	23. PART I. Epter the diseases, or co	omplications that caused th	ne death. Do n	ot enter the	mode of dying, s	uch as ca	rdiac or respir	ratory arrest	Approxi	mate
- 1	shock, or heart failure. L	ist only one cause on each	i line.						interval	Between nd Death
	disease of condition	ANOXIC	FNICE	EDHA	INPA	THU	1		30	
ł	resulting in death)	DUE TO (OR AS A CO	ONSEQUENCE OF	D:	2017	1117			34	100
2		INTRA C	FRET	3RAL	HEM	ORE	RAUE		130	NKS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO			- (, 0 ()	UNI	11-11			
S	cause, Entar UNDERLYING CAUSE (Disease or injury									
E	that initiated eventa	DUE TO (OR AS A CO	INSEQUENCE OF):						
E	resulting in death) LAST	·								
ō	PART ii. Other algolificant conditions	Contributing to death but	not resulting t	n the underl	ulas seuse aluen	In Don't I	T	ALITORAL .		
MEDICAL	<u> </u>	outilizating to obath but	not readiting i	ii the unosi	ying causa givan	in Part I.	24a. WAS AN A		24b. WERE AUTOPSY AWAILABLE PRIC	R TO
ă							1 TYES 2	HO	OF DEATH?	CAUSE
									1 🗌 YES 2 🗀	NO
Z	DID TOBACCO USE CONTR					NIN 🗆				
PHYSICIAN:		HOSPITAL:	PLACE OF DEAT	H (Check only o	ne)					
YSI	1 TES 2 DO	1 Impatient 2 ER/Outpatie	nt 3 🗆 DOA		lome 5 🗌 Rasideno	e 6 🗆 Ott	ner (Specify)			
표	27. MANMER OF DEATH 1 ☑ Natural S ☐ Pending	(Month, Day, Year)	28b. TIME	E OF 28c.	INJURY AT WORK?	28d. DI	ESCRIBE HOW IN	JURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	Af home, farm, s	treet, fectory, o	ffice	261. LO	CATION (Street a	nd Number or I	Rural Route Number,	
	4 Homicide detarmined									
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my knowledg	gs, death occurre	d at the time, o	lets and place, and d	ua to the c	euse(s) and men	ner as stated.		
8		: On the beals of examination an							suse(s) and manner as	stated.
	296 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N	UMBER		29d. DATE SI	GNED (Month, Day, Yea	7)
BE	Ateoze Mune	2021 M A			D45			> 1/	16195	
2	30. NAME AND ADDRESS OF PERSON WHO		(ITEM 27) (Type.	Print)	1 - 73	107				
	AFROZE MUN	EER. SHOT	OLD CO		RD, R	AND	ALLST	own	MD 21	133
	JAN 2 3 1995 Julia	32. REGISTRANS SIGNATU	RE							



	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEI REG. NO	_				
	t. DECEDENT'S NAME (First, Middle, Last) THEODORE HE	WARD		14	2. DATE OF DEATH MONTH	9-9	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219-18-2138 98. FACILITY NAME (If not institution, give str	N2 DF	SO YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Morith, Day, Year)	9c. COUNTY	BIRTHPLACE (State or Foreign Country) OF DEATH			
DIRECTOR	Med General RESIDENCE OF DECEDENT 100. STATE 1 10b. COUNTY	Itospita	10c. CITY, TOWN	OR LOGATION			10d, INSIDE CITY			
	10e. STREET AND NUMBER		1 4	101. ZIP CODE		10g. CITIZEN	YES 2 NO			
FUNERAL	240 Har	em Aue 12. WAS DECEDENT EVER I	N U.S. ARMED 13.	WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Y	10g. CITIZEN OF WHAT COUNTRY? 1 S 1 H. C ORIGIN? (Specify Yas or No				
BY	1 Never Married 2 Married 35 Widowed 4 Divorced	FORCES? 1 YES	ATES	If yes, specify Suban, Mexic 1 YES NO Spec			SpeciBlack			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work done life Do NOT use retired.)	during most of working		Jack				
TO BE COM	17. FATHER'S NAME (First, Middle, Last) Un Kn Own				AME (First, Middle, Malde		/			
TO E	19- INFORMANT'S NAME (Typo/Print)	A. Blow		S (Street and Number or Aural	Ave Bo	elto, 1	nd 2121			
	20a/METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICE	T	PLACE AND DATE OF DISPO	NAME AND ADDRESS OF F	124/95	Dal	to, md			
	· Www	ramles	P "	March 1	2. H- w	est Av.	٠			
	23. PART I. Enter the diseases, or conshock, or heert failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on e	AN CER UNA CONSEQUENCE OF):				Approximate interval Betw Onset and Di			
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):							
AL	PART II. Other significant conditions	contributing to deeth b	out not resulting in the u	nderlying ceuse given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
SICIAN:	DID TOBACCO USE CO			26. PLACE OF DEATH (C						
PHYSICIAN: MEDIC	1 YES 2 NO	IN SPITAL: 1 Inpatient 2 ER/Out; 28s. OATE OF INJURY	oatient 3 DOA 4 Nu	R: rsing Home 5 Residence 28c, INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCUR				
BY P	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY M	WORK?						
ETED	3 Suicida a Could not be determined	building, atc. (Spe	/ — Al home, farm, atrast, fac city)	ногу, отнев	261. LOCATION (Street City or Town, State	s and Number or I	surai Houte Number,			
COMPLETED	one)		riedga, death occurred at the n and/or investigation, in my				suse(s) and manner as state			
TO BE COMPLE		aner H	n	29c, LICENSE NI	IMBER 122	29d. DATE SI	ONED (Month, Day, Year)			
	30. NAME AND ABORESS OF PERSON WHO Stella Thall	amer. M.D	. c/o Mary	land Gener	al Hospi	tal	P. J			
	"JAN 2" 31985" Jul	A DESIGNATION OF THE PARTY OF T	let*	-						



BALTIMORE, MARYLAND 21215-0020

TO THE USE THE MICE PHYSICIAN. The law requires that the death certificate be executed within who have lead to fire the mice of the hospital or attending physician.

TO THE MEAN AND THE WINE THIS CERTIFICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled to the cast with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is garked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

ON OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR		STATE OF I			TMENT (MEI	NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First	, Middle, Lasty	artless							DATE OF DEATH	3	95	3. TIME OF DEATH 8: 15 PM
	4. SOCIAL SECURITY NUMBER		5. SEX 1 M 2 F	6. AGE (In yrs. I	ast birthday) YRS.	IF UNDER 1	YEAR IF U	OER 24 HRS		DATE OF BIRTH (Month, Day, Year)		a. PURTI	HPLACE (State or Foreign
		226-09-8081 1 M 2 5				9b. CITY, T	OWN OR LO	ATION OF		05/12/191		NTY OF C	ASLINGTON DC
DIRECTOR	Johns Hopkins Bayview Medical				Ctr.		Balti	more	Ci	ty			
REC	10a, STATE	10b. COUNTY	1		10c, CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
	Maryland		Baltimo	ore				Dun	dal	ζ			1 VES 2 X NO
FUNERAL	104, STREET AND NUMBER						10f. ZIP (WHAT COUNTRY?
NE	7805 St. Gregory Drive							122				ed States	
	1 Never Married 2	Married	FORCES?	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO			es, specify (uban, Max	Ican, Pu	RIGIN? (Specify Yea arto Rican, etc.)	or No-	Blac	E — American Indian, k, White, atc.
B	3 ₩idowed 4 □ Divo	proed	IF YES, GIVE Y	YES, GIVE WAR OR DATES			1 YES 2 NO Specify:				_	Spec	White
	15. DEC (Specify onl	EDENT'S EDUC	CATION completed)		Give kind of	USUAL OCCI	JPATION	orkina		16b. KIND OF BUS	INESS/ING	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	- 4	te. Do NOT u	se retired.)		or nurgy					
MP	5 Years 17. FATHER'S NAME (First, M	fielella (aat)			Chi	ld Ca					Emp	loye	ed
	Walter The		ui++				18, 1			First, Middle, Maiden			
BE	19a. INFORMANT'S NAME (ILLUL		I9b. MAILING	ADDRESS (S	treet and Nu			Number, City or Town		o Cordel	
5	Monica G.	Haines	3	1.									21222
	Monica G. Haines 7805 St. Gregory Drive Dundalk, MD 21 20e. METHOD OF DISPOSITION DATE 20c. LOCATION — City or Town 1 Burlet MXCremetten 3 Removal from State Hilltop Service Corp. 01/20/95 Towson, MD												
	4 Donation 5 Other	(Specify)		- Hill	top S						wson	, MI	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						ME AND AD				of r	nand:	alk, Inc.
	000	X 1	Coar	ou	_					Dundalk			
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Desth disease or condition resulting in death) a. Acuse resulting in death) a. Acuse resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
			d,										
LC	PART il. Other significa		s contributing to	death but not	resulting	in the unde	rlying csu	se given	in Part	I. 24s. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
اب	PART II. Other significa		s contributing to	death but not	resulting	in the unde	riying csu	se given	in Part	I, 24s. WAS AN PERFORI	MED?	, 24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL		int condition								PERFOR	MED?	, 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	DID TOBACCO U	nnt condition		USE OF DE	ATH YE	S 🗆 NO	ט 🗆 ט	se given		PERFOR	MED?	, 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	DID TOBACCO U	nnt condition	RIBUTE TO CA	USE OF DE	ATH YE	S NO	O U	NCERT/	IN [PERFORI	MED?	, 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 W NO 27. MANNYER OF DEATH 1 W Netural 5	SE CONTRO MEDICAL	RIBUTE TO CA	USE OF DE. 26. PL/	ATH YE	S NOTHER:	O U U (one) 3 Home 5 C. INJURY A WORK?	NCERTA	MN [PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMMER? 1 YES 2 NO 27. MANUER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8	SE CONTRO MEDICAL	RIBUTE TO CA HOSPITAL: 1 I Inputant 2 [28a. DATE OF (Month, D	USE OF DE. 26. PL/	ATH YE	OTHER: 4 Nursing E OF 28	O U U (one) 3 Home 5 C. INJURY A WORK? 1 YES	NCERTA Residence	0 6 D	PERFORI 1 YES 2 Other (Specify)	NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SLETED BY PHYSICIAN: MEDICAL	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 D NO 27. MANUER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only)	SE CONTRO O MEDICAL Pending Investigation Could not be detarmined	RIBUTE TO CA HOSPITAL: 1 Inputant 2 C 280. DATE Of Month, E 280. PLACE Obuilding.	LUSE OF DE 28. PLJ ER/Outpetlent INJURY lay, Year) FINJURY — At hate. (Specify) my knowledge, of	ATH YE ACE OF DEA 3 DOA 28b. TIM NOTE: No. 1	OTHER: 4 Nursing E OF 28 URY M street, factory	U U or one) J Home 5 C. INJURY A WORK? YES office	NCERTA Residence NO NO NO	28d 28f.	PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a. City or Town, State)	MED? PNO JURY OCI INDUSTRIAN INDUSTRIAN	CUREO or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 D NO 27. MANUER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only)	SE CONTRO O MEDICAL Pending investigation Could not be detarmined PEYING PHYSIC CAL EXAMINER	RIBUTE TO CA HOSPITAL: 1	28. PLJ 28. PLJ 28. PLJ ER/Outpetlent INJURY lay, Year) FINJURY — At P atc. (Specify) my knowledge, camination and/o	ATH YE NCE OF DEA 3 □ DOA 28b. TIM INJ Home, farm, included the courrer investigation	S NOTH (Check only OTHER: 4 Nursing E OF URY M street, tectory street, tectory	O U U (one) 9 Home 5 C.: INJURY A WORK? 1 VES , office	NCERTA Residence NO NO NO	28d 28f.	PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a. City or Town, State)	JURY Oct	CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

32. REGISTRAR'S SIGNATURE

when we will the state of the s

68760	
BOX	
P.0	
BDS, I	
RECOR	
/ITAL	
OF \	
SION	
Ž	

TO THE HOSPITAL DARTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ir death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Peace 1 2 3 should	he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION	COMPANY IN THE CONTRACT IN THE

	1 - FOR REGISTRAR	1 611 6 1 3	STATE OF I	MARYLANI	D / DEPAI CERTIF	RTMENT	OF F	IEALTH DE A	AND I	MENTA	AL HYGIEN			, , , , , ,	
	1. DECEDENT'S NAME (First	SCHOOL SEC.	llahan		<u>OEITTII</u>	IOAII		DEA		MON	E OF DEATH		995	3. TIME OF DEATN	
	Ann Bee		5. SEX		s. last birthday)	Thicky) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.				7. DATI	7. DATE OF BIRTN (Month, Day, Year) 8. BIRTNP! Country)			PLACE (State or Foreign)	
	013-30-4546 1 M 2 PF 54 Sa. FACILITY NAME (if not institution, give street and number)			4 145.	9b. CITY	, TOWN	OR LOCATI	ON OF DE		ember 9		1.0	New York		
DIRECTOR	1025 Wagner	Rd. F	luxton				uxto					Baltimore			
JEC.	10e. STATE 10b. COUNTY			10c. Cl	TY, TOWN (OR LOCA	TION						10d. INSIDE CITY LIMITS?		
	Md.	Baltimore			1	Ruxto	n							1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER					101. ZIP CODE				10g. CITIZEN OF WI			HAT COUNTRY?		
NS	1025 Wagner Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF				. ARMED	21204 RMED 13. WAS DECENDENT OF NISPANI				USA			American Indian		
BY FI	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				X NO		If yes, sp		n, Maxica	n, Puerto	Rican, etc.)	01110	Black, Specifi	- American Indian, White, etc.	
													Wł	nite	
COMPLETED	(Specify onl	y highest grade	completed)		(Give kind of life. Do NOT a	work done.	CCUPATION OF THE COURT OF THE C	ON ast of world	ng	16	b. KIND OF BUS	SINESS/IN	DUSTRY		
PL	Elementary/Secondary (0-12) College (1-4 or 5 +) 1.2 2					·					1 Ra	Dowless Dool Batal			
S	17. FATHER'S NAME (First, M	, , ,			- 10	18. MOTNER'S NAME (First, Middle, Meiden Surname)					anker Real Estate				
BE (Francis X.										unknow				
6	190. INFORMANT'S NAME (nber, City or Town		p Code)	-	
			^	20h Pl A					uxto		2120		Other and Tour		
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata														
	21. SIGNATURE OF PUNEROUS SERVICE LIGHNISES					NAME A	O ADDRE	SS OF FA	CILITY		OILL	III PICE.			
	Em HA Jai					Ruck Towson F.H. 1050 York Rd. Towson Md. 21204									
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, approximate interval Between Onset and Death Ons														
CERTIFICATION	Sequentielly list conditions, if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.														
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the second second second second second second second second second second second second second second second second second second second sec					In the un	n the underlying ceuse given in Pa			Part i.	248. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
Z	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF D	EATH Y	ES 🔲 I	10 Z	UNC	ERTAIN	1 🗆					
2	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	-	LACE OF DEA	TH (Check									
₹	1 YES 2 NO		1 Inpetient 2 I		28b, TIR	_			sidence	_	er (Specify)				
	1 Netural 5	Pending Investigation	(Month, D			JURY		RK7] NO	28d. DE	SCRIBE HOW II	NJURY OC	CURED		
TED BY	3 Suicide	Could not be determined	28e. PLACE Coulding,	F INJURY — A etc. (Specify)	t home, farm,	street, fact	ory, offic	45		281. LOI City	CATION (Street a or Town, State)	nd Numbe	r or Rural Ro	oute Number,	
COMPLET			CIAN: To the best of a											and manner as stated.	
BE	29b. SIGNATURE AND TITLE	EU	np						NSE NUN			29d. DAT	E SIGNED	Month, Day, Year)	
5		HEN 1		g N	TEM 27) (Type	Print)	1 ,	۲,	BA	VII.	40NT,	10	, 2	1204	
	31. DATE FILED (Month, Day,	200	32. REGISTRA	AR'S SIGNATUR	LL,										

and the second state of the second

	-	-	
6	4	1	
6	V.	1	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician	ed in by the funeral director, page 5 should be detached for use as the burial-term or removal	market average many be aveiled at
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permitten in the State Bent, of Health and Mental Hydiene prior to burial, cremation or removal	MDOCOMT. If them 28 is moderal or Ham 23 should not not other from soil for marking available available of annual to a soil of a soil of a soil of the

	ITEM: 1. PER F.H. FILM G-719 1	/23/95	t.t				70	01475			
	1 - FOR STATE OF REGISTRAR	MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	AIE OF	DEATH	REG. NO).	3. TIME OF DEATH			
	Elizabeth M. +	JALF	ter					YEAR 41/160 M			
-1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (/	n yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	5	I. BIRTHPLACE (State or Foreign			
	214-12-8498 1□ № 2 🗓 ೯				HOURS MIN.	(Month, Day, Year) 08/09/19		Maryland			
-	9e. FACILITY NAME (If not institution, give street end number)		96	. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH			
5	Johns Hopkins Bayview Medical Ctr. Baltimore City										
5	RESIDENCE OF DECEDENT					LLY					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?			
- 1	Maryland Baltin	nore_				ındalk		1 TES 2 NO			
UNERAL	100. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
	7823 East Collingham Dr.				212	ہے ہے ہ	Uni	ted States			
2	11. MARITAL STATUS 1 Never Merried 2 Married FORCES?	1 YES	2 NO	If yes, s	pecify Cuben, Mexical	IC ORIGIN? (Specify Yan, Puarto Rican, etc.)	or No 1	4. RACE — American Indian, Black, White, etc.			
	3X Widowed 4 Divorced IF YES, GIVE	WAR OR DA	TES	1 🗌 YE	S 2 NO Specify	:	1	Specify: White			
3	15. DECEDENT'S EDUCATION		16a. DECEDENT'S USU	IAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS				
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	-1	(Give kind of work life. Do NOT use rel	live kind of work done during most of working b. Do NOT use retired.)							
CMT	6 Years	"	Housewi	fe		Otv7	n Home				
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden					
ایا	John Dudas				Elizab	eth Verbo	iska				
	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING ADD	ORESS (Street	and Number or Rural F	loute Number, City or Tox	n, State, Zip C	ode)			
-	Mr. Carl E. Halfter	1814 I	814 Portship Road Dundalk, MD 21222								
	20e, METHOD OF DISPOSITION 1 ■ Burlel 2 □ Cremetion 3 □ Removal from State	PLACE AND DATE OF DE	SPOSITION (A	lame of	DATE 20c. LC	CATION CH	ty or Town, State				
	4 Donation 5 Other (Specify)	_ Sa	cred Ht. o			/20/95 Du	ndalk,	MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				-Ruck Fir		of Du	indalk, Inc.			
	Jan Can	مولو				. Dundal		21222			
	23. PART I. Enter the diseases, pr complications the shock, pr heart fellure. List only pne ca	et ceused	the death. Do not o	enter the m	ode of dying, auct	as cardlec or resp	iretory arres	it, Approximats			
I	IMMEDIATE CAUSE (Finel	430 Dil 66	CIT IIIIe.					Interval Batween Onset and Daath			
	disease or condition resulting in death)	ere	COPD								
1	DUE TO	(OR AS A	CONSEQUENCE OF):								
5	Sequentially list conditions, b.	(00 40 4	CONCEOUS OF								
	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate course. Enter UNDERLYING										
2	CAUSE (Disease or injury C.	(OR AS A	CONSEQUENCE OF):								
	resulting in death) LAST										
3	0.										
į	PART II. Other significant conditions contributing to	deeth bu	it not reaulting in th	e underlyir	ng cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	CHF	_				1 YES :	NO NO	COMPLETION OF CAUSE DF DEATH?			
	SIPCVA			,				1 TES 2 NO			
	DID TOBACCO USE CONTRIBUTE TO CA			NO	UNCERTAIN	1 🗆 📗		<u> </u>			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		8. PLACE OF DEATH (C	heck only one)						
2	1 YES 2 1 1 Topetient 2 27. MANNER OF DEATH 28e. DATE O				ne 5 🗆 Residence						
		Day, Year)	28b. TIME OF INJURY	w	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCU	RED			
	2 Accident Investigation 3 Suicide Could as be 28e. PLACE	OF INJURY	At home, farm, street			28f. LOCATION (Street	and Number or	Rund Bouts Mumbes			
	4 Homicide detarmined building	atc. (Speci	(V)	, 1201019, 0111		City or Town, State		Notes House Number,			
	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of	I may be	idea decit as 2 2	the Here	and at the second	Mary Street Company					
	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of										
3	29h. SIGNARIME AND TITLE OF CORTIFIER			, opinion,	,						
	11. 12. 1/20				29c. LICENSE NUM	BER /	29d. DATE S	NGNED (Month, Day, Year)			
:	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEA	TH (ITEM 27) (Type Print	1)	750/			17/95			
	Nancy Boiloutz MD	To	11	kins	Brenne	w Medi	01 (puter			
1	31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNA	- 10	(-11 -		VI UE CI					
Į.il	10 N O O 4000 / V / ft /	-									

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
a),	be filed within 72 hours after death with the State Dept. or Health and Mertal Hygiene prior to burial, cremation, or removal.
state of the state	TO THE FUNERAL DIRECTOR: After a continue has been signed by the anneding physician and completely filled in by the
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDOMENHISTICANE. The requires that the use certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.

RICHARD J.

31. OATE FILED (MODIL), DOX 3810

JAN 2 3 1995

LEER, M.D.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH AND OF DEATH	MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Jacks		osi	eR	Jan	1912/	7 190	YEAR /	D', 12 P M	
	4. SOCIAL SECURITY NUMBER 215-28-2688	1 🕵M 2 🗆 F 64	E (In yrs. last birthday, YRS.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE Of (Month), Sept.	F BIRTH Day, Year) 14, 1	930	Mary	ACE (State or Foreign Land	
TOR	98. FACILITY NAME (II not institution, give street and number) HARFORD MEMORIAL HOSPITAL HAURE de GRACE PRESIDENCE OF DECEDENT										
DIRECTOR	Maryland Harfo	rd County		ty, town on erdeen						d. INSIDE CITY LIMITS? YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 1520 Meadowcrest	Court		101. ZIP COOE 21001					10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1% YES 2 FORCES? 1% YES 2 FORCES? 1% YES 2 FORCES? 1% YES 3 FORCES? 1% YES 3 FORCES 1% YES 3 FORCE			ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify No. 1 Yes 2 X No. Specify:							
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of	CEDENT'S USUAL OCCUPATION Verkind of work done during most of working Do NOT use retired.) Chanical Designer Airo-Tech								
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA						
B	Robert Leroy Hosi	er	195 MAIL IN	C AODRESS /S	Mary E			_	Co del		
5	Kathleen Estelle	Hosier	1520	Meado	wcrest Cou	rt, Ak	erdee	n, Ma	rylar	nd 21001	
	20s. METHOD OF DISPOSITION 1 Burlel 2 N Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) Hilltop Service Corporation 20b. PLACE AND DATE Of DISPOSITION (Name of 1/19/95) 1/19/95 CATE OF COMMENT OF TOWN, State Of DISPOSITION (Name of 1/19/95) TOWSON, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE M. Mur	nher	Johi 641	ME AND ADDRESS OF FA n C. Miller 5 Belair Ro	c, Inc	C. Raltim	nre	Marvi		
	23. PART 1. Enter the diseases, or of eheck, or heart failure.	omplications that ceus List only one cause or	sed the death. Do each line.	not enter th	e mode of dying, suc	ch as cerdi	ec or reepi	ratory arre	st,	Approximata interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ARTERIOS			ARDIOVASCU	LAR	DISE	ASE		Onset and Death	
,		DUE TO (OR A:	S A CONSEQUENCE (OF):							
ATIO	Sequentially list conditions, it any, leeding to immediate ceuse. Enter UNDERLYING	OUE TO (OR AS	S A CONSEQUENCE)F):							
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS	S A CONSEQUENCE	DF):							
	PART II. Other significant conditions	e contributing to deeth	but not resulting	in the unde	riving cause given in	Part I	24a WES AN	ALITODEV	245 WE	RE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA							PERFOR	MED?	CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
ME	DID TODA CCO LICE CONTENT	NOUTE TO CALLE					/	1		YES 2 NO	
IAN	DID TOBACCO USE CONTR		26. PLACE OF DE			NAI					
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ulpatient 3 🗆 DOA	OTHER:	g Homa 5 - Rasidence	8 🗆 Other	(Specify)				
ву Рн	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJUR (Month, Day, Year		JURY	ic. INJURY AT WORK? 1 YES 2 NO	28d. DESC	RIBE HOW II	JURY OCCL	IRED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	street, factory	, office	28f. LOCAT City or	TION (Street e Town, State)	nd Number o	r Aural Route	Number,	
COMPLETED		CIAN: To the best of my kn								d manner as stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		OUNTYD		29c. LICENSE NUI	MBER	7,	29d. DATE	SIGNEO (Ma	onth, Day, Year)	
10											

2013 TRAPPE

DARLINGTON, MARYLAND

CHURCH ROAD

ITEMS: 20b,22, PER F.H. FILM G-719 1/23/95 t.t

		FOR	
1		STATE	
	_	REGISTRAR	

	1 - STATE REGISTRAR	STATE OF M			ICATE				MENTA	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
	DAMON	JERMAINE	Ξ	J	ACK	SON			MON J		6	9 5	11:49A M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign
	214–76–1192	1X M 2 F	22	YRS.	MONTHS	DAYS	HOURS	Mire.		E 15 1	D.		
œ	9a. FACILITY NAME (If not institution, give sti	reet and number)		9b. CITY, TOWN OR LOCATION OF DE					ATN		9c. COL	INTY OF DE	ATH
5	JOHNS HOPKINS	HOSPITA	L		B	ALT:	IMOR	E C	ITY				
DIRECTOR	10a. STATE 10b. COUNTY MD,	BALTIMOF	RE	10c. CIT	Y, TOWN C	TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 5904 ALAMEDA	T AND NUMBER 101. ZIP CODE 109. CITIZEN OF WITH											
BY FUN	11. MARITAL STATUS 1 Never Married 2X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARI	MED O		If yes, spe	ENDENT Concility Cuba	n, Maxicar	n, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE - Black, Specify	- American Indian, White, etc.
	15. DECEDENT'S EDUC	144.05						_				BLACK	
1	(Specify only highest grade of	completed)	(Gh	CEDENT'S ve kind of a Do NOT us	Work done	during mo	N st of workin	g	16	b. KIND OF BU	SINESS/IN	DUSTRY	
F	Elementary/Secondary (0-12)	College (1-4 or 5+)		MPLO	,					N_	A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First,	Middle, Malden	Sumame)		
BE C	JULIUS B. JACKSO	N						J	JUNE	S. BA	TTY		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a	nd Number	or Rural R	Route Nun	nber, City or Tow	n, State, Zi	p Code)	
F	JUNE S. BATTY		2	216	EAST	LAF	'AYET	TE S	T.	BALTIM	ORE,	MD.	
İ	35c. METNOO OF DISPOSITION 1 ⚠ Surtel 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	vel from State	20b. PLACEA					lJAN	195 <u>9</u>			City or Tow	
	22. NAME AND ADDRESS OF FACILITY GARY L. ROLLINS FUNERAL HOME FREDERICK 100 WEST ALL SAINTS ST. BALT. MD 21701												
\dashv	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate												
	immediate Cause (Final disease or condition resulting in death) a. Hour Gunthar Wounds a. Consequence of:												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	DACE II ON THE III									,			
EDICAL	PART II. Other significant conditions	contributing to d	eeth but not re	sulting	In the un	derlying	cause g	lven in i	Part I.	24a. WAS AN PERFOR	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI	DID TOBACCO USE CONTR	IRLITE TO CALL	SE OF DEAT	ru ve	:c 🗆 :	IO M	LINIC	ERTAIN				1 1	YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL	IDOIL TO CAU			TH (Check of		UNC	EKIAIN	<u> </u>	l			
Sic		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER		5 Re	aldence	a 🗀 Oth	er (Specify)			
ξl	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY	28b. TIM	E OF	28c. INJ	JRY AT	T	_	SCRIBE HOW I	NJURY OC	CURED	
BY F	1 Netural 5 Pending 2 Accident investigation	1-16-9		1051	URY M	1 🗌 Y	ES 2 D	MO	sul	yest 3	hot		
	3 Suicide 8 Could not be detarmined	INJURY — At hon	no, tarm,	street, fact	ory, office			City		401.	or Rural Acid	wale St	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC XMEDICAL EXAMINER								to the ca	use(a) and mer	iner as sta		and manner as stated
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	< -A	11	,			29c. LICE	NSE NUM	8ER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E SIGNED (A	Month, Day, Year)
<u>و</u> ا	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED ST	Luna	C m	01-6		0.	C.M.	. Ľ.			JAN	17/95
•		0	111			tree	et,	Bal	tim	ore, l	Mary	land	21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	or Randall	ļ									
	-												

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

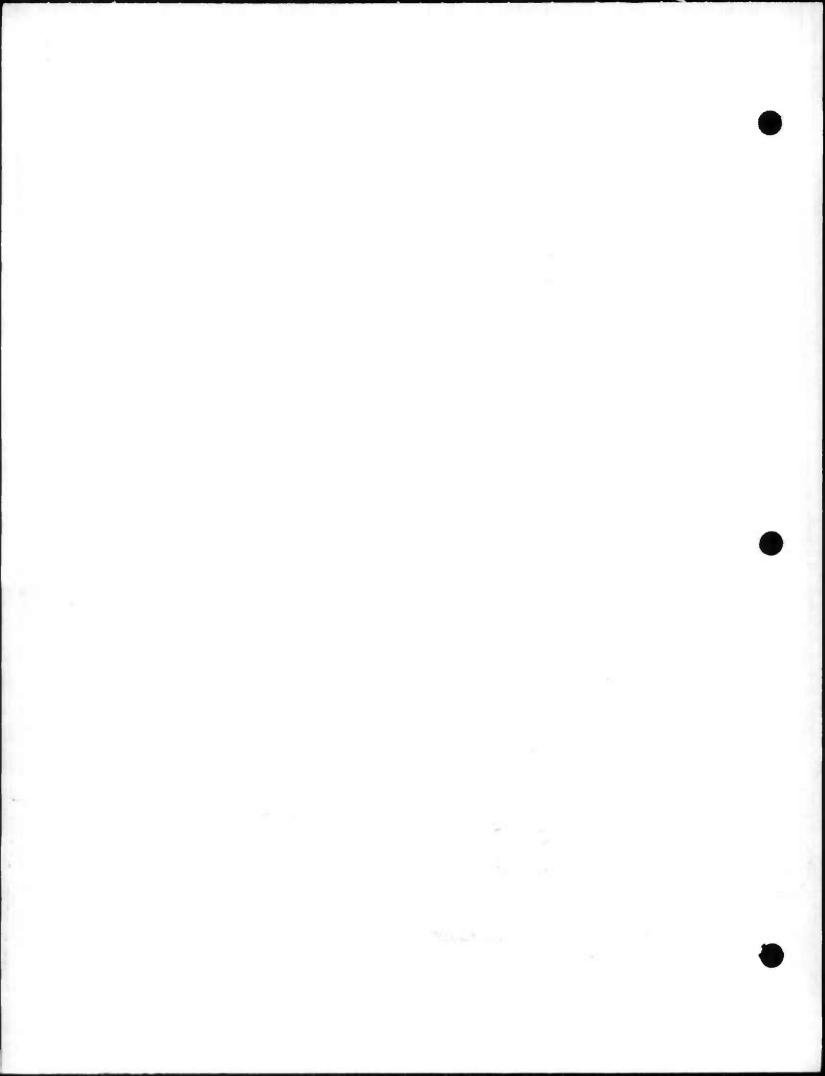
White the sections

	-
\approx	
~	4
=	-
~	1
5	- 7
Sec.	
S	3
212	4
	3
	-
=	-
AND	4
۹,	4
RYL/	1
\rightarrow	4
Œ	3
4	
3	1
~	
	3
ш	1
	È
TIMOF	A 6 mm
=	9
~	1
\equiv	0
5	4
7	-
BA	4
œ)	2

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE NATIONAL PRINCIPLY IN THE LAW REQUIRES THAT THE LAW REQUIRES THE PROCESS THE TOBATH. PAGE & MAY BE RETAINED BY THE DOSPITAL OF ATTENDING PRINCIPLY.	MECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Penes 1, 2, should	in its haurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	To il them 30 to marked on them 32 absence paint before a salker december assent the model of the market and the market and
200		No.	TABLE

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH	
	KUTHERINE	ANNA	JOH1	USOn		-JA-N	DAY 21	93	02:35 AAM	
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		4 4	PLACE (State or Foreign	
		□ M 2 □X* 82	YRS.			Oct. 25,	1912		yland	
œ	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF D	EATH	9c. COUN	TY OF DE	АТН	
DIRECTOR	St. Agnes Hospital			Balti	more					
R	10e. STATE 10b. COUNTY		10c. CfT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
ā	Maryland Baltin	nore			Baltimo	re			1 TES 2 NO	
RA	10s. STREET AND NUMBER			10	Y. ZIP CODE		10g. CITIZ	EN OF WI	HAT COUNTRY?	
FUNERAL	2102 Gaybrook Road	. WAS DECEDENT EVER IN	ILS ADMED	42 300 00	21244	H NIC ORIGIN? (Specify		JSA		
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, s	pecify Cuban, Mexico	in, Puerto Rican, etc.)	Yea or No-	Black,	- American Indian, White, etc.	
ВУ	3 X Widowed 4 Divorced			'''	3 2 XNO Specifi	у:		Specify	White	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade com	ON pleted)	16a. DECEDENT'S (Give kind of v	vork done durina m	ON ost of working	16b. KIND OF E	SUSINESS/INDU	JSTRY		
ᆲ	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	Me. Do NOT us			Hoic	stine E)		
MO	17. FATHER'S NAME (First, Middle, Last)		Bookkee	Jer	18. MOTHER'S NA	ME (First, Middle, Maid	sting E	ousii	less	
BEC	Walter Morris	on				Theresa F				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or T				
-	Susan McGinn Quinn		2104	Gaybroo	k Rd. Ba	altimore,	MD 212	244		
	20a_METHOD OF OISPOSITION 1 (A Burlal 2 □ Cremation 3 □ Removal	from State 20b.	PLACE AND OATE OF THE COLOR OF THE COLOR PARTY OF T	of OISPOSITION (N		1	LOCATION — C			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	LO EE-Dawn F A	don Par		OTY UL	/24/95 E	Baltimo	re.	MD	
	. () num md	m. / al	icholiata	MacN	abb Fune:	ral Home.	P.A.			
\dashv	23. PART I. Enter the diseases, or com	A Diago	the death De-	301	Frederic	k Rd. Ba	ltimore	<u>∍. M</u>		
	anock, or heart failure. List	only one cause on as	ch lina.	or enter the mi	de or dying, suc	n as cardiac or res	piratory arre	st,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	N & Divo	time) M () . i . m	CYAOA				Onset and Death	
	resulting in death) a	ASPYCO DUE TO (OR AS A	CONSEQUENCE OF	:	Police				days	
zΙ	Sequentially list conditions,									
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
	resulting in death) LAST								[
2	PART II. Other significant conditions co	ontributing to death bu	It not resulting i	n the underlyin	a cause alma la	Bort I Day Mag	AN AUTOPSY	1		
<u>8</u>		DM sei		A		PERF	ORMED?	- A	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC		I bleedi		المحادة	· 1 // ,	T TES	2 [00 NO	٩	OF DEATH?	
2	DID TOBACCO USE CONTRIB			S NO [UNCERTAIL			,	TES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEAT							
Š.	1 - YES 2 10 10	OSPITAL: Inpatient 2 ER/Outpe	tlent 3 🗆 DOA	OTHER: 4 Nursing Hor	se 5 🗆 Residence	6 Other (Specify)				
PHY	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIMI INJ	JRY WO	JURY AT	28d. DESCRIBE HOW	INJURY OCCU	IRED		
à l	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, a		YES 2 NO	281. LOCATION (Street	of mand blumbar a	O cont On	- N - S	
	4 Homicide 6 Could not be determined	building, atc. (Specif	(y)	irout, metory, orna	•	City or Town, Stat	k and Number o	r Hurai Hou	ute Number,	
١٣	29a. CERTIFIER Check only	: To the best of my knowle	dge, death occurre	d at the time, date	and place, and due	to the cause(a) and m	anner en eleter			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
w II	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN		_		Month, Day, Year)	
0	Samin Tours		د		20	52			21,95	
	SAMIH JARJOUR	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	tal 90	o cation	AVE Bal			_	
	31 JAN 2 3 1995 Juli	DESILIAN CON	LANE .							
	7									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$2 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 17 burial with the property of the page 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 17 burial within 18 tha

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68769

FOR STATE				STAT	E OF	MARY	AND /	DEF	PARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
Lyb Fi	Am H	b	/19	1-23-95	n.A	. Per	Lune	. qr	nome					

	1 - STATE REGISTRAR	STATE OF MA				E OF			MENTAL HYG REG.			
	DECEDENT'S NAME (First, Middle, Last)	Lawrence	e Andre	w Kn	ight				2. DATE OF DEAT MONTH January	DAY	1995	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	l (r)	8. BIRTHP Country)	LACE (State or Foreign
	213-07-1758	1 X M 2 🗆 F	80	YRS.					03/19/	-		ginia
Œ	9e. FACILITY NAME (If not institution, give s				9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
16	2211 Riverview	Road					Esse	-XX		Ba	ltimo	re
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCATI	ON				9	10d. INSIDE CITY
	Maryland	Baltimore	2				E	Essex	<u> </u>			1 TES 2 NO
18 P	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. C	ITIZEN OF WI	HAT COUNTRY?
FUNERAL	2211 Riverview								221			States
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAF	YES 2 NO			WAS DECE If yes, spe I YES	cify Cube	n, Mexicen	IC ORIGIN? (Specif i, Puerto Rican, atc	y Yes or No— .)	14. RACE - Black, Specify	American Indian, White, atc. White
8	15. DECEDENT'S EQU		18e. DEC	EDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF	BUSINESS/II	NDUSTRY	71121.00
1 1	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Giv	e kind of a Do NOT us	vork done se retired.)	during mos	t of workin	g	1			
필	8 Years			Open	cator				Ste	el In	dustr	У
once. COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	AE (First, Middle, Me	iden Sumeme))	
B B	James Frank Kn	laht							Lawson			
TO BE COM	19e. INFORMANT'S NAME (Type/Print)								Essex			
9	Mrs. Louise M.	Knight						ad	Exxex, I			1221
TS TE	1 Donation 8 Other (Specify)	oval from State	20b. PLACE AI	natory or o	ther placel			/20/			- City or Tow	
Je L	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	I Vak I	awn		NAME AN				Baltu	ore, l	MD
examiner	1 Spare	mus.	_						eral Hor			
	23. PART I. Enter the diseeses, or o	complications that of	aused the dea	th. Do r	ot enter	1922 the mod	W1SE	P AVE	e. Dunda	alk, M	ID 212	222 Approximate
event, the medical	ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Chro	on each line.	hen	uc				ular o			Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		R AS A CONSEQU									
ICAL C	PART II. Other algnificent condition	contributing to de	eath but not re	sulting i	n the un	derlying	cause g	Iven in F		AN AUTOPS		VERE AUTOPSY FINDINGS
	Chronic o	to buch	re pu	Imi	nev	y d	we	مما		S 2 NO	0	WAILABLE PRIOR TO COMPLETION OF CAUSE
MED						U				62		F DEATH?
S S	DID TOBACCO USE CONTI	RIBUTE TO CAU					UNC	ERTAIN				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	H (Check o							
PHYSICIAN:	YES 2 NO	1 Inpetient 2 E			4 🗌 Nurr	ing Home	-	_	Other (Specify)			
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	Year)		M	28c. INJU WOR 1 YE	K?		28d. DEŞCRIBE HO	O YRULMI WC	CCURED	
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — Al hom L (Specify)	ie, ferm, a	treel, lect	ory, office			2al. LOCATION (St. City or Town, S	eet and Numb tate)	er or Rural Rou	ute Number,
COMPLETED		CIAN: To the best of my										and manner as stated.
E H	7. C. JONO	MAN,	MD CM				29c. LICE	763	BER 2	29d. DA	TE SIGNED (A	Month, Day, Year) 8 - 9 5
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM			AVE	-	E	3 ALTO	m	<u> </u>	21222
	31. DATE FILED (Month, Day, Year) JAN 2 3 1995	32. REGISTRAR'S	SIGNATURE									

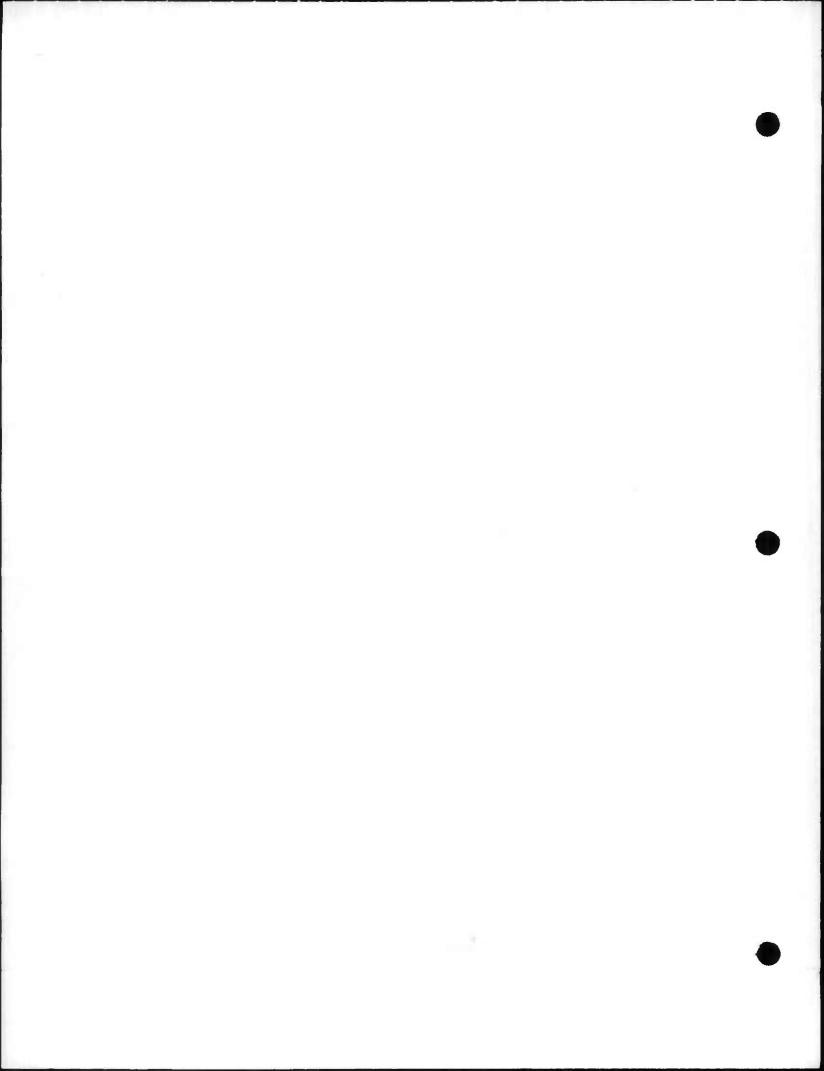
1

War and the sec 68 mg

1 - STATE REGISTRAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

		REGISTRAR		CERTIF	-ICAIE	OF DEATH		REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DEATH
		DEANNA		פסע	וא א אכו בוידיין	r	MONTE			YEAR	
	- 1	4. SOCIAL SECURITY NUMBER	5, SEX 6, AG	E (In yrs. last birthday)	IF UNDER 1 YE		JA	N 16 OF BIRTH	199	4-4-1	ACE (State or Foreign
		217-34-4091	1 🗆 M 2 🔀 F	57 YRS.		WS HOURS MIN.	(Month	, Day, Year)	1	Country)	
200	- 1			57 TH9.				. 20,1		Mary]	
3 should	-	9a. FACILITY NAME (If not institution, give			96. CITY, TO	WN OR LOCATION OF D			9c. COUNTY		
23	١٥	Summit Nursing H	ione			Catonsvi.	тте		Ba.	ltimo	ore
-	DIRECTOR	RESIDENCE OF DECEDENT									
306	2	10a. STATE 10b. COUNT		10c. Cl	TY, TOWN OR L					10	d. INSIDE CITY
<u> </u>	□	Maryland Ba	ltimore		Cato	nsville				11	YES 2 NO
permit. Pages	A A	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	_	AT COUNTRY?
Sit	6	4 B North Beaum	ont Avenue			2122	28		Ţ	J.S.A	A.
215-0020 attending physician. se as the burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS	DECENDENT OF HISPA	MIC OBIGIN	2 (Enaclb) Vo	as No. 1 ti	DACE	American Indian,
D2C Ouria		1 Never Married 2 Married	FORCES? 1 YE	S 2 7 NO	If ye	s, specify Cuben, Mexic	en, Puerto F		101110-11		Yhite, etc.
1 a a	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆	YES 2 NO Speci	ffy:			Specify:	v v0 . 1 .
1215-0 r attending use as the	0	15. DECEDENT'S EDU	ICATION	T see proportion	1						White
or att		(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	g most of working	166.	KIND OF BU	SINESS/INDUS	TRY	
C lail 2		Elementary/Secondary (0-12)	College (1-4 or 5+)								
AND 21 he hospital or detached for	once.		2+	Biblic	ography			Resear	ch Lak)	
LAND the hospital detached to	once.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			Sumame)		
\$ & X	BE BE	Irving Tieman				Dorothy	Y ROW	9			
MARYLAND 21215-0020 retained by the hospital or attending physics should be detached for use as the burial	TO BE	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural					
∑ 5 E Z		Mark Ketterman	(Son)	1140	W. Lon	bard Stree	et Ba	ltimor	e Mary	yland	1 21223
BALTIMORE, or death. Page 6 may be the funeral director, page val.	2	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATE			DATE		CATION — City		
BALTIMORE after death. Page 6 may by the funeral director, pa	must	1 Buriel 2 1 Cremation 3 Rem	oval from State	emetery, cremetory or	other place)						
Z % €	5	21. SIGNATURE OF FUNERAL BERVICE LI		Metro Cre		01-19-95		Cat	onsvi	me,	Maryland
E & E	examiner		1.16	2		oy M & Rus		C With	rako En	more	1 Homos
BAI ter dea the fur	ex e	Ausselle	west	2							
and and	Ca	23. PART I. Enter the diseasea, or	complications that caus	ed the death. Do	not entar the	0 edmonds	oh as card	SITUE C	retory error	TITE	Approximata
hours ed in t	medical	ahock, or haart failure.	List only one cause on	aach line.	THE STREET	modu or cymg, sor	on ea ceru	iac of reap	ratory arrea	hp	Interval Between
filled on.	the	IMMEDIATE CAUSE (Final	CI bla	1	10 . 61	1:	, 0				Onset and Death
within pletely fills cremation,		disease or condition resulting in death)	Gliobla	Stora	ruct	HOME C	y 5	ra(d			1 year
3760 rted within completely ial, cremati	event,		DUE TO (OR AS	A CONSEQUENCE O	OF):						
cecuted with and comple or burial, cre			b								
A . 5 *	ry, or other traumatic	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	P):						
BO)	E S	CAUSE (Disease or injury	c.								
· 5 4 5	흵트	that initiated events	DUE TO (OR AS	A CONSEQUENCE C	OF):						
	\$ E	resulting in death) LAST	4								ļ
dear dear	5 8		0.								-
2 5 E	Injury,	PART II. Other algnificant condition	ns contributing to death	but not reaulting	In the under	lying cause givan in	Part I.	24s. WAS AN			ERE AUTOPSY FINDINGS
that and the	73						- 1	PERFOR	1		AILABLE PRIOR TO IMPLETION OF CAUSE
S E E		1/2						1 TYES 2	STWO	E .	DEATH?
of the party	2 ≥	DID TODACCO LICE COAT	DIDLITE TO CALLCE	05.05.4511		5	[1 {	YES 2 NO
AL. He law he has be Dept.	PHYSICIAN:	DID TOBACCO USE CONT	KIBUTE TO CAUSE				иПТ				
	Item SICL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA		one)					
F VIT, SICIAN: Th certificate the State	YSI	1 YES 2 NO	1 Inpetient 2 ER/Ou	ripatient 3 🗆 DOA	4 Nursing	Home 5 - Residence	6 🗆 Other	(Specify)			
HYSICIA His certif	\$ E	27. MANNER OF OEATH	28a. DATE OF INJURY			INJURY AT	26d. DEŞ	CRIBE HOW I	NJURY OCCUR	RED	
PHYS C		1 Natural 5 Pending	(Month, Day, Year)		JURY M 1	WORK?		M	-		
After death		2 Cutelde	28e. PLACE OF INJUI	RY — At home, ferm.			284 1 004	TION (Street	and Number or	Pumi Paud	a Milimban
OR ATTENDING I DIRECTOR: After hours after death	28 is FED	4 Homicide 8 Could not be determined	building, atc. (Sc	pecify)	,,,	01110-2		or Town, State)		nurar nouse	v reumber,
OR AT DIRECT HOURS 3	Item 2		1111					1/4			
7 70	-	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occurr	red at the time,	data and place, and due	to the cau	ee(a) and mar	ner as atated.		
HOSPITAL FUNERAL within 72 I	- S	one) 2 MEDICAL EXAMINE	R: On the basis of examinat	ion and/or investigation	on, in my opinio	on, death occured at the	time, data	and place, an	d due to the c	ause(s) an	d manner as stated.
TO THE HOSPITA TO THE FUNERA be filed within 73	E O	29b. SIGNATURE AND JITLE OF CERTIFIE				29c. LICENSE NU					
물물을	POR BE	Clarker Kleda 1	his			0247			290. DATE SI	1 1	onth, Day, Year)
222	를 입	30 NAME AND ADDRESS OF SERVICE	- <i>y</i>			Der	01		- (1101	95
	-	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF D		a, Print)						
		CHUKURI K.	o William	THE MY							
	11	JAN 2 0 1995	12. REGISTRAR'S SIG	ENATURE							
	1/0	JAN 2 0 1995 Jul	4 Durience	E M							



	Ce.
	at on
	notified a
	must be
.,	examiner
DI JEILIOVA	medical
Ė	63

AL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	The fundamental Properties of the properties of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to the page of the	If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical axaminer must be notified at once.
he law requ	has been to Dept. of I	п 23 sho
ICIAN: TI	ertificate the State	or iter
IG PHYS	ter this cath with	narked,
TENDIA	TDR: Af	28 1s r
A SO A	CADIFIC 2 hours	f them

Item # 1 Film # 6 719 1-23-95 N.A. per funeral Home

1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGISTRAR				ERIIF	ICAI	E OF	DEA	IH		REG. NO.			
1.1	WILLIAM	Middle, Last)	Bryan		LOW	VRY	Jr.			2. DATE O	n 20	1995	YEAR	3. TIME OF GEATH 3:00 pm
	social security numb 525–84–8680		5. SEX 1 X M 2 F	8. AGE (In yrs. I	last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS, MIN,	7. DATE OF (Month, I	Day, Year)	1942	B. BIRTH Country Kans	
90.	Saint Josep			-		9b. CIT		BON,		ATH	,	9c. COU	altim	EATH
	STATE													
1	aryland	10b. COUNTY			10c. CIT	72 4							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e	. STREET AND NUMBER						10	ZIP COD				10a. CITI	ZEN OF W	HAT COUNTRY?
L	3811 Canter	bury F	Rd. Apt.	807	21218 USA									
1[MARITAL STATUS Never Merried 2 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	2 NO If yee, specify Cuben, Mexicen, Puerto Rican, etc.) I YES 2 NO Specify: Specify:							- American Indian, White, atc. by: White		
		EOENT'S EDUC			DECEDENT'S					16b. K	IND OF BUS	SINESS/IND	USTRY	will re
	Elementary/Secondary (0-		College (1-4 or 5+) "	(Give kind of Ife. Do NOT u	work done se retired.)	auring mo	st of worldr	ng	En	iscop	al Cl	larm	7
17.	FATHER'S NAME (First, Mil	ddle, Last)						18. MOTI	HER'S NAM	AE (First, Mid			CLE	
L	Willia	m Brya	an Lowry										More	an
	. INFORMANT'S NAME (7)				Mary Elizabeth Morgan 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2622 N. Calvert St. Baltimore, MD 21218									
	aye Aline H		1	881 21 1	2622	N. C	alve	rt S	t. I		nore.	MD 2	21218	3
10	☐ Buriel 2 XCremation ☐ Donation 5 ☐ Other	n 3 🗆 Remo	wal from State	cametery c	ce and date of disposition (Name of crematory or other place) CO Crematory, Inc. 01/23/95 Baltimore M									
21.	BIONATURE OF FUNERAL	SERVICE LICE	NSEE Dawn	F. McD	onald	22.	Cre	mati	on So	ociet	y of	Mary]	land.	Inc.
<u> </u>	Duure	1-1/19	Jonach				299	Fre	deri	ck Rd	. Bal	timor	ce.	D 21228
disease or condition											Approximate interval Between Onset and De 2 weeks			
SCLEROSING CHOLANGITIS											6month			
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										Omonu				
CAUSE (Disease or Injury										2weeks				
that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												2 years		
	RT II. Other algoriticer RENAL FAILL		contributing to	deeth but not	resulting	In the u	nderlyin	g ceuse ç	jiven in F		PERFOR	MED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO US	SE CONTR	IDLITE TO CAL	ICE OF DE	ATLL VI		NO E	1 11116	EDTA IA					1 - YES NO
_	WAS CASE REFERRED TO		IBOTE TO CAL		ALTI TE			UNC	ERTAIN					
	EXAMINER?	mEdical E	HOSPITAL:		I	OTHE	R:	e 5 □ Re	eldence 8	Other (S	Inecih)			
		Pending	28e. DATE OF (Month, Da	INJURY y, Year)	28b. TIM		28c. INJ	URY AT		28d. DESCF		JURY OCC	URED	
3	Suicide 8 🗆 C	ould not be letermined	28e. PLACE OF building, o	INJURY — At h	nome, ferm,	ntreet, fec				281, LOCATI City or	ON (Street e lown, State)	nd Number	or Rural Ri	oute Number,
290			EAN: To the best of s											end menner ee stated.
	SIGNAQUIE AND TITLE	OF CERTIFIER	Vertu	The M	1			29c. LICE	NSE NUME	BER				(Month, Day, Year) R2 / 95
30.	NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	OF BEATH (IT	EM 27) (Type,	Print)	OWS	N,NO	MARYL	AND	21204			
_	DATE FILEO (Month, Day, Y		32. BEGISTRAF	S SIGNATURE										
	JAN 2	3 1995		wiles Re										
	A 0	-	0	1-1 ₀	mage!									DHMH-18 Res
						6								

(Ayl)

The state of the s

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-trans or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the executed with the companies.	DRECTOR After this this been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	dem 24 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N	BR A	DREC WOULD	J.

permit. Pages 1. 2, 3 should

	1 - FOR STATE REGISTRAR	STAT	E OF N	IARYLAND C	/ DEPAR					MENTAL	HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle	andra Le	o I o							2. DATE OF MONTH	DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-44-2185	5. SEX		6. AGE (In yrs. I	lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF		1995 1944	Country	
OR	90. FACILITY NAME (II not institution 4913 Wilbur	n, give street end nu Avenue	77	<u> </u>		9b. CITY		R LOCATION		Aug.	15,	NTY OF DI	laryland EATH	
DIRECTOR	Maryland	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	non altin	nore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	4913 Wilbur Av	venue					101	ZIP CODE	2120	5		10g. CIT	USA	THAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS I FORC IF YES	ES? 1	T EVER IN U.S. A YES 2 [] AR OR DATES	NO		If yes, spi	cify Cube	n, Mexica	NIC ORIGIN? (on, Puerto Ric y:	Specify Ye	e or No—	Specifi Specifi	- American Indian, White, etc. by:
COMPLETED		r's EDUCATION et grade completed) College	(1-4 or 5 +) //	Give kind of us	work done se retired.)			ng			JSINESS/INC	DUSTRY	
SOM	17. FATHER'S NAME (First, Middle, L	•		L'IC	anager			18. MOTH	HER'S NA	ME (First, Mid		Busi	ness	
BE (Jack Edy	ward Sny	der							en Vir				SS
2	Eileen Virgin	•								Ant				ck, MD 2170
	28a. METHOD OF DISPOSITION 1	Removal from		20b. PLACE cometery, of Metro	remetory or of Cren	TE DISPOS	SITION /No	me of			20c 11	CATION	City or To-	en State
0.000	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F. McDonald 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 2 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,										Inc.			
	23. PART I. Enter the disease abock, or heart for IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	allure. Liet only	one cau	coused the case on each line	ne.	ot enter	the mo	de of dyl	ng, suc	h ss csrdie	or resp	elratory and	est,	Approximate interval Betwee Onset and Des
CERTIFICATION	Sequentially list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C		OR AS A CONS			-							
PHYSICIAN: MEDICAL CEI	PART II. Other significant con	d	uting to	deeth but not	resulting (n the ur	nderlyIng	cause g	jiven in	- 1.	DA. WAS AF			WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME	DID TOBACCO USE C	ONTRIBUTE	TO CA	USE OF DE	ATH YE	S 🔲 I	NO 🗆	UNC	ERTAIN	N Z		/		1 TES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPI		28. PL/ ER/Outpatient	3 DOA	OTHE	R:	5 XRe	sidence	6 Other /S	(pecify)			
<i>></i> "	27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investig	28b. TIM INJ		lursing Home 5 Residence 6 Oth 28c. INJURY AT 28d. DE WORK? 1 YES 2 NO					INJURY OC	CURED				
	3 Suicide 8 Could	INJURY — At h	nome, ferm, s	street, fectory, office 28f. LOCATION (Street and Number or Rural Route Numb (City or Town, State)						oute Number,				
COMPLETED BY PH	4 Homicide determ	ined												

D35410

29d. DATE SIGNED (Month, Day, Year) ▶ January 23, 1995

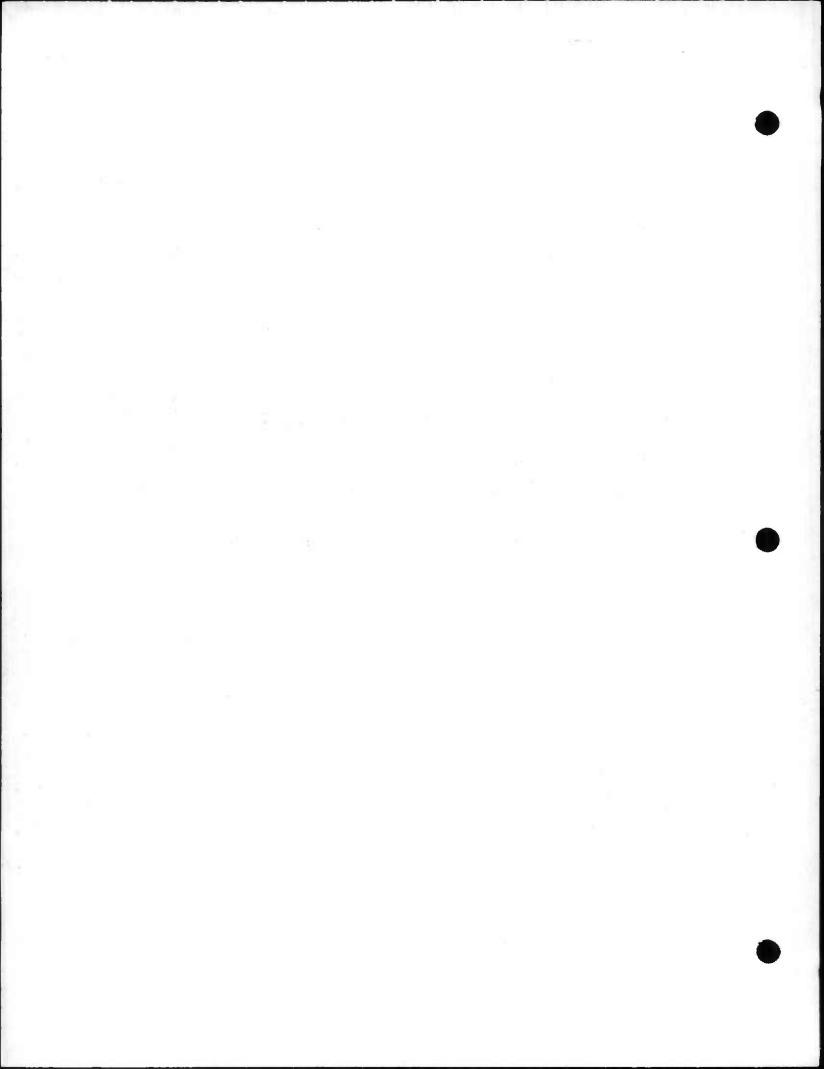
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Liya Pfeffer, M.D. 6918 Ridge Rd. Balt

6918 Ridge Rd. Baltimore, MD 21237

JAN 2 3 1995

2

32. BEGISTRAR'S SIGNATURE Juli d'audeor Revall



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 . STATE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

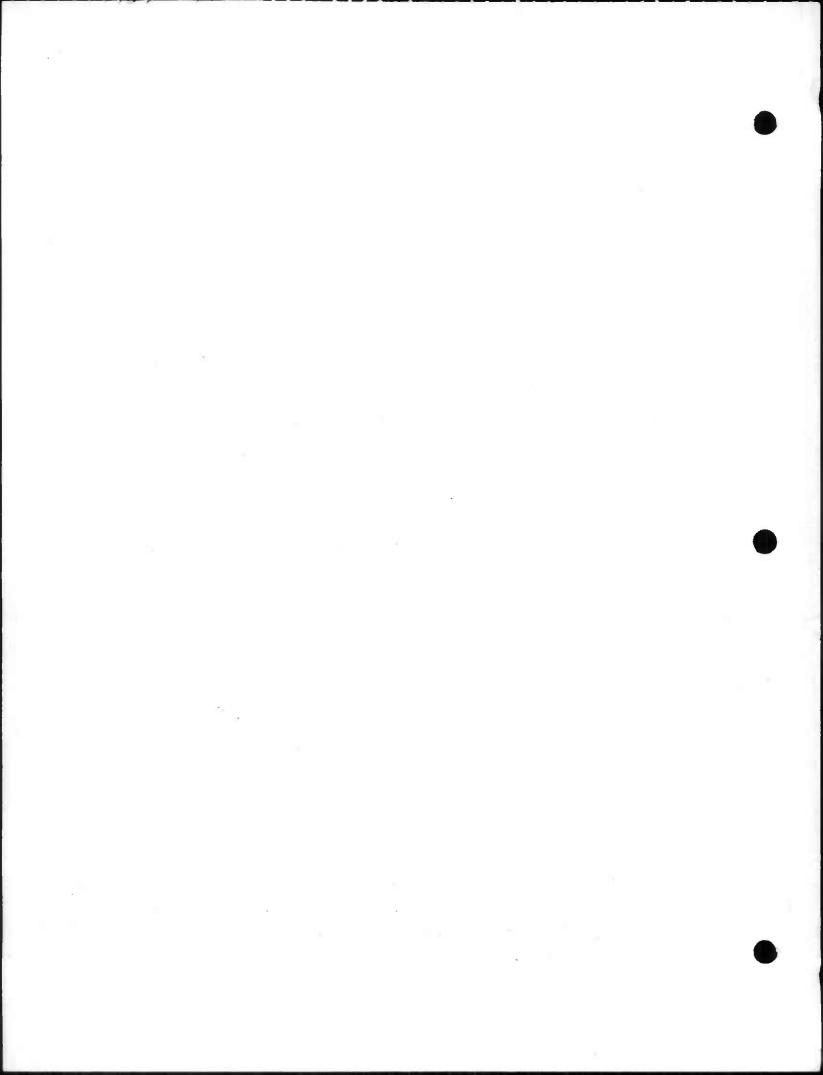
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a fler death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR				ERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Mary		Ann		Langf	ord		2. DATE MON Jai	e of Death	995 °	EAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE 178-05-411	0	5. SEX 1	6. AGE (In yrs. I		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH th, Day, Year) -2-18		BIRTH	PLACE (State or Foreign y) PA
98. FACILITY NAME (If not ins 2100 COC	kspur F	et and number)				or Location of D le River	EATH		9c. COUNTY		Ltimore
RESIDENCE OF DEC											
MD	106. COUNTY Ba	ltimore			town on Loc iddle						104. INSIDE CITY LIMITS? 1 YES 2 NO
106. STREET AND NUMBER 2100 COCK	spur Ro	1.			1	01. ZIP CODE 2122	20		-	JSA	/HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 1 3 Wildowed 4 Divor	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 V	NO	If yes, s	CENDENT OF HISPA specify Cuban, Mexico S 2 X NO Specific	an, Puerto		or No— 14		, white, etc. White
15. DECE (Specify only Elementary/Secondary (0-	EDENT'S EDUCA highest grade co	TION ompleted) College (1-4 or 5 +		Give kind of wo	rk done during n retired.)		16	b. KIND OF BUS			
		0		Cas	hier				ral Cl	Lear	iers
	akowski					16. MOTHER'S NA Firance	ces	Yazwin	ski		
190. INFORMANT'S NAME (7) Mary Bend			,			and Number or Rural					
20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 4 □ Donation 5 □ Other	n 3 🗆 Remov	al from State	cemetery. c	EANDDATEOF remetory or othe 11cres	r place)		DAT		CATION — City		
21. SIGNATURE OF FUNERAL	SERVICE LICE	Kel	ls	116,63	22. NAME /	AND ADDRESS OF FAC Ch/Roseda 1 Chesaco	ale F	-95 An Funeral		S.	MU
iMMEDIATE CAUSE (Findiseese or condition resulting in desth) Sequentielly list condition from the condition of the condition	s. b. b. liete NG y c.	SMCL DUE TO	se on each IIr	EOUENCE OF):		ruction					Approximate interval Between Onset and Desth
resulting in deeth) LAST	d.										
PART II. Other significer							_	24a. WAS AN A PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO				ACE OF DEATH							
EXAMINER?		HOSPITAL:			THER:						
		Inpatient 2				me 5 Residence	6 🗌 Oth	er (Specify)			
	Pending nvestigation	28a. DATE OF (Month, De		28b. TIME	W W	IJURY AT YORK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCUR	RED	
	Could not be letermined	28e. PLACE Of building,	FINJURY — At I etc. (Specify)	nome, farm, str	eet, factory, off	lca	26f. LOC	CATION (Street a or Town, State)	nd Number or	Rural R	pute Number,
						ta and place, and due				euse(s)	and manner ee stated.
POST AND TITLE	Dyd	NO	M	90	<u></u>	29c. LICENSE NU					(Mprith, Day, Year)
30. HAME AND ADDRESS OF	Th	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type, P		las for	ad	Ba	eto, 2	ノコ	36 md.
31. DATE FILED (Month, Day, Y		SURVEYED	Randell			0		/			

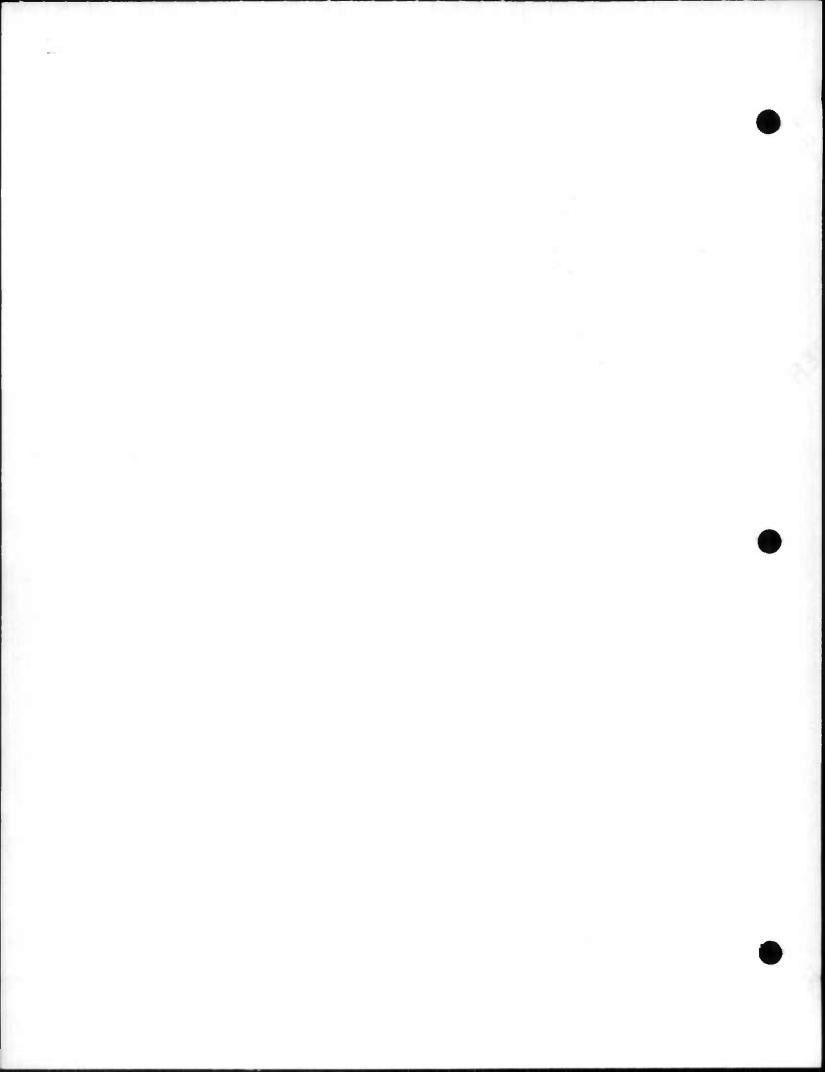


	P	
TENDER OF THE STATE OF THE TAY IN THE DEATH CENTRALE DE EXECUTED WITHIN 24 HOURS ALTH DEATH. PAGE & MAY DE RETAINED BY THE	FINERAL THEORY AT INSCRIPTION AND THE MAS DOES SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETEN TIME IN BY THE FUNERAL DIRECTOR, PAGE 5 SHOULD BE C	
8	용	
S	2	
9	10	
9	9	
*	990	
Ē	5	
0	유	
9	ē	
Se.	0	
į.	E	
B	5	
8	4	
9	€	8
ra	3	Ĕ
5	=	5
ğ	P	9
100	iii.	ď
7	X	atio
	ete	E
-	100	Cre
2	EO	=
5	0	J.
ě	and	ă
В	6	2
8	믕	6
2	2	Z
2	듄	9
Ē	9	<u>ē</u>
8	6	¥
5	te	700
9	F	Ë
Į.	음	ž
	×	B
	P	-
S	9	5
E	Sign	e
Ę,	=	=
1	ě	-1
6	SI	60
1	Ž	0
=	ate	late
5	FC.	S
3	5	E P
2	0	=
E	ĕ	3
9	*	6
3	륈	景
Ē.	è	n.
E.	ê	€.
٩	8	10
51	盾	3
1	E	#
IJ	3	12
1	9	募
2	5	ŧ

JAN 2 3 1995

32. REGISTRAR'S SIGNATURE
JULY DRIVELON Randall

				FICATE OF	DEATH	REG. I			
	DECEDENT'S NAME (First, Middle, Last SOCIAL SECURITY NUMBER	Catherine		mbardo		2. DATE OF DEATH MONTH January	19, 199		
	216-32-3893	1 🗆 M 2 🔀 F	E (In yrs. lest birthday) 59 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July 12	1935	B. BIRTNPLACE (State or Foreign Country) Maryland	
TOR	99. FACILITY NAME (If not institution, give 4505 Kenwood		y of DEATH Baltimore						
DIRECTOR	100. STATE 100. COUNTY	Baltimore	10c. CI	TY, TOWN OR LOCA	Baltimor	e		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	5 Kenwood Av	enue	10	H. ZIP CODE	21206		ted States	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	8 2 X NO	If yes, a	CENDENT OF NISPA pecify Cuben, Maxico B 2 X NO Specif	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:		4. RACE — American Indian, Black, White, etc. Specify: White	
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT o	S USUAL OCCUPATI work done during muse retired.)	ON ost of working	16b. KINO OF	16b. KINO OF BUSINESS/INDUSTRY Clothing		
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	oseph R.Krie			18. MOTHER'S NA	AME (First, Middle, Meid Emma G.	len Surname)		
10	199. INFORMANT'S NAME (Type/Print) John N. Lomba	rdo		g address (Street 05 Kenwo		Route Number, City or Baltimor		21206	
	20e. METNOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Rei 4 Denation 5 Other (Specify)	moval from State	b. PLACE AND DATE profesy, cremetory or Gardens	other place) Of Faith	1/2	3/95	LOCATION — CH Baltimo	y or Town, State ore Marylan	
	21. SIGNATURE OF FUNERAL SERVICE L	1 Kniget	Knight Jr	5305	ND ADORESS OF FA	Road Bal	timore.	Md. 21214	
	23. PART I. Enter the diseases, or shock, or heart failure	complications that cause	ed the death. Do	not anter the mo	de of dules are				
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		aach line.				spiratory arres	Interval Betw	
ERTIFICATION	disease or condition	DUE TO (OR AS	aach line.	nall cell on:			spiratory arres	Interval Between	
CAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Metasta DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d.	A CONSEQUENCE C	rall cell pp: pp: pp:	Lung	Cancer Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH? 1 YES 2 NO	
: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. INIS CONTributing to desth	A CONSEQUENCE OF DEATH Y	In the underlyin	Lung (Part I. 24a, WAS. PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF DEATH YOU 28. PLACE OF DEA	In the underlyin ES NO LITH (Check only one) OTHER: 4 Nursing Non RE OF 28c. IN. W.	g csuse given in UNCERTAIL	Part I. 24a, WAS. PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the conditions of the cause of the conditions of the cause of t	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO CAUSE (HOSPITAL: 1 Inpetent 2 ER/Out 288. DATE OF INJURY (Morth, Day, Year)	A CONSEQUENCE OF DEATH YOUR PLACE OF DEATH YOU ARE PLACE OF DEATH IN TO A CONSEQUENCE OF DEATH YOU ARE PLACE OF DEATH IN TO A CONSEQUENCE OF DEATH IN TO A CONSEQUENCE OF DEATH IN TO A CONSEQUENCE OF DEATH IN TO A CONSEQUENCE OF DEATH IN TO A CONSEQUENCE OF DEATH IN TO A CONSEQUENCE OF THE CONSEQUE	In the underlyin ES NO LITH (Check only one) OTHER: 4 Nursing Non ME OF 28c. IN. JURY M 1	g csuse given in UNCERTAII PRESIDENT AT THE THE THE THE THE THE THE THE THE TH	Part I. 24a, WAS PERF 1 YES	AN AUTOPSY ORMED? 2 NO W INJURY OCCUI	24b. WERE AUTOPSY FINDH MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
D BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTEST OF THE CONTE	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO CAUSE (HOSPITAL: 1 Inpetient 2 ER/Out 26a. DATE OF INJURY (Morth, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF DEATH YI 26. PLACE OF DEA Ipatient 3 DOA 28b. Till IV — At home, farm, sofiy)	In the underlyin ES NO THER: ATH (Check only one) OTHER: A NO THER: A NO	UNCERTAII BY Residence SURY AT SPK? YES 2 NO	Part I. 24a. WAS PERF I YES S Other (Specify) 28d. OESCRIBE HOW City or Town, Sta	AN AUTOPSY ORMED? 2 NO W INJURY OCCUI	Interval Between Onset and De Most and De	



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

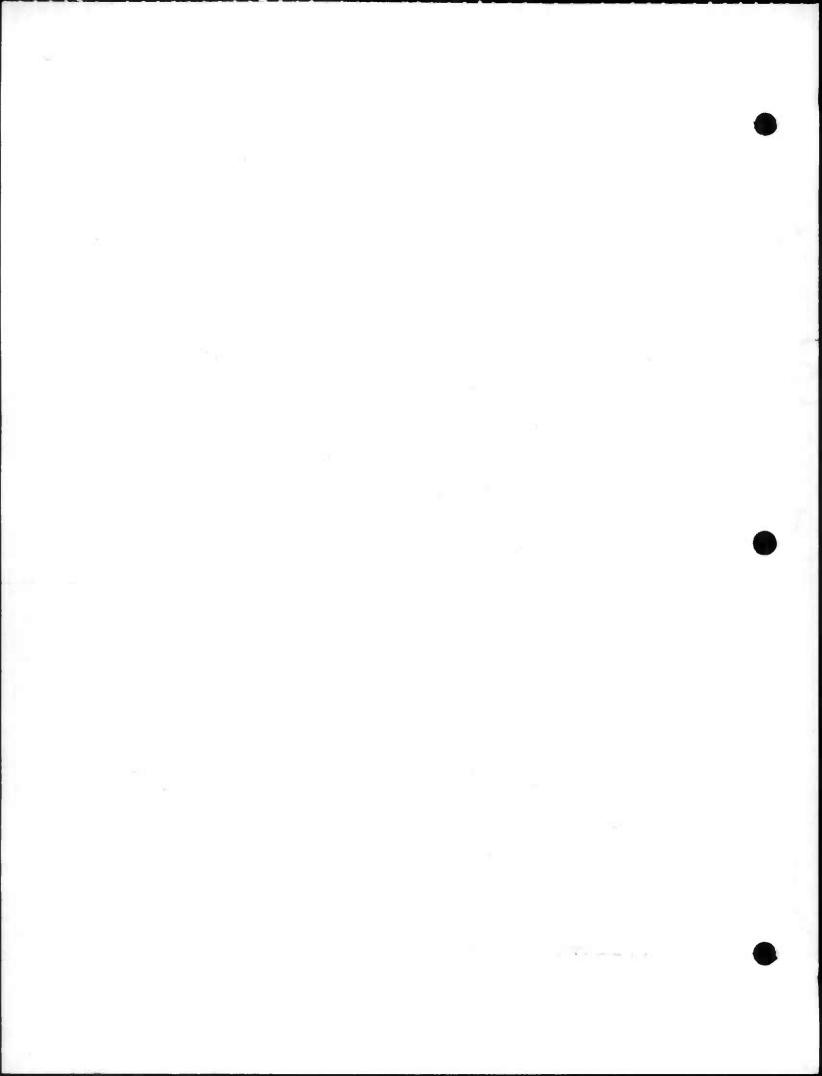
BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should thin the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ID THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	IN THE FLINEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 seconds of the completely filled in by the 1 seconds. The completely filled in by the 1 seconds.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OINIE OI I	initi Eni	CERTIF				NENIAL II	EG. NO.	•			
1. DECEDENT'S NAME (First,	, Middle, Last)							2. DATE OF D	DEATH	,		3. TIME OF DEAT	ГН
Zella	Faye	Lynch						Januar	y 21	,199	5 YEAR	8:10	A. M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In)	rrs. last birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE DE B	IRTH		8. BIRTI	IPLACE (State or Fo	oreign
232-01-6810		1 M 2 F	91	YRS.	MONTHS DAY	8 HOURS	MIN.	Dec. 2	7 9	03	Count	hio	
9a. FACILITY NAME (If not in	estitution, give s	street and number)	, -		9b, CITY, TOW	N DR LOCATI	ON DE DE				NTY DF D		
5413 Cres						ltimor			- 1			EATH	
RESIDENCE OF DEC		venue			Da.	LCIMOI	e ()	LLY			I/A		
10a. STATE	10b. COUNT	Y		10c. CITY	, TOWN DR LO	CATION						10d, INSIDE CITY	,
Maryland	N/A	A			Baltimo	ore Ci	tv					LIMITS?	MO
10e. STREET AND NUMBER						10f. ZIP COD				10a CITI	ZEN DE N	WHAT COUNTRY?	NU
0.110	ston A	venue					214			U.S		WHAT COOKINY	
11. MARITAL STATUS		12. WAS DECEDEN FDRCES? 1	T EVER IN U	S. ARMED				IC DRIGIN? (Sp		or No-	14. RACI	E — American India k, White, etc.	an,
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V				ES 2 😾 ND	Specify	n, Puerlo Rican	, etc.)		Spec	tty:	
3 Millianne	, COG	<u> </u>										White	
15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	10	Sa. DECEDENT'S	USUAL OCCUPA	TION	20	16b. KIN	D OF BUSI	NESS/INC	USTRY		
Elementary/Secondary (0)-12)	College (1-4 or 5	r)	life. Do NOT usi	retired.)				_				,
12th Gra	de			Wiring				Alr	Cra	ft C	ompa	any	
17. FATHER'S NAME (First, M						18. MOT	HER'S NA	ME (First, Middle	, Maiden S	iumama)			
Luth	er	B. D	aviss	on		I	na	Ca	rric	0			
19a. INFORMANT'S NAME (7	ype/Print)			19b. MAJLING	ADDRESS (Stre	et and Number	or Rural F	Route Number, C	ity or Town.	State, Zio	Code)		
Louise Eile	en Lyn	ich		5413 C								1214	
20a. METHOD OF DISPOSIT			20b. PL	ACE AND DATE D	FDISPOSITION	(Neme of		DATE	20c. LOC	ATION —	City or To	wn, State	
Mariel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other		oval from Stata	Cemete Ba	ry, crematory or oth ltimore	Cemete	erv		1-24				laryland	
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENȘEE	_ Da.	1		AND ADDRE	SS DF FAC					ir Road	
* Kath	leen	m. h	my	shen	John	C. Mi	ller	,Inc.	_			.,Md212	206
23. PART I. Boter the di	iseeses, or o	complications the	t ceused th	ne death. Do n	ot enter the	mode of dv	na aucl	aa cardlec	Or respir	aton, an		Approxima	
ahock, or h	eart fellure.	List only one con	ise on each	h line.	1		/)	r aa caroloc	/1 ·	atory arr	eat,	Interval B	etween
IMMEDIATE CAUSE (Findisease or condition resulting in death)	nal →	Mho	Ton	alera	tio	Car	Dia	والمساعدة و	Ja	D	100	Onset and	Daath
resulting in death)		DUE TO	(OR AS A CO	ONSEQUENCE	T	-00 %		00-7-00				در	
	-	. He	100	ne	un	ion)					1400	1.4
Sequentielly list conditi if any, leading to imme-		DUE TO	O AS A CO	ONSEQUENCE OF								1	
cause. Enter UNDERLYI	ING	. /	/									1	
CAUSE (Diseese or Inju that initiated eventa	ITY	oue to	(OR AS A CO	FI AS A CONSEQUENCE OF):								1	_
resulting in deeth) LAS	т [
				-									
PART II. Other significa	nt condition	s contributing to	death but	not resulting in	the underly	ring cause (given in	Part I, 24s.	WAS AN A		246	WERE AUTOPSY FI	
								2 10	YES 2	-		OMPLETION OF C	
	/						/	7.6	100000			OF DEATHT	
DID TOBACCO	SE CONT	RIBUTE TO CA	USE OF	DEATH VE	S II NO	TO TINO	ERTAIN	10				A 201 COM A 450 C	197
25. WAS CASE REFERRED TO		The contract of the contract o		PLACE OF DEAT			CKIMI	-			-		_
EXAMINER?	S-GITHAHAH	HOSPITAL:			OTHER:		/						-
27, MANNEY OF DEATH		1 inpetient 2	-	_			Ridence	6 Other (Spe		- A	n territor :		
	Pending	Magin. 0		265, 71M2		WORK?		28d. DESCRIP	E HOW IN	JUHY OCC	CURED		
	Investigation	A	111		1"//	VES 2	NO		11	\Box			
	Could pet be	28s, PLANE O building,	No. (Soroff)	At thomas, \$479,74	fort, factory, o	fice		281. LOCATION City or 254	1 (Smaller	o frumper	or Rund I	Soute Number	
* [_] Homicide	detections		'	UIF	7/				11	IH			
Check only	JE KING PHYSI	CIAN: To the best of	my knowledg	ge, death occurre-	d at the time, d	oby and place	and due	to the caused	and make		44		
		R: Do the nests of a) and manner so of	total.
246. SIGNATURE AND NILE	1					_					-		
	1		. 7.1			29c. LICE	DVSE NUM	9	,	29d. DATE	SHONED	> TOrs	-
NO NAME OF COLUMN	VV	u	M			1	54	106		-	1/2	5/75	
5 4 4	7 8	Da S	OF DEATH	1711	P	117	100	0 = 1	Un	2	15		
(/		Surve		IM	- 7-	16/1	1700		11)	-	1/	00	
21. DATE FILES (Month, Day	tar	32. REGISTRA	R'S SIGNATE	INE.	N	12/1	140%	20	W	_	12	06	\dashv



Pages 1, 2, 3 should

permit.

at

notified

å

must

examiner

medical

the

event.

traumatic

other t

0 injury.

any

Shows

23

6

marked,

28 Is

9

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

Forler

AZ REPSIRATESIQUEDRE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 ysician and completely filled in by the prior to burial, cremation, or removal, ours after signed by the attending physician Health and Mental Hygiene prior to has been s Dept. of H HOSPITAL OR ATTENDING PHYSICIAN: The law this certificate h with the State I After death DIRECTOR: A hours TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: It it

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAN. 18 1995 JACQUELINE RENEE LANE 7:14A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) HOURS DAYS 1 M 2 F YRS. JULY 20 1960 MARYLAND 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 18c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 337 SOUTH MASON COURT 21231 USA. 11. MARITAL STATUS INGLE 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: В 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL DCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-t2) College (1-4 or 5+) 12th GRADE UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GENTLE JACKSON LANE ESTELLE BE WALKER 19e. INFDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ESTELLE LANE 2200 HOMEWOOD, APT. #213, BALTIMORE, MD. 21218 20e. METHOD OF DISPOSITION
1 XBurlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donetion 5 Other (Specify) 1 + 24 - 95ARBUTUS CEMETERY ARBUTUS, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223 23. PART I. Later the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Intervsi Batween shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Daath disesse or condition LINDETERMINED resulting in deeth) DUE TO (DR AS A CONSEDUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, isading to immediate . Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE DF): that initiated avents resulting in desth) LAST PART il. Other significant conditions contributing to dasth but not requiting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 DYES 2 T NO t SYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 X Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED. 1) Natural 1 YES 2 ND BY Investigation 2 Accident 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be 4 Homicide determined E 29e. CERTIFIER 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner es stated. COMPL 2 🔀 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Yher)

JAN.19,1995

M.E

111 Penn Street, Baltimore, Maryland 21201

BALTIMORE, MARYLAND 21215-0020

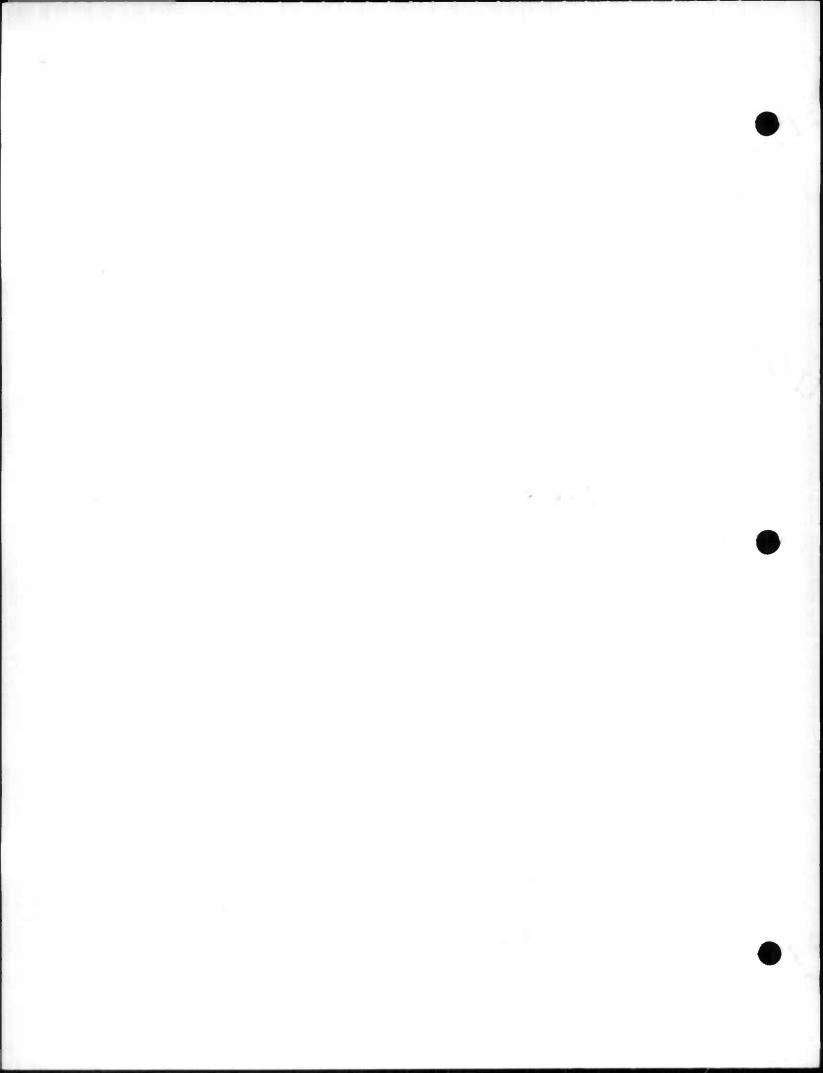
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ex hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If item 28 is marked, or item 23 shows any in

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR			- IIII	CALE	_ 🔾 i	DEATH		REG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)	LANG,						2. DATE O	F OEATH DAY	,	YEAR	3. TIME OF DEATH
	ANDREW G.					7117711				8:30 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF			8. BIRTH	IPLACE (State or Foreign
	215-14-8363	YRS.	MONTHS	DAYS	HOURS MIN.	OCT.		922	MAR	RYLAND		
	9s. FACILITY NAME (If not institution, give s	reet and number)	72		9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OE						
E C	212 NORTH LUZER	NE AVENTI	F		R	יד דע פ	TMORE CI	тv				
DIRECTOR	RESIDENCE OF DECEDENT	THE THE	11		BALTIMORE CITY							
Ä	10e, STATE 10b, COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	TION				-	10d. INSIDE CITY
<u></u>	MARYLAND			l E	BALTI	MOR	E CITY					1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	101	ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?				
EB	212 NORTH LUZER	NE AVENII	E				21224				TT C	Α
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13. \	WAS OEC	ENDENT OF HISP	ANIC ORIGIN?	(Specify Year	or No.		- American Indian
	1 Never Married 2 Married	FORCES? 1	X YES 2 TAR OR DATES	NO ON	1	If yes, sp	ecify Cuban, Maxi	en, Puerto Ric	en, etc.)			- American Indian, c, White, etc.
B	3 Widowed 4 Divorced	W.W. TT			- I	_ TE3	Z IX NO Spec	му		- 1	Speci	WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. D	ECEDENT'S	USUAL OC	CCUPATIO	ON	16b. K	IND OF BUSI	INESS/IND	USTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5 +		fe. Do NOT us	work done d se retired.)	during mo	st of working					
₫	10	1		CRANE	OPE	RAT	OR		STEE	L CO	MPAN	TY .
COMPLETE	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First, Mic				
	ANDREW G.	TANG S	R				MARY	SACK				
BE	19a. INFORMANT'S NAME (Type/Print)	EZENO, D		9b. MAILING	ADDRESS	(Street a	and Number or Rura			State 7in	Codel	
2	CATHERINE BARNES-	СМТТИ										11
	20a. METHOD OF DISPOSITION	SHITH	20h PLACE	E AND DATE			SEVERNA	PARK,	-	LAND ATION (
	1X Buriel 2 Cremation 3 Remo	oval from State	cemetery, c	rematory or or	ther place)			1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					CEM. 1-23-95 CROWNSVILLE, MARYLAND AND ADDRESS OF FACILITY					
	191:	Edis	on M.F		M C		N-ASHTON		AT HO	ME	TNC	
	Edway M. Le	rkins	D00083	3	3	000	E. BALT	TMORE	ST.	RALT	M	D. 21224
	23. PART I. Enter the diseases, pro ahock, or heart failure.	omplications that	caused the d	leeth. Dp r	not enter	the mo	de of dying, su	ch ss csrdia	c or respir	atory sm	es1,	Approximate
- 1	IMMEDIATE CAUSE (Final											Interval Between Onset and Death
- 1	disease or condition	Car	cinor	ma	of the lung				na	l m		months
disease or condition resulting in death) = Carcinoma of the lung DUE TO (OR AS A CONSEQUENCE OF):												111011113
- 1									4			
z												
NO	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	EOUENCE OF	F):							
CALION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	EOUENCE OF	F):							
IFICATION	if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events		OR AS A CONSE									
EHIIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
5	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EOUENCE OF	-):							
5	if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events	DUE TO	(OR AS A CONSE	EOUENCE OF	-):	deriying	g ceuse given i	Part I. 2	4a. WAS AN A		24b.	WERE AUTOPSY FINDINGS
DICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EOUENCE OF	-):	deriying	g ceuse given li			NED?	24b.	
EDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO	(OR AS A CONSE	resulting i	r): In the un			_ '	PERFORM	NED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR.	DUE TO	(OR AS A CONSE	resulting i	r): In the un			_ '	PERFORM	NED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO	desth but not	resulting i	in the und	NO [_ '	PERFORM	NED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL	DUE TO	desth but not USE OF DE/	resulting i	in the und	NO Conty one)] UNCERTA	IN 🗆	PERFORM	NED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (1. S CONTRIBUTING TO CAI HOSPITAL: 1 Inpetient 2 280. DATE OF	death but not USE OF DE/ 26. PLA ER/Outpatient	resulting I	in the unit	NO Conty one) 1: sing Home	UNCERTA 5 % Residence	IN D	PERFORM	NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHTSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	B CONTRIBUTE TO CAL	death but not USE OF DE/ 26. PLA ER/Outpatient	resulting I	in the unit of the	only one) t: sing Hom 28c, INJ	UNCERTA 5 % Residence	IN D	PERFORM YES 2 (NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
D BY PHYSICIAN: MEDICAL CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	BUTE TO CAL RIBUTE TO CAL HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Date 2) 28e. PLACE OF	desth but not USE OF DE/ 26. PLA ER/Outpatient INJURY 19, Year)	resulting I	in the unit of the	only one) 1: sing Hom Wo 1 1	UNCERTA 5 % Residence URY AT RK7 (ES 2 \(\) NO	6 Other 6	PERFORM PERFORM Specify) Specify ON (Street an	JURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	BUTE TO CAL RIBUTE TO CAL HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Date 2) 28e. PLACE OF	(OR AS A CONSI death but not USE OF DE. 26. PLA ER/Outpatient INJURY y, 'bar')	resulting I	in the unit of the	only one) 1: sing Hom Wo 1 1	UNCERTA 5 % Residence URY AT RK7 (ES 2 \(\) NO	6 Other 6	PERFORM YES 2 (JURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTINE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	BUE TO CALL TO	desth but not USE OF DE/ 26. PLA ER/Outpatient INJURY 19, Year) F INJURY — At hatc. (Specify)	resulting I	in the und SS N H (Check of OTHER 4 Nurs E OF URY M	NO	UNCERTA • 5 K Residence URY AT RK? *ES 2 \sum NO	6 Other (c) 28d. DESCI	PERFORM PERFORM Specify) RIBE HOW IN. FIGURE 1. Town, State)	MED? NO JURY OCC	SURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition: DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUE TO (A) RIBUTE TO CAI HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Da) 28a. PLACE OF building, (death but not USE OF DE/ 26. PLA ER/Outpatient INJURY 19, Year) F INJURY — At hate. (Specify)	resulting i	in the und SS N H (Check of OTHER 4 Nurs E OF URY M	NO	UNCERTA • 5 Nasidence • 5 Nasidence • 5 No • 1 No • 2 No • 2 No • 3 No • 4 No • 5 No • 6 No • 7 No • 7 No • 7 No • 8 No • 8 No • 9 No	6 Other (: 28d. DESCI 28f. LOCAT City or	PERFORM PERFORM Specify) RIBE HOW IN. FOWN, State)	JURY OCC	OURED or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHTSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	BUE TO (A) RIBUTE TO CAI HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Da) 28a. PLACE OF building, (death but not USE OF DE/ 26. PLA ER/Outpatient INJURY 19, Year) F INJURY — At hate. (Specify)	resulting i	In the und SS N H (Check of OTHER 4 Nurse OF URRY M street, factored at the tire	NO	UNCERTA • 5 Nasidence • 5 Nasidence • 5 No • 1 No • 2 No • 2 No • 3 No • 4 No • 5 No • 6 No • 7 No • 7 No • 7 No • 8 No • 8 No • 9 No	6 Other (: 28d. DESCI 28f. LOCAT City or	PERFORM PERFORM Specify) RIBE HOW IN. FOWN, State)	JURY OCC	OURED or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition: DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUE TO (A) RIBUTE TO CAI HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Da) 28a. PLACE OF building, (death but not USE OF DE/ 26. PLA ER/Outpatient INJURY 19, Year) F INJURY — At hate. (Specify)	resulting i	In the und SS N H (Check of OTHER 4 Nurse OF URRY M street, factored at the tire	NO	UNCERTA • 5 % Rasidence URY AT RK? FES 2 NO and place, and duesth occured at the	6 Other (a 28d, Description of the cause e time, data an IMBER	PERFORM PERFORM Specify Specify RIBE HOW IN. From Street arr Town, State) (e) end mann d placa, and	JURY OCC	or Rural A	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sufcide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	BUBUTE TO CAL BE CONTRIBUTE TO CAL HOSPITAL: 1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 3 Inpa	death but not USE OF DE/ 26. PLA ER/Outpatient INJURY y, 'bea') F INJURY — At hatc. (Specify) my knowledge, damination and/or	resulting i	in the und SS N In (Check of OTHER 4 Nurse OF URY M Interest, factor od at the tile on in my of	NO	UNCERTA • 5 A Residence URY AT RK7 (ES 2 NO and place, and duenth occurred at the	6 Other (: 28d. DESC! 28f. LOCAT City or e to the cause e time, data ar	PERFORM PERFORM Specify) RIBE HOW IN. Store and Inc. (e) end mann nd place, and	JURY OCC	or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and manner as stated. (Month, Day, Year)
BE COMPLETED BY PRISICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation (Charles only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER (Charles only one) 2 MEDICAL EXAMINER. 29b. SIGNATURE AND TITLE OF CERTIFIER AMAINER.	BUE TO CALL RIBUTE TO CALL HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Date) 28e. PLACE OF building, if 3: On the basis of ex	USE OF DE/ 26. PLA ER/Outpatient INJURY y, 'bear') F INJURY — At hate. (Specify) my knowledge, daminstion and/or	resulting i	in the und SS N In (Check of OTHER 4 Nurse OF URY M Interest, factor od at the tile on in my of	NO	UNCERTA • 5 A Residence URY AT RK7 (ES 2 NO and place, and duenth occurred at the	6 Other (: 28d. DESC! 28f. LOCAT City or e to the cause e time, data ar	PERFORM PERFORM Specify) RIBE HOW IN. Store and Inc. (e) end mann nd place, and	JURY OCC	or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and manner as stated. (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition: DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ⋈ NO 27. MANNER OF DEATH 1 ⋈ Natural 5 □ Pending Investigation 3 □ Suicide 8 □ Could not be determined 29a. CERTIFIER (Check only one) 2 □ MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 2 □ MEDICAL EXAMINER 30. NAME AND ADDRESS OF PERSON WHO MERCY MEDICAL CAUSE OF CAU	BUBUTE TO CAL BE CONTRIBUTE TO CAL HOSPITAL: 1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 3: On the beals of experience of the building, in the beals of experience of the building, in the beals of experience of the building, in the beals of experience of the building, in the beals of experience of the building, in the beals of experience of the building in the beals of experience of the building in the building i	USE OF DE/ 26. PLA ER/Outpatient INJURY y, 'bear') F INJURY — At hate. (Specify) my knowledge, daminstion and/or	resulting i	in the und SS N In (Check of OTHER 4 Nurse OF URY M Interest, factor od at the tile on in my of	NO	UNCERTA • 5 % Rasidence URY AT RK? FES 2 NO and place, and duesth occured at the	6 Other (: 28d. DESC! 28f. LOCAT City or e to the cause e time, data ar	PERFORM PERFORM Specify) RIBE HOW IN. Store and Inc. (e) end mann nd place, and	JURY OCC	or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. DID TOBACCO USE CONTR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation (Charles only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER (Charles only one) 2 MEDICAL EXAMINER. 29b. SIGNATURE AND TITLE OF CERTIFIER AMAINER.	BUE TO CALL RIBUTE TO CALL HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Date) 28e. PLACE OF building, if 3: On the basis of ex	desth but not USE OF DE. 26. PLA ER/Outpatient INJURY y, 'bar) FINJURY—At hatc. (Specify) my knowledge, d aminetion and/or E OF DEATH (ITT)	resulting i	in the und SS N In (Check of OTHER 4 Nurse OF URY M Interest, factor od at the tile on in my of	NO	UNCERTA • 5 A Residence URY AT RK7 (ES 2 NO and place, and duenth occurred at the	6 Other (: 28d. DESC! 28f. LOCAT City or e to the cause e time, data ar	PERFORM PERFORM Specify) RIBE HOW IN. Store and Inc. (e) end mann nd place, and	JURY OCC	or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and manner as stated. (Month, Day, Year)





7
2
68760
1
00
Φ
\sim
BOX
8
444
_*
P.0
Ξ.
0
10
97
OF
=
0
13
\simeq
щ
OF VITAL RECORDS
_
1
_
~
-
ш.
$\overline{}$
U
_
-
0
\simeq
in
~
>
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENI
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPART			MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. TIME OF DEATH		
	HAZEL A.	MINEUR					J. 17,	1995	EAN	М	
	4. SOCIAL SECURITY NUMBER 5. S	6. AGE (In		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.		OF BIRTH	8.	BIRTHPLACE (State or Foreig Country)	n	
	220-14-4979 1 L 9a. FACILITY NAME (If not institution, give street a						17,		MARYLAND		
Œ					OR LOCATION OF D			9c. COUNTY	OF DEATH		
DIRECTOR	1 NORTH CLINTON	STREET		BALT	IMORE C	ITY					
RE	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY		
	MARYLAND		B		DRE CIT	Y			1X YES 2 NO		
FUNERAL	10a. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?		
N	1 NORTH CLINTO	ON STREET WAS DECEDENT EVER IN U	1.0 ADMED	1	21224				S.A.		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	It yes, sp	ENDENT OF HISPA ecify Cuban, Mexico	ın, Puerto	N? (Specify Yes Rican, etc.)	or No- 14	. RACE — American Indian, Black, Whita, atc.		
B	3 ☑ Widowed 4 ☐ Divorced	TES, GIVE WAN ON DAIL	25	1 U YES	2 NO Specif	y:			Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		6a. DECEDENT'S US (Give kind of wor	UAL OCCUPATIO	ON set of working	168	. KIND OF BUS	SINESS/INDUS			
	Elementary/Secondary (0-12) Col	llege (1-4 or 5+)	IIIe. Do NOT use I	etired.)	of or working						
₽	12		HOMEMA	KER				MOH V	E		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Sumame)			
BE	FREDERICK W. 19a. INFORMANT'S NAME (Type/Print)	HENNING	T		MAMI		OTT_				
임	MELVIN HENNING				TVE TOT						
	20a. METHOD OF DISPOSITION	1013 HOLDI BRIVE, COLLA, IMACIMAND 21003									
	1 Burial 2 □ Cremation 3 □ Removal f Donation 5 □ Other (Specify)	rom State cemete	ory, cramatory or other	place)		1			ARYALND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E		00 114445 44							
	P. P. W. P. J.	EDISON M	00083	MORAN	-ASHTON	FUNE	CRAL HO	ME, I	VC.		
	23. PART I. Enter the diseases, or comp	lications that caused t	he death. Do not	31 /1 /1 /	F. BALL	IVIL 118 P		1-(43	. IVII / / / //		
	snock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition resulting in death) a. DIFFERENCE OF DESCRIPTION OF A CONTROLLED OF STREET									J	
- 1		DUE TO (OR AS A C	ONSEQUENCE OF):	1							
S	Sequentially list conditions,										
AŢ	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING										
FI	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST	1100 100 100							j		
- 11	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s, WAS AN AUTOPSY FINDINGS										
MEDICAL	Sto Curse B	tributing to death but	not reaulting in	the underlying	g ceuse given in	on In Part I. 24a, WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	NGS	
ă			4108 I			- 1	1 TYES 2	100	DF DEATH?	E	
Σ	DID TOBACCO USE CONTRIBU		11		1 11210505411				1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH	Check only one)	UNCERTAI	иП				_	
SIC		SPITAL: Inpatient 2 - ER/Outpatie	0	THER:	5 KRasidence	e 🗆 On.	- (Pa#-)			\neg	
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	F 28c. INJ	URY AT		CRIBE HOW I	JURY OCCUR	ED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		PK? PES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, office		281, LOC	ATION (Street a	nd Number or I	Rural Route Number,		
	4 Homicide determined					City	or Town, State)				
COMPLETED	29e. CERTIFIER (Check only	To the beat of my knowled	ge, death occurred i	it the time, data	and place, end due	to the cau	rse(s) and men	ner as stated.			
ĕ									avec(s) and manner as stated	s.	
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE NUI	ABER		29d. DATE SI	GNED (Month, Day, Year)	\dashv	
TO B					D 54.	77	6	▶ j.	137		
-	30. NAME AND ADDRESS OF PERSON WHO COM				m	mc :	m 1	11226			
	SIMON SCALIA	2900 EAST		MUKE S	DT. BAL	TU, N	1D. 2	21224			
	JAN 2 3 1995 Julia Dawelor Registrary Signature										

BALTIMORE, MARYLAND 21215-0020

IVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 Orr **JANUARY** DORIS NASH 09:45 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 TF DAYE HOURS MIN. YRS 032-05-6676 Jan. 10. 1917 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10a STATE 10h COUNTS 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Anne Arudel 1 - YES 2 1 NO permit. Pasadena FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8086 Ventnor Road 21122 USA burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puarto Rican, etc.)
 T YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried Specify: White BY 3 Widowed 4 Divorced page 5 should be detached for use as the ETED 15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Housewife Own Home once. 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Malden Surni notified at Handley David Orr 띪 Mattie Spedden 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 8086 Ventnor Road Nicholas C. Delandy Pasadena, MD 21122 e 20a. METHOD OF DISPOSITION
1 □ Burlel 2 ☑ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director, Metro Crematory, Inc. 5 Other (Specify) _ 01/23/95 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACULTY Cremation Society of Maryland, Inc. Dawn F. McDonald n by the fi 299 Frederick Rd. Baltimore, MD 21228 medicai 23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, ysician and completely filled in by prior to burial, cremation, or remo Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the disesse or condition yama resulting in death) traumatic event. DUE TO OR AS A CONSEQUENCE OF 0 CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other i DUE TO YOR AS A CONSEQUENCE OF that initiated events resulting in deeth) LAST 0 Injury. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? signed by the 1 TYES 2 TINO OF DEATH? 1 TYES 2 TAME t. of t DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has b 23 25. WAS CASE REFERRED TO MEDICAL ATTENDING PHYSICIAN: The 26. PLACE OF DEATH (Check only one) this certificate h item HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO BY After I 2 Accident 28a. PLACE OF INJURY -- At home, larm, street, factory, offica building, stc. (Specify) 3 Sulcide -09 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be ECTOR: / 4 Homicide 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my known death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND TITLE OF DERTIFIER 29c. LICENSE NUMBER BE 29d. DATE BIGNED (Month, Day, Year) 121 2009 mv 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CHARLE OF DEATH (ITEM 27) (Type, Print) ELLIOTT GORBATY, M.D./7845 OAKWOOD ROAD #203/GLEN BURNIE/MARYLAND 21061 31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE DHMH-18 Bey 1/89

ř

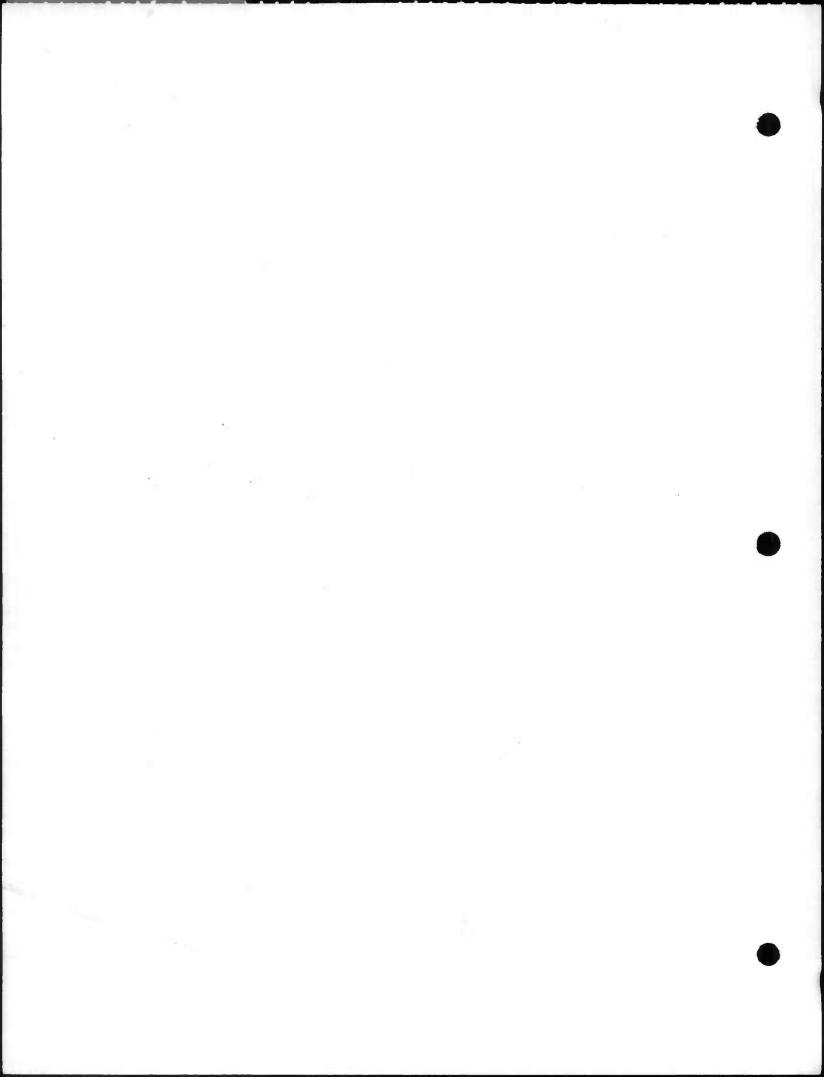
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The second second

	~	
	Ā	
	B	
	100	
٠		
	10	
	-	
	9	
	ĕ	
	0.	
	500	
	20	
	0	
	20	
	000	
	2	
	(4)	
	100	
	=	
	- 5	
١	DOU	
	100	
ø	6.	
	2	
	-=	
	3	
	2072	
	20	
	~	
	ಪ	
	9	
	×	
	ω	
	92	
	23	
	63	
	155	
	C	
	#	
	=	
	43	
	O	
	E	
	#	
٠.	63	
	10	
	63	
	ĕ	
	-	
	智	
	6	
	=	
	uires that the d	
	9	
	.3	
	0	
	60	
	requ	
	3	
	-00	
	40	
	ž	
	F	
	25	
	4	
	-CS	
	73	
	107	
	100	
	- 100	

In the FILTH After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be to the situated by the attending physician and Mental Hygiene prior to burial, cremation, or removal. retained by the hospital or attending physician. IMPORTANT: Il tiom 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DATAL OF ATTENDING PS

	for 1 - STATE REGISTRAR		STATE OF I	MARYLANI) / DEPAI	RTMEN	T OF H	IEALTH DEAT	AND TH	MENTA	AL HYGIEI REG. NO				
	1. DECEDENT'S NAME (First Ruth N	Middle, Last) aylor								2. DAT MON	E OF DEATH	20	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-16-2055 1 M 2 F 82 90. FACILITY NAME (If not institution, give street end number) Union Memorial Hospital				: last birthday) YRS.	INDER 1 YEAR IF INDER 24 HDS 7 DATE OF BURTH			1912 8. BIRTHPLACE (State or Foreign Country) Massachusetts		BI ACE (State or Familia)				
OR					(number) 9h CITY TOWN OR LOCATION OF OFATU					ty 9c. COUNTY OF DEATH			EATH		
IRECT	10e. STATE	STATE 106. COUNTY Aryland				10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY				
FUNERAL DIRECTOR	10e. STREET AND NUMBER				Baltimore 101, ZIP CODE 21211				10g. CITIZEN OF V			1 AYES 2 NO			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 MI IF YES, GIVE WAR OR DATES				ARMED NO	RMED 13. WAS DECENDENT OF HISPAN				ANIC ORIGIN? (Specify Yee or No— 1- cen, Puerto Rican, atc.)			14, RACE	— American Indian, , While, etc. y: White	
COMPLETED		EDENT'S EDUC y highest grade	College (1-4 or 5+) (Give			DENT'S USUAL OCCUPATION find of work done during most of working NOT use retired.) **Retary**				Baltimore On				USTRY	
BE COM	17. FATHER'S NAME (First, M				200101	-call y		18. MOTI		ME (First,	Middle, Meldel	n Surname)	Gee		
10	190. INFORMANT'S NAME (1) Dorothy Con										imore			7	
20s. METHOD OF DISPOSITION 1 Burlet 2 Agreemetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetary, or other piece) Metro Crematory. Inc. 01/21/95 Baltimore						City or To	wn, State								
	22. NAME AND A GORESS OF FACILITY Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228														
23. PART L Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. Approximately, and the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intended to the diseases.						Approximate Interval Between Onset and Death Many year Many year Many year									
PHYSICIAN: MEDICAL C	PART II. Other significe						-	ceuse (given in	Part I.	24s. WAS AI PERFO 1 TYES	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
CIAN:	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		EATH Y		anly one)	UNC	ERTAII	N 🗆					
HYSI	1 TYES 2 NO		28e. OATE OF	INJURY	28b. TIN	4 🗆 Nur	sing Hom 28c. INJ	URY AT	sidence		er (Specify)	INJURY OC	CURED		
ΒX	2 Accident 3 Suicide 8	Pending Investigation Could not be determined	28e. PLACE O	OF INJURY — At		JURY M streel, lect	1 🗆 1	RK? 'ES 2 [NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,	
COMPLETED	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of e											and menner ee stated.	
ш	29b. SIGNATURE AND TITLE							29c. LICE						(Month, Day, Year)	
TO B	2. JEH 30. NAME AND ADDRESS OF	A R	I.	SE OF BEATTY	1754	0.1		AT2	438	94(0 A16	•	1/20	P5	
	ZEINA	JE!	HA UN	1 1	MEM 27) (Type		1	to St	2177	71_					
	"JAN 2 "3"199	5" Juli	A VINOUESOU	Karanda A-Ha	E										



0	
9	
T	
-	
Ò.	
-	
LAND 21215	
0	
=	
~	
<	
	ľ
>	
OC.	٠
-	١.
2	ı
MARY	
	,
ш	
\propto	
0	
=	
2	
	•
Γ,	1
7	
BALTIMORE,	•
88	*
	1
_	
	ı

0	3
9	÷
~	9
60	3
9	2
×	9
BION OF VITAL RECORDS, P.O. BOX 68760	in the requires that the death eartificate he executed
m	950
_	Š
<u> </u>	÷
Ų	ě
ο.	£
_	ŧ
(D	f
Ö	9
=	2
ų.	900
0	*
Ŏ.	90
111	3
-	S
Ц,	
_	ě
4	4
_	£
_	÷
>	Š
Line	ζ
~	к
No.	O STATE OF LAND
7	7
Zing	ğ
V.	É
in	ď
864	ť

TO THE HOSPITAL OFFITE LOUNG AS SECION. The law requires that the death certificate be executed within an analysis of the research of the research of the same been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF MARYLAND / DEPARTMENT	0F	HEALTH A	ND	MENTAL	HYG	ENE
	CERTIFICATE	0	F DEATH	4		REG	NO

	1 - FOR STATE REGISTRAR	OF MARYLAND		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
A	Thomas Noeth	1					19 9	15 9:40 Pm	
7	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. Is	st birthdey)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH		BIRTHPLACE (State or Foreign	
	218-18-4046 1 M 2 9a. FACILITY NAME (If not Institution, give street and num	/ 1	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/3/23		MD	
Œ			9		R LOCATION OF D		9c. COUNTY	OF DEATH	
DIRECTOR	John Hopkins at Bayvie	W		Baltin	ore Cit	У			
EC	10a. STATE 10b. COUNTY		10c. CITY, 1	OWH OR LOCAT	ON			10d. INSIDE CITY	
2	MD			Baltin	ore Cit	v		LIMITS?	
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	138 N. Curley St.				212	2.4	1	U.S.A.	
5	11. MARITAL STATUS 12. WAS DE	S 12. WAS DECEDENT EVER IN U.S. ADMED				. RACE — American Indian,			
	IF VES	wer Married 2 Merried FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: Specify:				
Э ВУ		3 Wildowed 4 Divorced					1	White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(0	Give kind of worl	UAL OCCUPATIO	N t of working	16b. KIND OF BL	SINESS/INDUST	ГПУ	
9	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)								
M	Unk. Unk	. P	acker			Cann			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malder	Surname)		
BE	_Albert Noeth								
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
	Theresa Noeth		138 N.	Curley	St. Ba	altimore,	MD 2122	24	
	20a METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Removal from S1	20b. PLACE cemetery, cn	AND DATE OF I	DISPOSITION (Nei	ne of		CATION — City		
	4 Donation 5 Other (Specify)	Holy	Redee	mer Cen		1/23 Ba	ltimore	e, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0 0	11		D ADDRESS OF FA	Son Fune	ral Hom	mo.	
	Comundo)	madel	W.					re, MD 21224	
	23. PART I. Enter the diseases or complication	ns that coused the d	eath. Do not	enter the mod	le of dying, auc	h as cardiec or reap	iratory arrest.	, Approximata	
	ahock, or haert fellure. Liet only or IMMEDIATE CAUSE (Finel							interval Between Onset and Death	
	disease or condition resulting in death)	NGI FAILUR NUE TO (OR AS A CONSE	2						
z	- Deh	yantron	`						
원	Sequentially list conditions, if any, leading to immediate	y dration oue to jor as a conse eve Deme	OUENCE OF):						
S	CAUSE (Disease or Injury	ere Deme	ntia						
TIF	that initiated events resulting in death) LAST	L Stage CI	QUENCE OF):	La. 1.	le. 1 A.				
CERTIFICATION	d. EVC	Stage C	rvate	- EJac	icob ai	scuse.			
AL C	PART II. Other eignificant conditions contribut	ing to deeth but not	resulting in 1	the underlying	ceuse alven in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
2					• (0)	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
E						1 YES	2 □ NO	OF DEATH?	
Σ	DID TOBACCO USE CONTRIBUTE TO	CALISE OF DEA	TIJ VEC		LINICEDTAL			1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			Check only one)	UNCERTAIL	N L L			
200	EXAMINER? HOSPITA	\L:	0	THEA:					
¥		nt 2 ER/Outpatient 3	28b. TIME 0			6 Other (Specify) 28d. OESCRIBE HOW	IN HIEW COOLIN		
	1 Natural 5 Pending	onth, Oay, Year)	INJUR	y wor	ES 2 NO	200. DESCRIBE HOW	INJURY OCCUR	EO	
BY	Accident investigation 3 Suicide 6 Could not be 28s. Pl	ACE OF INJURY — At he	ome, ferm, stre		23 1 110	28f. LOCATION (Street	and Alumbas as 6	Don't Don't Market	
	4 Homicide 6 Could not be by	illding, etc. (Specify)		on tablery, office		City or Town, State		surar nouse number,	
COMPLETED	29a. CERTIFIER								
MP	(Check only one) 1 CERTIFYING PHYSICIAN: To the part of the part							and the second s	
8		or examination and/or	investigation, i	n my opinion, de	ath occured at the	time, date and place, a	nd due to the ca	iuse(s) and manner as stated.	
98	29b. SIGNATURE AND TITLE OF CERTIFIER	ALD T	V 7		29c. LICENSE NUM	ABER		GNED (Month, Day, Year)	
2	Arriva	MD-P	カ・レ・		JHD#C	14127	1-	19-94	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	. 1	M 27) (Type, Pri	nt)	JHB#0				
	Johns Hopkins	Hospita	1 Det	of of	Vecnolo	94			
		SISTRAR'S SIGNATURE							
	3MIN 10 1000 Juntan								

the Property and ar

BALTIMORE, MARYLAND 21215-0020	by the hospital or attending physician.	be detached for use as the burial-transit
MAR	retained	5 should
RE, I	пау ре	r. page
IMO	Page 6	directo
ALT	death.	funera I.
20	urs after	in by the remova
	30	illed in, or
É	ě	Tatio
9	3 with	mple.
387	cuter	d co
9	99	C 70
×	60	20
BOX	ate be en	hysician a
O. BOX	ertificate be ex	ng physician a giene prior to
P.O. BOX	ath certificate be ex	tending physician a al Hygiene prior to
3S, P.O. BOX	e death certificate be ex	the attending physician a Mental Hygiene prior to
RDS, P.O. BOX	nat the death certificate be ex	I by the attending physician a and Mental Hygiene prior to
CORDS, P.O. BOX	res that the death certificate be ex	igned by the attending physician a ealth and Mental Hygiene prior to
RECORDS, P.O. BOX	requires that the death certificate be ex	en signed by the attending physician a of Health and Mental Hygiene prior to
AL RECORDS, P.O. BOX	law requires that the death certificate be ex-	as been signed by the attending physician a Jept. of Health and Mental Hygiene prior to
TAL RECORDS, P.O. BOX	. The law requires that the death certificate be ex	ate has been signed by the attending physician a tate Dept. of Health and Mental Hygiene prior to
OF VITAL RECORDS, P.O. BOX 68760,	MICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.	Perfificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

permit. Pages 1, 2, 3 should and, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. pertificate has been si the State Dept. of He

TO THE FUNERAL MEETER be filed within 72 per and IMPORTANT: If income to TO THE HOSPITAL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STEVEN Geller M. D. 9501

31. DATE FILED (Month, Day, Year)

JAN 2 3 1995

JAN 2 3 1995

Steven G 31. DATE FILED (Month, Day, Year) JAN 2 3 1995

	1 - FOR STATE REGISTRAR	STATE OF MA		DEPARTMEN			MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		_				2. DATE C	OF DEATH			3. TIME OF DEATH
	Dana /-/	1		00	//		MONTH	DA DA		YEAR	(130
	Dong Id	(1		UDONI	1e//		11/1	V · ~	<u>'/</u>	95	95/AH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday) IF UNDI	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Day, Ybar)	l l	8. BIRTH Counti	IPLACE (State or Foreign
	215-07-1060A	1 M 2 🗆 F	84	YRS.	DAYS	HOURS MIN.	Alle		1911		"Va.
	9a. FACILITY NAME (If not institution, give st	reet and number)	04	9b. CIT	Y, TOWN O	R LOCATION OF D		,16,		NTY OF D	
Œ									DC. 000	111010	CAID
2	Howard County	Gen'l.H	ospit	al	Colu	mbia			Ho	war	d
DIRECTOR	10a. STATE 10b. COUNTY		- 22123	10c, CITY, TOWN	OR LOCATA	ON					
Œ	7/3/			IOC. CITT, TOWN	ON LOCAL	Юн					10d, INSIDE CITY LIMITS?
		oward		Ellic	ott	City					1 YES 2 NO
A	10e. STREET AND NUMBER				101.	ZIP CODE	-		10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	3218 01d Fenc	רם הם	lingt	+ 01+	MI	2104	0			TT C	
3	11. MARITAL STATUS	12 WAS DECEDENT E	VED IN HE ADA	MED 40		ENDENT OF HISPA		(Enach: Yes	or No	IL.S	E — American Indian.
T.	1 Never Married 2 Married	FORCES? 1	YES 2 THE	o l'	If yes, spe	city Cuban, Mexic	an, Puerto Ri	cen, etc.)	OF NO	Blaci	k, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 YES	2 NO Speci	ify:			Speci	Hy:
											White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gh	CEDENT'S USUAL O	during most	N It of working	16b.	KIND OF BUS	INESS/IND	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hfe.	Do NOT use retired.)						
4 P	N/A	NI/A	TD-	rinter			B	alto	Rug	ine	ss Forms
ō	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA					
	William G.	O'Donne	11								
BE	19a. INFORMANT'S NAME (Type/Print)	O. Donne					Jan				
임				. MAILING ADDRES						,	
	Catherine M.	<u>D'Donnel</u>	1 3	218 01	d Fe	nce Rd	E1	licot	tt C	itv	.Ma.21042
	20a. METHOD OF DISPOSITION 1 Spruniel 2 Cremation 3 Remo	uml form State		NO DATE OF DISPO	SITION (Nan		OATE		ATION -		
	4 Donetion 5 Other (Specify)	Wall Iron Suite	Cometery, crem	netory or other place	Ceme	tenur 1	0.4	05	Bal	+-	Ma
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	T VI CO	22	. NAME AND	D ADDRESS OF FA	ACILITY	30	naj	110	, 1411
					5151	Balti	more	Nat	ona	P	ike
	G. Truman	Schwah									W 4F O
				1	Ralt	imore	MA	27 22	<i>2</i> Ca		
	23. PART I. Enter the dieeeses, or c	omplications that co	eused the des	sth. Do not ente	Balt or the mod	imore, le of dying, suc	Md	2122 ec or respir	atory arr	est,	Approximate
	23. PART I. Enter the dieeeses, or c ehock, or heert fellure. I	omplications that co	eused the des on esch line.	sth. Do not ente	Balt or the mod	imore, le of dying, suc	Md	ec or respir	atory arr	est,	Interval Between
	ehock, or heart fellure. I IMMEDIATE CAUSE (Finsi	omplications that co	eused the des on esch line.	sth. Do not ente	Balt or the mod	imore, le of dying, suc	Md	2122 ec or respi	atory arr	rest,	
	ehock, or heart fellure. I	omplications that co	oused the deson each line.	sth. Do not ente	Balt or the mod	imore, le of dying, suc	Md ch as cerdi	2122 ec or respir	atory arr	est,	Interval Between
	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsi disesse or condition	omplications that co	oused the deson each line.	sth. Do not ente	Balt er the mod	imore, le of dying, suc	Md_ ch ss cerdle	2122 ec or respi	atory arr	est,	Interval Between
Z	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsi disesse or condition resulting in desth)	omplications that co	eused the des on esch line.	sth. Do not ente	Balt or the mod	imore, le of dying, suc	Md ch as cerdi	2122 ec or respir	atory arr	est,	Interval Between
NOIL	immediate Cause (Finsi disesse or condition resulting in desth) Sequentisity list conditione,	omplications that collect only one ceuse DUE TO (OF	eused the des on esch line.	NO NO not ente	Balt or the mod	imore, le of dying, suc	Md ch as cerdi	2122 ec or respir	atory arr	est,	Interval Between
SATION	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsi disease or condition resulting in desth) Sequentisity list conditione, if sny, leeding to immediate csuse. Enter UNDERLYING	omplications that collect only one ceuse DUE TO (OF	P.U. AS A CONSECU	NO NO not ente	Balt or the mod	imore,	Md_ ch as cerdi	2122 ec or respir	atory arr	est,	Interval Between
FICATION	ehock, or heert fellure. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DUE TO (OR	A A CONSECU	UENCE OF):	Balt.	imore,	Md_ ch as cordi	2122 ec or respli	atory arr	est,	Interval Between
TIFICATION	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsi disease or condition resulting in desth) Sequentisity list conditione, if sny, leeding to immediate csuse. Enter UNDERLYING	DUE TO (OR	P.U. AS A CONSECU	UENCE OF):	Balt pr the mod	imore,	Md_ ch as cerdi	2122 ec or respli	atory arr	est,	Interval Between
CERTIFICATION	shock, or heert fellure. I	DUE TO (OR	A A CONSECU	UENCE OF):	Balt or the mod	imore,	Md_ch as cerdi	2122 ec or respir	atory arr	est,	Interval Between
L CERTIFICATION	shock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in desth) Sequentisity list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	ON ESCH line. A S A CONSEON R AS A CONSEON R AS A CONSEON	UENCE OF):	The mod	le of dying, súd	ch as cerdi	ec or respli	atory arr		Interval Between Onset and Death
	shock, or heert fellure. I IMMEDIATE CAUSE (Finsi disesse or condition resulting in desth) Sequentisity list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR	ON ESCH line. A S A CONSEON R AS A CONSEON R AS A CONSEON	UENCE OF):	The mod	le of dying, súd	ch as cerdi	ec or respir	atory arr		Interval Between Onset and Death 10 doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	shock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in desth) Sequentisity list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	ON ESCH line. A S A CONSEON R AS A CONSEON R AS A CONSEON	UENCE OF):	The mod	le of dying, súd	n Part I.	ec or respir	AUTOPSY MEO?		Interval Between Onset and Death 10 days WERE AUTOPSY FINDINGS
	shock, or heert fellure. I IMMEDIATE CAUSE (Finsi disesse or condition resulting in desth) Sequentisity list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR	ON ESCH line. A S A CONSEON R AS A CONSEON R AS A CONSEON	UENCE OF):	The mod	le of dying, súd	n Part I.	ec or respir	AUTOPSY MEO?		Interval Between Onset and Death O doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 1	shock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in death) Sequentisity list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO (OR	ON ESCH line. A S A CONSEOU R AS A CONSEOU R AS A CONSEOU eth but not re	UENCE OF):	inderlying	le of dying, súd	n Part I.	ec or respir	AUTOPSY MEO?		Interval Between Onset and Death 10 doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
- 1	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted events resulting in death) PART II. Other significent conditions of the conditions of	DUE TO (OR	ON ESCH line. A S A CONSEON R AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON B AS A CONSEON	UENCE OF): UENCE OF): UENCE OF):	inderlying	le of dying, súd	n Part I.	ec or respir	AUTOPSY MEO?		Interval Between Onset and Death O doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 1	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR DUE TO COR DUE TO COR B. CONTRIBUTE TO CAUS	ON ESCH line. A S A CONSEON R AS A CONSEON R AS A CONSEON Eth but not re 28. PLACE	UENCE OF): UENCE OF): UENCE OF): UENCE OF): OTHE	inderlying NO k only one)	ceuse given in	n Part I.	24e. WAS AN PERFORI	AUTOPSY MEO?		Interval Between Onset and Death O doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 1	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR DUE TO (OR DUE TO COR DUE TO COR DUE TO COR B. CONTRIBUTE TO CAUS	ON ESCH line. A S A CONSEON R AS A CONSEON R AS A CONSEON Eth but not re 28. PLACE R/Outpatient 3	UENCE OF): UENCE OF): UENCE OF): UENCE OF): OTHER DOA 4 No.	inderlying NO k only one) R: irising Home	ceuse given in	Part I.	24a. WAS AN. PERFOR! 1 YES 2	AUTOPSY MEO?	24b.	Interval Between Onset and Death O doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CERTIFICATION	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsi disease or condition resulting in desth) Sequentisily list conditione, if sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART	DUE TO (OR DUE TO (OR DUE TO COR DUE TO COR B. CONTRIBUTE TO CAUS	A A A CONSEON R AS A CONSEON	UENCE OF): UENCE OF): UENCE OF): UENCE OF): OTHE	inderlying NO k only one)	ceuse given in	Part I.	24e. WAS AN PERFORI	AUTOPSY MEO?	24b.	Interval Between Onset and Death O doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR DUE TO	A A A CONSEON R AS A CONSEON	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): OTHE DOA OTHE	NO Lack only one) 28c. Insign Home 28c. Insulation work WOR	ceuse given in	Part I.	24a. WAS AN. PERFOR! 1 YES 2	AUTOPSY MEO?	24b.	Interval Between Onset and Death O doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in desth) Sequentisily list conditione, If sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (OR DUE TO	ON ESCH line. A S A CONSEOU R AS A CONSEOU R AS A CONSEOU BE OF DEAT 28. PLACE R/Outpatient 3 (JURY Your) NURY — At hom	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): OTHE DOA OTHE	NO Lake only one) Region of the model of th	ceuse given in UNCERTAL	Part I.	24a. WAS AN. PERFOR 1 YES 2 (Specify) RIBE HOW IN	WTOPSY MEO?	24b.	Interval Between Onset and Death 10 doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in desth) Sequentisily list conditione, If sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigation	DUE TO (OR DUE TO	ON ESCH line. A S A CONSEOU R AS A CONSEOU R AS A CONSEOU BE OF DEAT 28. PLACE R/Outpatient 3 (JURY Your) NURY — At hom	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): OTHE OTHE DOA OTHE NUMBER OF INJURY	NO Lake only one) Region of the model of th	ceuse given in UNCERTAL	Part I.	24a. WAS AN A PERFORM 1 YES 2	WTOPSY MEO?	24b.	Interval Between Onset and Death 10 doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in desth) Sequentisily list conditione, if sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions PART	DUE TO (OR DUE TO	on each line. A S A CONSEON R AS A CONSEON R AS A CONSEON BE OF DEAT 28. PLACE R/Outpatient 3 JURY Voar) NURY — At hom - (Specify)	UENCE OF): UENCE OF, UENCE OF): UENCE OF, UENCE OF): UENCE OF,	NO Landerlying NO Landerlying k only one) Example Home 28c. INJU WOR 1 YE ctory, office	ceuse given in UNCERTAL 5 - Residence IRY AT IK? ES 2 - NO	Part I.	24a. WAS AN. PERFOR 1 VES 2 (Specify) RIBE HOW IN	AUTOPSY MEO? NO	24b. CURED or Rural F.	Interval Between Onset and Death 10 doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in desth) Sequentisily list conditione, if sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions PART	DUE TO (OR DUE TO	on each line. A S A CONSEON R AS A CONSEON R AS A CONSEON R AS A CONSEON B AS A CONSEON C S PLACE R/Outpatient 3 (JURY At hom C (Specify) Knowledge, deal	UENCE OF): UENCE	Inderlying NO Lack only one) Residue to the control of the control one one of the control one of the contr	ceuse given in UNCERTAL 5 Residence IRY AT IK? ES 2 NO	Part I.	24a. WAS AN. PERFOR VES 2 (Specify) RIBE HOW IN FION (Street as Youn, State)	AUTOPSY MEO? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. CURED or Rural F	Interval Between Onset and Death 10 doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in desth) Sequentisily list conditione, if sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions PART	DUE TO (OR DUE TO	on each line. A S A CONSEON R AS A CONSEON R AS A CONSEON R AS A CONSEON B AS A CONSEON C S PLACE R/Outpatient 3 (JURY At hom C (Specify) Knowledge, deal	UENCE OF): UENCE	Inderlying NO Lack only one) Residue to the control of the control one one of the control one of the contr	ceuse given in UNCERTAL 5 Residence IRY AT IK? ES 2 NO	Part I.	24a. WAS AN. PERFOR VES 2 (Specify) RIBE HOW IN FION (Street as Youn, State)	AUTOPSY MEO? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. CURED or Rural F	Interval Between Onset and Death 10 doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	ehock, or heert fellure. I IMMEDIATE CAUSE (Finsl disease or condition resulting in desth) Sequentisily list conditione, if sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions PART	DUE TO (OR DUE TO	on each line. A S A CONSEON R AS A CONSEON R AS A CONSEON R AS A CONSEON B AS A CONSEON C S PLACE R/Outpatient 3 (JURY At hom C (Specify) Knowledge, deal	UENCE OF): UENCE	Inderlying NO Replace of the control of the contr	Ceuse given in UNCERTAL 5	Part I. S Other 28d. DESC 28f. LOCAl City or	24a. WAS AN. PERFOR VES 2 (Specify) RIBE HOW IN FION (Street as Youn, State)	AUTOPSY MEO? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. CURED or Rural F ed. e cause(a	Interval Between Onset and Death Onset and Death Odoys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentisily list conditione, if sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) LAST PART II. Other aignificent conditions of the condition	DUE TO (OR DUE TO	on each line. A S A CONSEON R AS A CONSEON R AS A CONSEON R AS A CONSEON B AS A CONSEON C S PLACE R/Outpatient 3 (JURY At hom C (Specify) Knowledge, deal	UENCE OF): UENCE	Inderlying NO Replace of the control of the contr	ceuse given in UNCERTAL 5 Residence IRY AT IK? ES 2 NO	Part I. S Other 28d. DESC 28f. LOCAl City or	24a. WAS AN. PERFOR VES 2 (Specify) RIBE HOW IN FION (Street as Youn, State)	AUTOPSY MEO? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. CURED or Rural F ed. e cause(a	Interval Between Onset and Death 10 doys WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

old

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

BOX 68760	
400	
w	
P	
1	
ന	
-	
ശ	
$\overline{}$	
36	
~ ~	
$\overline{}$	
u	
m	
_	
$\overline{}$	
\smile	
0	
-	
RECORDS,	
00	
UJ.	
-	
\mathbf{r}	
~	
ш.	
-	
О.	
\smile	
0 5	
u	
_	
ш	
_	
~	
ш.	
_	
7	
A	
AL RE	
Z	
TAL	
ITAL	
VITAL	
VITAL	
VITAL	
F VITAL	
F VITAL	
JE VITAL	
OF VITAL	
OF VITAL	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
OF VIT	
DIVISION OF VITAL	
OF VIT	
OF VIT	
OF VIT	
OF VIT	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		ETERSEN					995 11:50 A™
4. SOCIAL SECURITY NUMBER 580-07-7559			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, give stre		.,	. CITY, TOWN C	R LOCATION OF DI	Aug. 21, 19	· · · · · ·	St. Croix VI
THE JOHNS HOPKIN	NS HOSPITAL	В	BALTIMO	RE CITY			
10e, STATE 10b, COUNTY			own or Locat				10d. INSIDE CITY LIMITS?
MON 10e. STREET AND NUMBER	. ZIP CODE			1 YES 2 NO			
7313 Flower Avenue	101	20912		ISA			
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 NO				HC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		A. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUCI (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	JAL OCCUPATIO	ON st of working	16b. KIND OF BU	SINESS/INDUS	
Elamentary/Secondary (0-12)	College (1-4 or 5+)	Secretar			Teland	is Government	
17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Meiden		is dovernment
Ludvig Petersen					a Howell		
190. INFORMANT'S NAME (Type/Print) Myrtle Gottlieb					Apt 4, Tak		
20a. METHOD OF DISPOSITION 1 St Burlel 2 Cremetion 3 Remov	val from State 20b.	PLACE AND DATE OF DI	ISPOSITION (Na	me of	DATE 20c. LC	CATION — CIT	y or Town, Stata
4 Donation 6 Other (Specify)		etery, cremetory or other p cistianster	V	tery 1	-23-95 Chi	rstiar	isted, VI
+ Lilla	Harles	,	Ster1:	ing Asht	on Funeral		
23. PART i. Enter the diseases, or co	omplications that caused	the deeth. Do not e	enter the mo	de of dying, auc	h ss cerdiac or resp	altimo	
shock, or heart fellure. L iMMEDIATE CAUSE (Finel	ist only one ceuse on e	ech line,					Interval Between Onset and Death
disease or condition resulting in death)	Sep	Sis					I week
	DUE 10 (OR AS A	CONSEQUENCE OF):	Ca	ries			2-101058
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		1160			7 (0) 3
CAUSE (Diseese or Injury	DUE TO (OR AC A	CONSEQUENCE OF):					
that initiated events resulting in death) LAST	שב וס (סוו אס א	CONSECUENCE OF J.					
PART II. Other significant conditions	contributing to death b	ut not resulting in th	ne underlying	cause given in	Part I, 24a, WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
			To annually mig	, cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				,	— I'A TES	L NO	OF DEATH?
DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES	□ NO 🗷	UNCERTAII	v 🗆		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:		THER:	1			
1 YES 2 NO	1	atlent 3 DOA 4 DOA 26b. TIME OF	-		6 Other (Specify) 28d. DESCRIBE HOW	N II IBY OCCIII	REO
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK?	Eva. Degombe 11011		120
3 Suicide 6 Could not be determined	26e, PLACE OF INJURY building, etc. (Spec	— At home, farm, street	t, factory, offici	1	26f. LOCATION (Street City or Town, State,		Rural Route Number,
29a. CERTIFIER (Check only	IAN: To the best of my knowl	edga, death occurred at	the time, data	end place, end dua	to the cause(e) and ma	nner se stated	
							ceuse(e) end manner ee atated.
29b. SIGNATURE AND TUTLE OF CERTIFIER	1	II MI		29c. LICENSE NUI	ABER	29d. DATE	WOHED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	1) (^-	11/1/1/5	JG ST K	altine	se win
- Greda	Dry L	yeas	600	N. Wo	ire a, p	3128	7
31. DATE FILED (Month, Day, Year) JAN 2 3 1995	James Thans Con	222					
JAN D 1000							

· ·

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEPENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH Ralph 10 0 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 | F 3/ YRS. United States 9 04 Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore, Md. RESIDENCE OF 10a. STATE 10b. COUHTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY MOKE 1 X YES 2 NO 10e. STREET AHD HUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 4014 9 0 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPAHIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian Black, White, atc. FORCES? 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 N HO Specify В 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 6 **Optician** 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Maiden Surname) Vernon Reese Eloise Chiveral BE 19a. IHFORMAHT'S HAME (Type/Print) 19b. MAILIHO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Germaine Lowery 9 Baltimore, MD Germaine Lawery 5402 Morello Road 21214 20a. METHOD OF DISPOSITIOH
1 □ Burial 2 X Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1/23/95 Hilltop Service Corp. Towson, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. HAME AHD ADDRESS OF FACILITY Mart 7 Leonard J. Ruck, Inc. 5305 Harford Road Baltin Baltimore MD 21214 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter Approximate shock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fins) **Onset and Desth** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) cular Accident Va CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AH AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 HO OF DEATH? 1 YES 2 HO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 HO Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Rasidenca 8 Other (Specify) 27. MAHHER OF DEATH 26a. DATE OF INJURY 26b. TIME OF IHJURY 28c. IHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 HO BY 2 Accident Investigation 26a. PLACE OF IHJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAM: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMIHER: On the of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEHSE HUMBER 29d. DATE SIGNED (Month, Day, Year) 띪 19 9 30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Day.

erond Ave.

DHMH-16 Rev 1/89

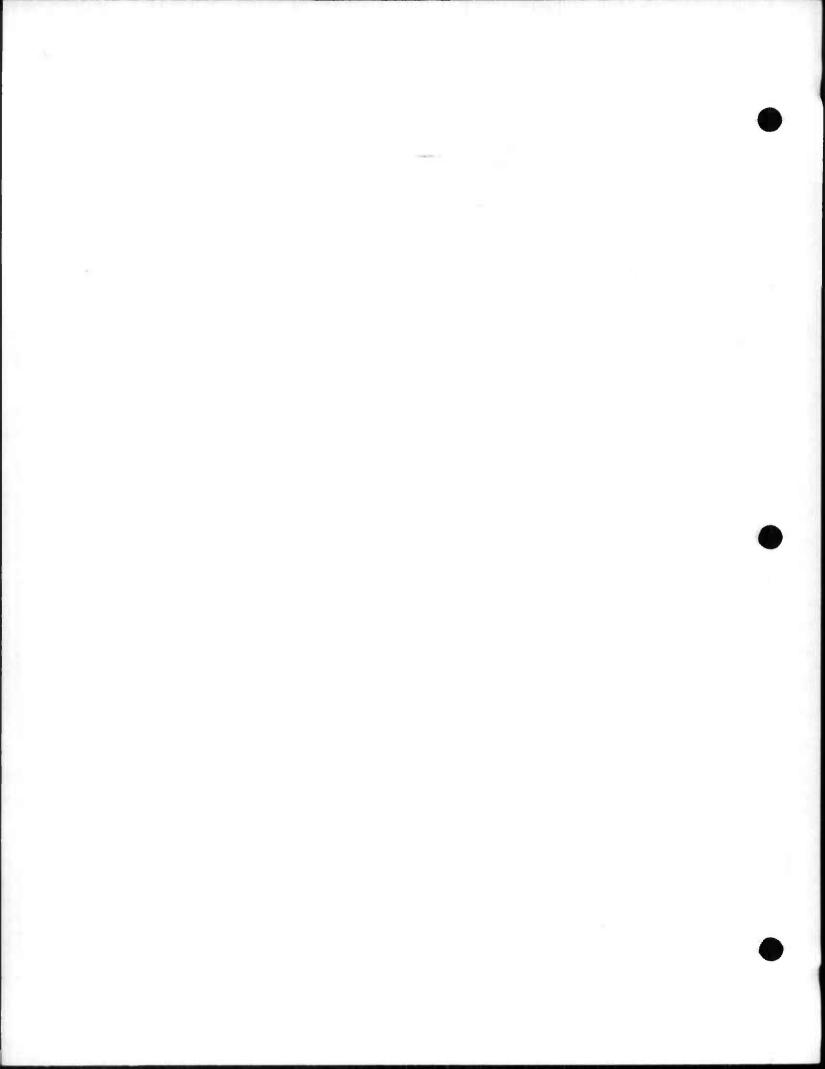
ained by the hospital or attending physician.

hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	ega	S
•	6	(C)
î	q	90
	ma	-
)	9	용
	8	g.
	5	100
i	₩.	je .
	de	2
	ter	要屋
	a	FE
	N	5
	ĕ	led .
	17	Tion tion
	The state of	Ta a
	×	Se es
	9	100 FE
	Cul	PIN
	90	o t
	2	per lo
	9	E S
	fice	들은
	erti	Si Si
	9	百五
	ear	afte
	9	e ¥
	5	20
	thal	P R
	SS	등등
	Ē	S T
	9	9 6
	A.P.	S b
	92	20
	-	ate
	AN	iffice S
	SICI	中田
	E HASPING DHYSICIAN: The law requires that the death certificate be executed within ZA hours after death, Page 6 may be refa	ELEMENTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.
	0.	1 4
	Ĭ.	Affe
	Z	H .
	E	E #
	A	RE(
	0	5 5
	ď.	量で
,	25	¥ 5
	2	34
1	w	1100

		ITEM: 6. PER F.H. FIL		21/00 0.	L								
	,	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAR	TMENT O	F HEALTH	AND N	MENTAL		E		
		1. DECEDENT'S NAME (First, Middle, Last)			EHIIF	ICATE (OF DEA	1 H		REG. NO.			
		Edith Margar	cot Double					i	MONTH			YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	not hirtholous	IF UNDER 1 YE	40 00 14400	R 24 HRS.		lary 2	1 1	995	2:30 PM
		215-22-1198	1 - M 2 - F	91 -92		MONTHS DA		MIN.	Jul v	Day, Year)	1903	Countr	PLACE (State or Foreign y) CIMOTE, MD
	1	9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TO	WN OR LOCAT	ION OF DE	7	12,		NTY OF D	
DIBECTOR	5	Cherrywood Manor	2								Ba	altim	nore
Į.		10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY
1 2		Maryland Balt	imore			,							LIMITS?
	- 19	10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CIT	IZEN OF W	WHAT COUNTRY?
FIINERAL		TABCO towers 305 E	. Joppa	Rd. Apt	150)7	21:	286			Ur	nited	States
1 🖁		11. MARITAL STATUS	12. WAS DECEDENT		RMED	13. WAS	DECENDENT	OF HISPANI	IC ORIGIN	(Specify Yes	or No-	14. RACE	- American Indian,
2	- 14	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE W	AR OR DATES	ĮNO		r, specify Cube YES 2 ⋈ NO			ican, etc.)	ĺ	Specif	y.
	- 111	15. DECEDENT'S EDUC	PATION			<u> </u>	v		Too to				White
1 5		(Specify only highest grade Elementary/Secondary (0-12)	completed)		Give kind of v le. Do NOT us	USUAL OCCUI vork done durin a militad I	PATION g most of worki	ing	16b.	KIND OF BUS	HNESS/INC	DUSTRY	
ONCE.		12	College (1-4 or 5+	,		e Cle	rk		C	rvstal	& C	hina	Production
S S		17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	_	iddle, Malden S		HIHA	TTOGGCCTON
The last	ı II	Benjamin F.	Young					Je	nnie	MacKa	У		
examiner must be notified at once.	- 13	194. INFORMANT'S NAME (Type/Print)		1			eet and Numbe			er, City or Town	, Stata, Zip	Code)	
5 F		Jane Brown			28	04 Wil	lought	y Ro	ad I	Baltim	ore,	MD :	21234
tes		20a, METHOD OF DISPOSITION 1 ☐ Burlel 2 文 Cremation 3 ☐ Ramo	ovel from State	20b. PLACE cemetery, co	AND DATE O	of DISPOSITIO	N (Name of		DATE	20c. LOC	CATION —	City or Ton	wn, State
E	ŀ	4 Donation 6 Other (Specify)	ENGEE	<u> Hill</u>	top S		Corp.		23/9	5 Tow	son,	Mar	yland
툹		21. SIGNATURE OF FUNERAL SERVICE LIC	Mark	Γ. Zavo	yna	Le	e and addre	J. R	uck.	Inc.			
	4	Made 6	2000			53	05 Har	ford	Road	d Ba	ltim	ore,	MD 21214
medical	ı	23. PART i. Enter the diseases, or c shock, or heart fallure. I	ompilcations that List only one ceu	ceused the d	leath. Do n	of safer the	mode of dy	ing, such	ss cardi	sc or respir	ratory arr	rest,	Approximats
a l	И												interval Retween
-	- II	iMMEDIATE CAUSE (Finsl disease or condition	C 0.		\			. 1.					Interval Between Onset and Death
E E		disease or condition resulting in death)	DUE TO	OR AS A CONSI	1	nea-+	+	c.1.	ر رو				
Ic event,		disease or condition resulting in death)	DUE TO	OR AS A CONSI	1	hea-t	+	cili) —و				Onset and Death
umatic event,		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSI	EQUENCE OF	7:	-	cili)~<				Onset and Death
er traumatic event,		disease or condition resulting in death)	DUE TO	OR AS A CONSI	EQUENCE OF):):	+	ic.li)—e				Onset and Death
other traumatic event, the		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSI	EQUENCE OF):):	+	icali	J-e				Onset and Death
or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	OR AS A CONSI	EQUENCE OF):):	+	ic. 1:)—e				Onset and Death
ury, or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSI	EQUENCE OF):):				24e. WAS AN A		24b.	Onset and Daath S V I WERE AUTOPSY FINDINGS
ury, or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	OR AS A CONSI	EQUENCE OF):):			Part f.	24a. WAS AN A PERFORM	MED?	-	Onset and Daath S V I WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ury, or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO O	OR AS A CONSI	EQUENCE OF	n the under	ying ceuse :		Part f.	PERFORM	MED?	-	Onset and Death S V I WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
hows any injury, or other traumatic MEDICAL CERTIFICATION		Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART ii. Other significent conditions of the cause of the	DUE TO O	OR AS A CONSI	EQUENCE OF	n the under	ying ceuse :		Part I.	PERFORM	MED?	-	Onset and Daath S V I WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO O	OR AS A CONSI	EQUENCE OF resulting I	n the under	ying ceuse (given in F	Part I.	PERFORM	MED?	-	Onset and Daath S V I WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or other traumatic VSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO DUE TO DUE TO CALL DUE	OR AS A CONSI	EQUENCE OF resulting 1 S ATH YE GEO OF DEAT 3 □ DOA	The under NO NO NO NO NO NO NO NO NO NO NO NO NO	ying couse (given in F ERTAIN	Part I.	PERFORM 1 VES 2	MED?		Onset and Daath S V I WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or other traumatic VSICIAN: MEDICAL CERTIFICATION		Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO DUE TO CALLED TO CA	OR AS A CONSI	EQUENCE OF resulting 1	S NO H (Check only OTHER A Turning LUTY SEC. INC.	UNC	given in F	Part I.	PERFORM	MED?		Onset and Daath S V I WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
marked, or item 23 shows any injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO DU	OR AS A CONSE OR	EQUENCE OF PEATH YE CE OF DEAT 3 DOA INJURY	S NO H (Check only OTHER A Turning E OF M 1	UNC	given in F CERTAIN Disidence 6	Part I.	PERFORM 1 YES 2 1 (Specify) CRIBE HOW IN	MED?	CURED	Onset and Daath S V I WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic TED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO DU	OR AS A CONSI	EQUENCE OF PEATH YE CE OF DEAT 3 DOA INJURY	S NO H (Check only OTHER A Turning E OF M 1	UNC	given in F CERTAIN Disidence 6	Part I. Other 28d. DESC	PERFORM 1 VES 2	MED?	CURED	Onset and Daath S V I WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic TED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO DU	OR AS A CONSE OR	EQUENCE OF PENULTING I	The under No. No. No. No. No. No. No. No. No. No.	UNC	given in F	Part I. Other 20d. DESC	PERFORM 1 YES 2 ((Specify) CRIBE HOW IN TION (Street ar r Yown, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED or Rural Ro	Onset and Daath S V I WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic TED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Society of Could not be determined	DUE TO DU	OR AS A CONSI OR	EQUENCE OF COURNER OF TRANSPORT OF THE COURNER OF T	The under the un	ying couse (DODO ODO ODO ODO ODO ODO ODO ODO ODO O	given in F CERTAIN psidence 6	Part I. Other 28d. DESC City of the cause	PERFORM 1 YES 2 ((Specify) RIBE HOW IN TION (Street ar Town, State)	MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CURED or Rural Ru	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic TED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO DU	OR AS A CONSI OR	EQUENCE OF COURNER OF TRANSPORT OF THE COURNER OF T	The under the un	ying ceuse of UNC one) Home 5 Re INJURY AT WORK? YES 2 Strict office data and place on, death occur	given in F CERTAIN psidence 6	Description of the cause ime, deta a	PERFORM 1 YES 2 1 (Specify) CRIBE HOW IN TION (Street ar Town, State) e(a) and mentand place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ric	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO DU	OR AS A CONSE OR	EOUENCE OF PEOUENCE OF PEOUENCE OF PEOUENCE OF PEOUENCE OF DEAT 28b. TIMINUT 28b. T	The under the un	ying ceuse of UNC one) Home 5 Re INJURY AT WORK? YES 2 Strict office data and place on, death occur	given in F CERTAIN Besidence 6	Description of the cause ime, deta a	PERFORM 1 YES 2 1 (Specify) CRIBE HOW IN TION (Street ar Town, State) e(a) and mentand place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ric	Onset and Daath S V I WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiefed events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO DU	OR AS A CONSE OR	EOUENCE OF EOUENCE OF Teaulting I ATH YE CE OF DEAT 28b. TIMI INJI 28b. TIME Investigation	The under of the u	UNC Proposition Home 5 Ref INJURY AT WORK? YES 2 Unifica data and placa n, death occur 29c. LICE	given in F CERTAIN Desidence 6 NO NO and due to the tile to th	Description of the cause ime, data as BER	PERFORM 1 YES 2 1 (Specify) CRIBE HOW IN TION (Street ar 7 Town, State) e(a) and manning place, and	IJURY Occurred Number	or Rural Ric	Onset and Daath S V I WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO DU	OR AS A CONSI OR	EOUENCE OF EOUENCE OF Teaulting I ATH YE CE OF DEAT 28b. TIMI INJI 28b. TIME Investigation	The under the un	UNC Proposition Home 5 Ref INJURY AT WORK? YES 2 Unifica data and placa n, death occur 29c. LICE	given in F CERTAIN Desidence 6 NO NO and due to the tile to th	Description of the cause ime, data as BER	PERFORM 1 YES 2 1 (Specify) CRIBE HOW IN TION (Street ar Town, State) e(a) and mentand place, and	IJURY Occurred Number	or Rural Ric	Onset and Daath S V I WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

32/BEGISTRAR'S SIGNATURE



TO THE HOSPITAL OF ITEM USE THANKIAN: The law requires that the death certificate be executed within sections after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR within 72 hours that completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours than than with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 25 manner, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

98760

9
×
0
BOX
0
ď
-
S
Œ
RECORD
O
Ш
/ITAL
TA
>
LL
0
4
£
ō.
S
=/
=
0

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, HERBERT	Middle, Lest)	ELDRID	EE.	F	ICHA		DN.		2. DATE OF DEATH	20 18	395^^	3. TIME OF DEATH 3:48 am.,
	4. SOCIAL SECURITY NUMB	ER	5. SEX		rs. lest birthday)	t birthday) IF UNDER 1 YEAR			24 HRS.	7. DATE OF BIRTH 6. B			PLACE (State or Foreign
	215-09-9832		1 ☑ M 2 ☐ F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3-19-191	1	Country)
	9a. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY	r, TOWN (OR LOCATIO	ON OF DEA			Ma JNTY OF DE	ryland
BO	Saint Jos	eph Ho	apital							ryland			timore
5	RESIDENCE OF DEC												
DIRECTOR	Maryland	10b. COUNTY			10c. Ci	ry, town o							10d. INSIDE CITY LIMITS?
		Dali	imore			Timo	oniur	n					1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	. D	,				101	. ZIP CODE	E		10g. CIT	TIZEN OF W	HAT COUNTRY?
N	60 Oakwa	у коас			_			2109	-			J.S.A	•
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	. □NO	13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (Specify Ye, Puerto Ricen, atc.)	a or No-	14. RACE Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divor		IF YES, GIVE V	AR OR DATES	βÅ		1 TES	XX NO	Specify:			Specify	White
	15. DECE	DENT'S EDU	CATION	16	a. DECEDENT'S	USUAL O	CCUPATIO)N		18b. KIND OF BU	ICINECC/IN	DUCTEN	
COMPLETED	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5		(Give kind of life. Do NOT :	work done	during mo	st of workin	g	IOD. KIND OF BO	3114233/114	DUSTRI	
4	12	.2,	Conede (1-4 0t 3		Account	ant				Elphin	stone	Inc	
8	17. FATHER'S NAME (First, Mic							18. MOTH	HER'S NAM	E (First, Middle, Meider			
BEC	George	Lee	Richard	son				М	yrtl	e Turner	,		
	19a. INFORMANT'S NAME (T)	pe/Print)			19b. MAILIN	ADDRESS	S (Street a	nd Number	or Rural Ro	oute Number, City or Tox	vn, State, Zi	p Code)	
2	Mrs Marie V	V. Ric	hardson			ne As							
	20a. METHOD OF DISPOSITION 1XX Burlal 2 □ Cremetion		numi from State		ACE AND DATE			me of		DATE 20c. L	CATION -	City or Tow	rn, State
	4 Donation 5 Other	Specify)		_ Lor	y, crematory or creatine	Park	Cem	eter	v 1-	23-95 W	oodla	wn . N	Maryland
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22	NAME AN	D ADDRES	SS OF FAC	ILITY			mi yimin
	• Wal	lace	SB	woods	,21					Funeral H			
	23. PART i. Enter the dis	eases, or o	omplications the	t caused th	a daath. Do	not anter	the mo	da of dyi	RO2	ad . Towson	iratory ar	712 Tast.	Approximata
	ahock, or ha iMMEDIATE CAUSE (Fina	art fallure.	List only one cau	aa on aach	lina.								Interval Between Onset and Death
	disease or condition resulting in death)	 ->	PLILM	ONARY	EDEMA								Onset and Daati
	resulting in death)				NSEQUENCE C								
z	A CONTRACTOR AND ADDRESS OF THE ADDR		SCHE	MIC HE	EART DE	SEASE	E						
일	Sequentially list condition if any, leading to immed	lete			NSEQUENCE C								
3	Cause. Enter UNDERLYIN CAUSE (Disease or Injur												
E	that initiated events resulting in death) LAST		DUE TO	(OR AS A CO	NSEQUENCE C	F):							
CERTIFICATION			1										
	PART ii. Other aignificar	t condition	s contributing to	death but r	not reaulting	in the un	ndariying	causa g	iven in P	art i. 24s. WAS AP			WERE AUTOPSY FINDINGS
MEDICAL	AORTIC S	TENDS	S	_						PERFO	3. 7		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä										_			OF DEATH?
	DID TOBACCO US	E CONTI	RIBUTE TO CA	USE OF D	DEATH Y	ES 🔲 I	NO [UNC	ERTAIN				
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?				PLACE OF DEA								
is I	1 YES 2 ND		HOSPITAL:	ER/Outpaties	nt 3 🗆 DOA	OTHER 4 Nun		e 5 🗆 Re	sidence 6	Other (Specify)			
	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b, TIR		28c. INJ	URY AT		26d. DEŞCRIBE HOW	INJURY OC	CURED	
- 1	1 Mturni 5 P	ending restigation	(100.01, 2	ay, roury	100	M	1 Y	ES 2	NO				
~ II	3 Suicide 6 C	ould not be	28s. PLACE O	F INJURY - /	At home, farm,	street, lact	ory, office	,		281. LOCATION (Street City or Town, State	and Numbe	r or Rural Ro	ute Number,
D BY										City or lown, State	,		
8	4 Homicide d	etermined											
8	29a. CERTIFIER (Check only	etermined	CIAN: To the best of	my knowledge	a, death occur	ed at the ti	ime, data	and placa,	and dua 1	o the cause(a) and ma	nner as sta	ted,	
8	29a. CERTIFIER (Check only	FYING PHYSI								o the cause(a) and ma me, data and place, as			and menner as stated.
E COMPLETED	29a. CERTIFIER (Check only	FYING PHYSH	R: On the basis of a					eth occur		me, data and place, as	nd due to ti	he cause(a)	
BE COMPLETED	29a. CERTIFIER (Check only one) 1 MEDIC	FYING PHYSH	R: On the basis of a					29c. LICE	od at the 1	me, data and place, as	nd due to ti	he cause(a)	and menner as stated. Month, Day, Year)
E COMPLETED	296. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE Of the control o	FYING PHYSIC AL EXAMINED OF CERTIFIER PERSON WHO	COMPLETED CAUS	E OF DEATH	d/or Investigate	on, in my o	opinion, de	29c, LICE	NSE NUME	me, data and place, at	29d. DAT	he cause(a)	
BE COMPLETED	29e. CERTIFIER (Check only one) 1 CHETE (Check only one) 2 MEDIC	FYING PHYSIC AL EXAMINED OF CERTIFIER PERSON WHO	COMPLETED CAUS	E OF DEATH	d/or Investigate	on, in my o	opinion, de	29c, LICE	NSE NUME	me, data and place, at	29d. DAT	he cause(a)	
BE COMPLETED	296. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE Of the control o	FYING PHYSIA AL EXAMINEI OF CERTIFIER PERSON WHO CHOO,	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	on, in my o	opinion, de	29c, LICE	NSE NUME	me, data and place, at	29d. DAT	he cause(a)	

BALTIMORE, MARYLAND 21215-0020

0	
, P.O	
S	
0	
H	
ä	/
Œ	
썾	
E	1
5	
OF VITA	
Z	4
0	-
DIVISION	
	1
_	
	1
	1

The series and certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	d pades	te Denn Hearth Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: THE	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State D	IMPORTANT: If item 28 Is marked, or item

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		AL HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Leet)	2. DAT	E OF OEATH		3. TIME OF DEATH
	Emest (Koss	MON	AN. 17	95	1456 M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER	R 24 HRS. 7. DAT	E OF BIRTH oth, Day, Year)	8. BIRTHI	PLACE (State or Foreign
	2/2-20-6563 M 2 F 7 YRS. MONTHS DAYS HOURS 90. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATE	MA	2, 7, 192	3 797	RYLAND
DIRECTOR	UNIVERSITY HOSPITAL BAL	TIMO		N/	4
E C	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY
	MARYLAND N/A BALT	IMORE	=		LIMITS?
FUNERAL	100. STREET AND NUMBER 101. ZIP COD	E	10g.	CITIZEN OF W	HAT COUNTRY?
NS		OF HISPANIC OBIG	IN7 (Specify Yea or No	USA.	- American Indien,
	1 Never Merried 2 Merried FORCES? 1 X YES 2 NO If yes, specify Cubs	sn, Mexicen, Puerto		Black, Specify	White, etc.
В	3 Widowed 4 Divorced	openy.		BLA	
띹	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)	ng 16	b. KIND OF BUSINESS	B/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)		711.00	10 1	7
N N	17. FATHER'S NAME (First, Middle, Lust)		SHIPPL		SOM PANY
	NATHANIEL POSS	1 A C	Middle, Melden Surnar		EE
BE	19e. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number	r or Bural Bouta Nur	nher City or Town State		
2	BERTHA ROSS INION, BAITIMO	DEST	00+315	BAITA	MA 21272
	20s METHOD OF DISPOSITION 1) Burlet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely cremetery or other clean)	OA	TE 20c. LOCATION	N — City or Tow	n, State
	1) Burlei 2 Cremation 3 Ramoval from State Cametery, cremetory or other place) CARRISON FOREST (Comment of the comme	EME 1-	22-95 DW	INGS	MILLS, MD.
	21. SIGNATURE OF FUNERAL SERVICE MICENSEE 22 NAME AND ADDRE	SS OF FACILITY	_		/
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BALTIMOR	E ST., BA	LTIMOR	E,P.A. E, MD. 2122:
	23. PART i. Enter the diaeeaea, or complicatione that caused the deeth. Do not enter the mode of dy				Approximata
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final				Interval Between Onast and Death
	disease or condition				720 hours
	DUE TO (OR AS A CONSEQUENCE OF):				
2		Imonay	disease		
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				i l
은	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):				
F	resulting in deeth) LAST				
3	DADT II Other significant conditions contitude to date to		December 1997	SISSON CO.	
	PART ii. Other significant conditions contributing to death but not recuiting in the underlying cause (given in Part i.	PERFORMED	970	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC			T D VED 2 NO		COMPLETION OF CAUSE OF DEATH?
	DID TOPACCO LICE CONTRIBUTE TO CALICE OF BEATTY AND TO AND TO		/ ,	ε.	1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNC 25. WAS CASE REFERRED TO MEDICAL 20. PLACE OF DEATH (Check only one)	ERTAIN D	-		
	EXAMINER? 1 VES 2 NO 1 mpetient 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Re	anistana n 🗆 Out			
Ë	27. MANNER OF OEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT		SCRIBE HOW INJURY	OCCUREO	
BY	1) Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2	□ NO			
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, tarm, street, fectory, office	28t. LO	CATION (Street end Nu.	mber or Rural Ro	oute Number,
TED	4 Homicide determined	On;	or lown, state)		
COMPLE	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred et the time, date end place.	, end due to the co	suse(s) and manner as	stated.	
OM	one) 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occur				end manner as stated.
BEC	290. IUGNATURE AND TITLE OF CERTIFIER	ENSE NUMBER	29d.	DATE SIGNED	Month, Day, Year)
90	Sanan Juntoll, mo R	esiden	- >	1/146	_
-	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			4,41	2
	Joseph A lymall / Unussity Hospital				
	31. PAN 12 "3" 1995" Julia Marie 18 1995"				

<u>:</u>1

Pages 1, 2, 3 should

DIVISION OPVITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

IAN 2 3 1995

	burial		
	the		
	55		
	use		
	for		
	hed		al.
	letac) Juc
	De d		ed at once.
	pin		Pe
	sho		otifi
	36.5		-
	f, pa		at b
,	firecto		T mu
	The confidence has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur		Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified
	he fu	Jel.	exa
	3	DE L	dica
	ui pi	0.0	E
	y fille	rtion,	the
	pletel	геш	ent,
	moo	[a]	8
	pue	ğ	atic
	lan	or to	BUT
	ysic	P	5
	90	Jiene	the
	andir.	Ŧ	0.0
	atte	ema	ž
	y the	N	Ē
	8 7	th an	эщу
	Sign	leal	20
	Heen	0	sho
	las t	Dept	23
	g B	Te Stee Dept. of Health and Mental Hy	Ē
٩	ŝ	æ	b
	8	ğ	'n,
,	9	d	ag.
	ž	ę.	æ
	Ē	f	22
	E CONTRACTOR	od within 72 hours after Duch will be	ttem
	¥	R	=
	ME	ű	HTANT II II
	E A	8	E

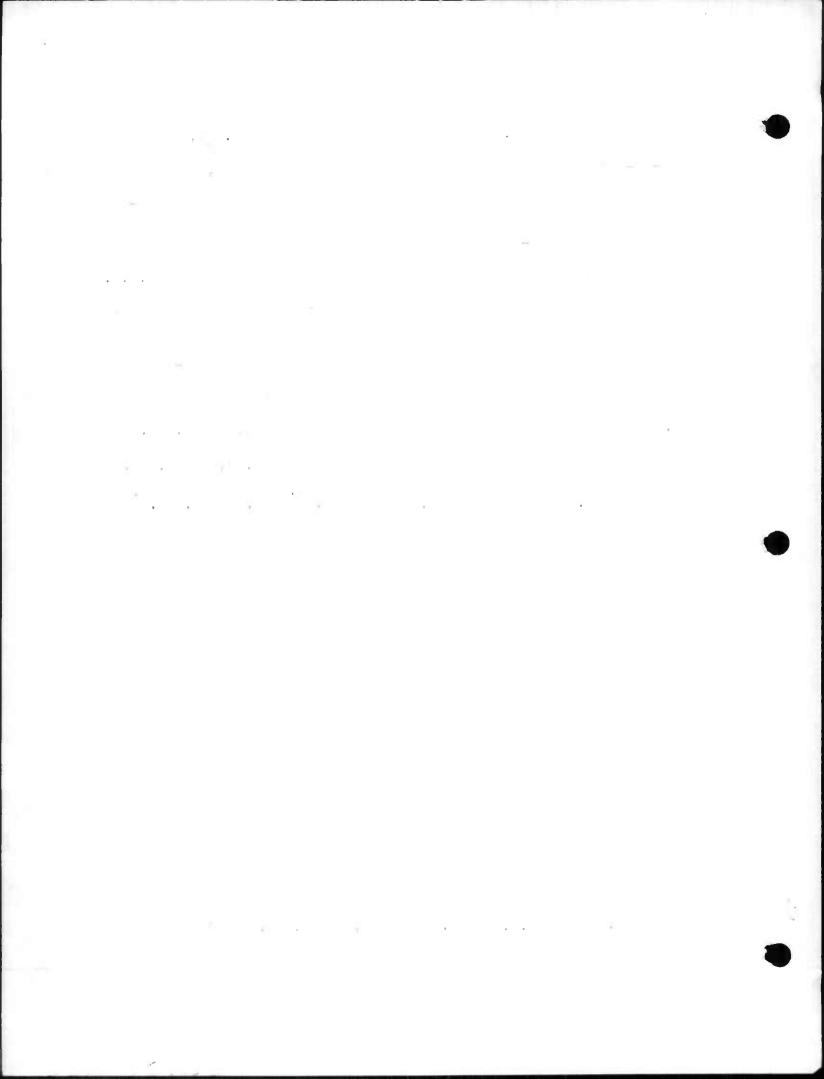
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. OECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Jan. **JEAN** A. READ 21, 1995 :30A. M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) May 8, 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 220-44-2216 64 DAYS HOURS 1 M 2 X F 1930 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6404 Everall Avenue DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6404 Everall 21206 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 📝 Never Married 2 🔲 Married If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: ВУ IF YES, GIVE WAR OR DATES White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) None 0 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Otto Roland Read Ethel Dreschler 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 H. Roland Read 1906 Aliceanna Street, Balto. Md. 21231 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Green Mount Cemetery Jan. 23, Balto. Md. 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY (Pres.) Raymond a. a. a weber George A. Weber & Sons Inc. 705 S. Ann St. Balto. Md. & Sons Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximeta shock, or heart feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition INFARCTION SUDDEN resulting in death) DUE TO (OR AS A CONSEQUENCE OF) TERIOS CLEROTE CARDO-VASC. DISEASE CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PAY+ + PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 | YES | 2 | NO 26. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA te 5 - Residence 6 - Other (Specify) HOHE 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide * CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. (Check only MEDICAL EXAMINER: On the bests of a occured at the time, date and place, and due to the cause(s) and manner as stated. THE MIGHATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 9. Hee 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Kaplan M.D. 129 S. Broadway, Balto. Md. 21231

The Dantier hardall

DHMH-18 Rev 1/89



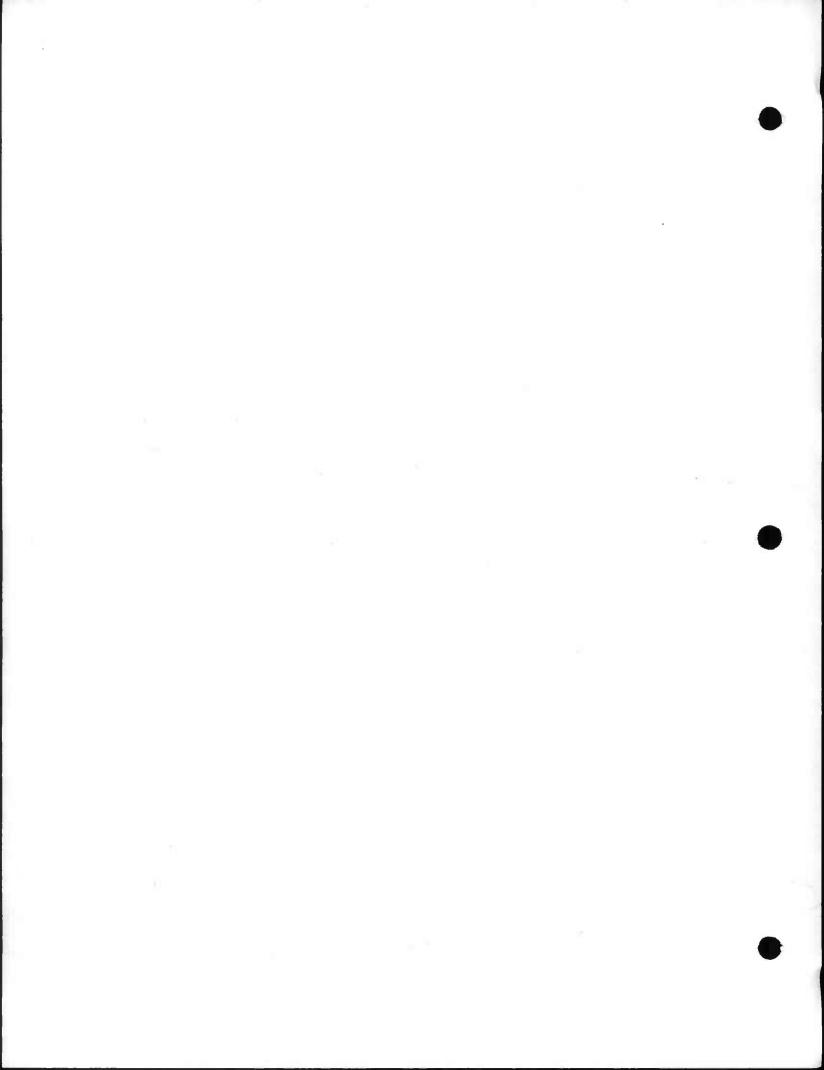
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		rmit. Pages 1, 2, 3 should
	tending physician.	as the burial-transit permit. Page
	e retained by the hospital or at	e 5 should be detached for use as the buri
	rithin 24 hours after death. Page 6 may be retain	director, page 5 sho
	hours after death. F	lled in by the funeral
	>	ian and completely fi
,	at the death certificate be executed	the attending physic
	The law requires that	or this certificate has been signed by
	R ATTENDING PHYSICIAN:	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
	RA	IPE(

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

,		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR Certif	TMENT OF	HEALTH AND I	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last) Mabel	Stratton				2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	MY YE	
9		051-07-6423	1 □ M 2 💢 F 94	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	6. E	OHRTHPLACE (State or Foreign Country) OW Jersey
. 2, 3 should	TOR	90. FACILITY NAME (If not institution, give stre Pikesville Nursing		nter		OR LOCATION OF DE ESVIlle		Balt:	OF OEATH
permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	imore	10c. CIT	Y, TOWN OR LOC	ATION ikesville		-	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
. ist	FUNERAL	7 Sudbrook Lane			1	0f. ZIP CODE 21208		10g. CITIZEN	OF WHAT COUNTRY?
attending physician. se as the burlal-transit	B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexice S 2 NO Specify			RACE — American Indian, Black, White, etc. Specify: White
spital or ed for u	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+j	life. Do NOT us	vork done during r	TION nost of working	Own Hom		
क दि	BE COM	17. FATHER'S NAME (First, Middle, Last) Andrew Pletse	ch			Anna 1	ME (First, Middle, Meiden Wohlgemuth	Surname)	
y be retained by the lage 5 should be deta	10	190. INFORMANT'S NAME (Type/Print) Peter Valletutti					Houne Number City or Tow hester, VA		0)
e 6 ma rector, p		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remov. 4 Donetion 6 Other (Specify)	al from State	PLACE AND DATE OF PRINCIPLE OF PRINCIPLE OF CITE OF CI	natory,	Inc. 01	/21/95 B	Baltimor	
		21. SIGNATURE OF FUNERAL SERVICE LICES	Morroma	ld	299 1	Frederick	iety of Ma Rd. Balt	imore,	Inc. MD 21228
ted within 24 hours after completely filled in by the ial, cremation, or removal event, the medical		23. PART I. Enter the diseases, or conehock, or heert feilure. Listing the condition resulting in death)	et only one cause on e	ach line.		avvi L'Kw		iratory arrest,	Approximate Interval Between Onset and Death
th certificate be execuending physician and I Hygiene prior to bur or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	hu	CONSEQUENCE OF): /	d'Kur	(
w requires that the dear she sheen signed by the att pt. of Health and Menta 3 shows any injury,	MEDICAL C	PART II. Other significant conditions	Shote				Pert 1. 24a. WAS AN PERFO! 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMALBLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
N: The law ficate has be State Dept.	ICIAN:		HOSPITAL:	28. PLACE OF DEAT			N 🗆]		
PHYSICIAL this certifi with the rked, or	Y PHYSICI	27, MANNER OF DEATH 1 Netural 5 Pending	Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Oay, Year)	26b. TIM	E OF 28c. IN	JURY AT YORK?	6 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCURE	D
DR ATTENDING R DIRECTOR: After I hours after death Item 28 is mar	ETED BY	2' Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s, PLACE OF INJURY building, etc. (Spec	— At home, term, s	street, tactory, off	Ica	28t. LOCATION (Street City or Town, State)	end Number or Re	ural Route Number,
	COMPLE		AN: To the best of my knowl						rse(e) end manner se stated.
F 등 등 R	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF SE		Defect)	29c, LICENSE NUM	379		NEO (Month. Day, Year) Lary 20, 1995
्र क्षेत्रीयो 		Milan Wister, M.D.	19 Walke	r Avenue		203, Bal	ltimore, M	D 21208	
		JAN 2 3 1995	ale develor	Carlalle	-				
				1	The second second				OHMH-16 Rev 1





1. DECEDENT'S NAME (First, Middle, Last)

WILLIAM

4. SOCIAL SECURITY NUMBER

STATE REGISTRAR

YEAR

95

9c. COUNTY OF DEATH

PRINCE GEORGES

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

MD

Approximata

24b. WERE AUTOPSY FINDINGS

1 X YES 2 NO

29d. DATE SIGNED (Month, Dev. Year)

JAN.

111 Penn Street, Baltimore, Maryland 21201

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

intervel Betwe

Onset and Death

34

3. TIME OF OEATH

4:00P

10d. INSIDE CITY LIMITS?

1 X YES 2 | NO

8. BIRTHPLACE (State or Foreign Country) VA

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Day, Year, 1 M 2 - F MAR 228-38-8839 60 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Pages 1, 2, 3 7600 OLD MURKINK ROAD LAUREL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION BALTO MD permit. FUNERAL 10s. STREET AND NUMBER 21207 4602 BELVIEU AVE burial-transit Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married If yes, specify Cuban, Maxicen, Puarto Rican, etc.) 1 TYES 2 NO BY Specify: use as the 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade COMPLET ndary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) 10TH DRILLER FOREMAN HILLIS & CORNES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) WILLIAM PRICE STEPHENS MARY FAULKNER notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ACORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 ANGELA STEPHENS 4602 BELVIEU AVE BALTO, MD 21207 9 20b. PLACE AND DATE OF DISPOSITION (Name of CWOOD Hat AVW) Wer place EMETERY 20c. LOCATION - City or Town, Stella must WOODLAWN □ Donation 5 □ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. MARCH F/H-WEST 4300 WABASH AVE n by the fi medical 23. PART I. Enter the diseesee, or complications that ceyeed the death. Do not enter the mode of dying, such ee cardiec or reepiratory arrest, ysician and completely filled in by prior to burial, cremation, or remo shock, or heert failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** the state disease or condition HEAD INJURIES resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): the attending physician Mental Hygiene prior to If any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa recuiting in dasth) LAST 9 injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying ceues given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Health and any 1X YES 2 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be 23 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The 25. WAS CASE REFERRED TO MEDICAL DIRECTOR: After this certificate hours after death with the State HOSPITAL OTHER: 1 X YES 2 - NO ☐ Inpetient 2 ☐ ER/Oulpetient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 Other (Specify) AT SCENE 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 1/19/95 3:22P M TREE FELL ON WORKER 2 Accident BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 3 Suicida COMPLETED 8 Could not ba 4 Homicide item 28 determined 7600 BLOCK OF OLD MURKINK ROAD STREET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. UNERAL I DRITANT: IF MEDICAL EXAMINER: Q the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) end menner as stated. within 29h, SERNATU AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A2. REGISTRAR SIGNATURE

J. Laron Locke M.D.

"1995"

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STEPHENS

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

D.

8. AGE (In yrs. last birthday)

YRS.

DHMH-18 Rev 1/89

20,1995

E 6

		tem # 19b,20c Fi FOR 1 - STATE REGISTRAR	1m # G	719 1-23-9 STATE OF 1	5 N.A MARYL	AND /	DEPAF	RTMENT	T OF H	IEALTH DE AT	AND I	MENT	AL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First,		M				ANF	ORD			2. DAT MQN JAN		8 19	YEAR 95	3. TIME OF DEATN 2:27 P
무		4. SOCIAL SECURITY NUMB 215-28-9331		5. SEX 1 M 2 X F	8. AGE (t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	NOV	e of BIRTH	913	Count	PLACE (State or Foreign
. 2. 3 should	TOR	99. FACILITY NAME (# not in 2228 E.M./	ADISO		T					MORE					N/A	EATN
регтій. Pages 1.	DIRECTOR	10e. STATE Maryland	N/A	,			1	y, town o		City	7			-		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
an. transit perm	FUNERAL	100. STREET AND NUMBER 2228 E. Mad	ison S							2120)5			U.	S.A.	
ding physician.	ВҰ	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE 1	I YES	2 36	MED 10		If yes, sp	ENDENT Cooking Cuba 2 5 NO	n, Mexica	n, Puerto	IN? (Specify Yea Rican, etc.)	or No-	14. RACE Black Whit	— American Indian, c, White, etc.
hospital or attending ached for use as the ce.	COMPLETED		EDENT'S EDU highest grade		+)	(Gi	CEDENT'S IVE kind of DO NOT U	se retired.)	CCUPATIO during mo	ON ost of workin	ng		b. KIND OF BUS		DUSTRY	
be dell	ш	17. FATHER'S NAME (First, M.	iddle, Last)	Freder	ick		lder					ME (First,	Middle, Meiden Besol	Surname)		
ay be retained page 5 should be notified	TO B	194. INFORMANT'S NAME (T Thomas Left		Gibson,	III					nd Number	or Rural F	Route Nur	nber, City or Tow	n, State, Zij		1 21206
must		20a. METNOD OF DISPOSITI 1X Burial 2 Crematio 4 Donation 5 Other 21. SIGNATURE OF UNERAL	n 3 🗆 Rem (Specify)		Pa Pa	PLACE A	matory or C	of dispos ther place) emet	ery	me of	1/2]	/95	TE Ball	CATION —	City or To	wn, State ryland
death. e funera il.	Ц	()	1.	4	4-	_		Jc 64	hn (C. Mi Belai	lllei Lr Ro	c, I bad,	Baltin			yland 2120
within 24 nou pletely filled Il cremation, or vent, the me		23. PART i. Enter the dishock, or his immediate CAUSE (Fin disease or condition resulting in death)	aart laliura.	. Alla	use on e	C(Q)	oho						Mr			Approximate intervel Betwee Onset and Deat
certificate be execuding physician and tygiene prior to bur other traumatic	RTIFICATION	Sequentially liet conditi If any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or injue that initiated eventa resulting in death) LAS'	diete NG ry	c	OR AS A											
that the deatled by the atte	ICAL CE	PART II. Other significe	nt condition	s contributing to	death b	ut not r	eaulting	in the ur	nderlylng	cenee (given in	Pert I.	24a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N ee Dee St.		DID TOBACCO U		RIBUTE TO CA				S I		UNC	ERTAIN	1 🗆	Parti	ed .		1 YES 2 NO
PHYSICIAN: The last this certificate has with the State Deprived, or Item 23	PHYSICIAN:	EXAMINER? XYES 2 NO 27. MANNER OF DEATH	MEDIONE	HOSPITAL: 1 Inpatient 2 28a. DATE OF	ER/Outp		DOA 28b. TIM	OTHER 4 Num	R: sing Nom 28c. INJ	URY AT	sidenca		er (Specify)	NJURY OC	CURED	
Affer Affer Courts on the Market Is made	D BY	2 Accident 3 Suicide 8	Pending investigation Could not be	28s. PLACE C		— At hor		M M	1 🗆 1	/ES 2	NO		CATION (Street a		or Rural F	loute Number,
DIFFECTION 18	COMPLETE	29a. CERTIFIER (Check only		CIAN: To the best of								to the ca	euse(a) and men	ner as sta		
TO THE HEADY OFFE TO THE FLANT OFFE Se filed within	BE	2% MEDI 29b. SIGNATURE AND PITLE			examination	n and/or l	nvestigatio	on, in my o	ipinion, d		ed at the		a and place, an	29d. DAT	E SIGNED) and manner as stated. (Month, Day, Year) 19,1995
DE DE DE DE DE DE DE DE DE DE DE DE DE D	OT.	30. NAME AND ADDRESS DE	PERSON WN	OW (OF					tro		C.M					
A STATE OF THE STA		31. DATE FILED (Month, Day,	1995	37 REGISTR	AR'S SIGN	ATUBE	44	ш.э	LIE	**************************************	Bäl	1-1,10	ore,	Mary	Lan	1 21201

DHMH-16 Rev 1/89

AVI

The state of the s

TO THE HOW ON ON THE MASSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNE BLOOM AND THE MASSICIAN SECRET AND THE ADMINISTRACE AND THE ADMINIST

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH PEG NO.

	REGISTRAR			-11111	CALE	F DEAT	П	F	IEG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF		A		3. TIME OF	DEATH
	Ida Mary See	echuk						Janua	ry 1°	7, 19	995	11:35	P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE		24 HRS.	7. DATE OF E	нтяк		8. BIRTI	HPLACE (State	or Foreign
	216-01-1755	1 □ M 2 🔯 F	79	YRS.	MONTHS DAY	18 HOURS	MIN.	(Month, Da Dec.	y, 16ar)	1915	Mai	ryland	
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOV	N OR LOCATIO	N OF DE				NTY OF C	-	
E I	5 Manor Brook Roa	be			Monkt	on						ce Cou	ntsz.
5	RESIDENCE OF DECEDENT					~11				Dar	-32102		rcy
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OR LO	CATION		10d. INSIDE C LIMITS?					
		imore Cou	nty	Mon	kton							1 YES 2	
AL	10e. STREET AND NUMBER		,			101. ZIP CODE						WHAT COUNTR	177
FUNERAL	5 Manor Brook Ros	ad	213							U.S	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	DECENDENT OF	HISPAN	IIC ORIGIN? (S	pecify Yes	or No-		E — American	Indian,
BY F	1 Never Married 2 Married	IF YES, GIVE W	YES 2 NAR OR DATES	10	If yes	specify Cuban,	, Maxica	n, Puerto Ricer	ı, atc.)		Spec	k, White, etc.	
	3 🔀 Widowed 4 🗌 Divorced						,				Whit		
邑	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIN	D OF BUS	SINESS/INC	DUSTRY		
9	Elamentary/Secondary (0-12)	College (1-4 or 5+	,			most of working	'						
MP	12th Grade		Hon	nemak	er			Own	n Hor	ne			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE	Enrico Unknown Santoni Rosa Unknown Ramadorl												
TO B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Stre	et and Number o	or Rural F	Route Number, C	ity or Tow	n, State, Zip	Code)		- 1
F	Rosemary NMN Sope	er	5	Mano	r Broo	k Road	, Mo	nkton,	Mai	rylar	nd 21	111	
	20a. METHOD OF DISPOSITION		20b. PLACEA	NDDATEC	F DISPOSITION	(Name of		DATE	20c. LO	CATION -	City or To	own, State	
	20a. METHOD OF DISPOSITION 1X] Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, Crematory or other place) POLY Redeemer Cemetery 1/21/95 Baltimore, Manual From State											Maryla	and
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Λ		22. NAM	AND ADDRESS	S OF FAC	PILITY		-			
	*Kall	h h	. 1		John	C. Mi	ller	Inc.					01.006
	20 0400	11/11/200	John	Paris I	6415	Belair	r Ro	bad, Ba	altu	more,	Mar	yland	2T206
	23. PART I. Eater the diseases, or shock, or heart fallure.	complications that List only one caus	caused tha de se on aach lina	th. Do n	ot anter tha	moda of dyln	g, such	as cardiac	or respi	ratory an	rest,	Appro	ximata il Between
	IMMEDIATE CAUSE (Final	1		C.	- 1								and Death
	disease or condition and cover of Homach										že .	A I	
	resulting in death)	. lan	ero									Mo	nths
	resulting in death)	DUE TO (OR AS A CONSEC									Mo	nths
NO	resulting in death)	b		UENCE OF):							Mo	nths
ATION	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSEC	UENCE OF):							mo	nths
FICATION	resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS A CONSEC	UENCE OF):							Mo	nths
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (UENCE OF):							mo	nths
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS A CONSEC	UENCE OF):							Mo	nths
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	OUENCE OF):	/ing cause gi	ven in I	Part I. 24a		AUTOPSY	24b	Mg.	nths
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):	ring cause gi	ven in I		PERFOR	MED?	24b	Mo	or this sy Findings for to
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):	ring cause gi	ven in i			MED?	24b	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?	TY FINDINGS IOR TO OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEC	OUENCE OF):): n the underly			_ 10	PERFOR	MED?	246	WERE AUTOPS AMAILABLE PR	TY FINDINGS IOR TO OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT	b. DUE TO (OR AS A CONSECUTION OF AS	DUENCE OF	n the underly	UNCE		_ 10	PERFOR	MED?	24b	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?	TY FINDINGS IOR TO OF CAUSE
SICIAN: MEDICAL CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (c. DUE TO (d	OR AS A CONSECUTION OF AS	DUENCE OF DEATH TELEPOOR TO THE TELEPOOR TO TH):): n the underly S NO H (Check only o	UNCE	RTAIN	10	PERFOR	MED?	24b	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?	TY FINDINGS IOR TO OF CAUSE
MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 700	b. DUE TO (c. DUE TO (d	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A	DUENCE OF DEAT):):): NO H (Check only of OTHER: 4 Nursing H	UNCE	RTAIN	1 [PERFOR	MED?		WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?	TY FINDINGS IOR TO OF CAUSE
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO	b. DUE TO (c. DUE TO (d	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A	DUENCE OF DEATH TELEPOOR TO THE TELEPOOR TO TH	S NO H (Check only of OTHER: 4 Nursing It	UNCE	RTAIN	10	PERFOR	MED?		WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?	TY FINDINGS IOR TO OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES YNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	b. DUE TO (c. DUE TO (d	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEAT. DDA 28b. TIME	S NO H (Check only a OTHER: 4 Nursing H E OF 28c. HY M 1	UNCE	RTAIN	6 Other (Sp. 28d. DESCRIE	PERFOR	MED?	CURED	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 YES 2	TY FINDINGS IOR TO OF CAUSE
BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	b. DUE TO (c. DUE TO (d	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEAT. DDA 28b. TIME	S NO H (Check only a OTHER: 4 Nursing H E OF 28c. HY M 1	UNCE	RTAIN	1 [PERFOR YES 2 Decity) BE HOW III	MED?	CURED	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 YES 2	TY FINDINGS IOR TO OF CAUSE
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 3 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	b. DUE TO (c. DUE TO (d	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEAT. DDA 28b. TIME	S NO H (Check only a OTHER: 4 Nursing H E OF 28c. HY M 1	UNCE	RTAIN	8 Other (Spi	PERFOR YES 2 Decity) BE HOW III	MED?	CURED	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 YES 2	TY FINDINGS IOR TO OF CAUSE
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only)	b. DUE TO (c. DUE TO (d	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DEATH THE TIME TO DDA 28b. TIME TIME TIME TO DO THE TIME TO DEATH THE TIME TIME TO DEATH THE TIME TIME TIME TO DEATH THE TIME TIME TIME TO DEATH THE TIME TIME TIME TIME TIME TIME TIME TIM	S NO N (Check only of OTHER) OTHER OF 28c. HY M 1 Itreat, factory, of	UNCE	RTAIN Idenca (6 Other (Sp. 28d. DESCRIB	PERFOR YES 2 Decity) DE HOW III N (Street a and men	MED? NO NJURY Occ NUMber	or Rural F	WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	ey Findings for to of Cause
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	b. DUE TO (c. DUE TO (d	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DEATH THE TIME TO DDA 28b. TIME TIME TIME TO DO THE TIME TO DEATH THE TIME TIME TO DEATH THE TIME TIME TIME TO DEATH THE TIME TIME TIME TO DEATH THE TIME TIME TIME TIME TIME TIME TIME TIM	S NO N (Check only of OTHER) OTHER OF 28c. HY M 1 Itreat, factory, of	UNCE	RTAIN Idenca (6 Other (Sp. 28d. DESCRIB	PERFOR YES 2 Decity) DE HOW III N (Street a and men	MED? NO NJURY Occ NUMber	or Rural F	WERE AUTOPS AWAILABLE PROPERTION OF DEATH? 1 YES 2	ey Findings for to of Cause
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only)	DUE TO (C. DUE TO (d	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DEATH THE TIME TO DDA 28b. TIME TIME TIME TO DO THE TIME TO DEATH THE TIME TIME TO DEATH THE TIME TIME TIME TO DEATH THE TIME TIME TIME TO DEATH THE TIME TIME TIME TIME TIME TIME TIME TIM	S NO N (Check only of OTHER) OTHER OF 28c. HY M 1 Itreat, factory, of	UNCE INJURY AT WORK? YES 2 Interpretation of the control of th	RTAIN Idence (NO and due to the total state to	8 Other (Sp. 28d. DESCRIE City or To. City or To. to the cause(a) time, data and	PERFOR YES 2 Decity) DE HOW III N (Street a and men	MED? NO NUMBERY Occurred Number as stated due to the	or Rural F	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 YES 2	BY FINDINGS IOR TO OF CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (C. DUE TO (d	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DEATH THE TIME TO DDA 28b. TIME TIME TIME TO DO THE TIME TO DEATH THE TIME TIME TO DEATH THE TIME TIME TIME TO DEATH THE TIME TIME TIME TO DEATH THE TIME TIME TIME TIME TIME TIME TIME TIM	S NO N (Check only of OTHER) OTHER OF 28c. HY M 1 Itreat, factory, of	UNCE INJURY AT WORK? YES 2 Intime and place, a in, death occured 29c. LICEN	RTAIN Idence (NO and due to the total state to	8 Other (Sp. 28d. DESCRIE City or You to the cause(a) lilme, data and BER	PERFOR YES 2 Decity) DE HOW III N (Street a and men	MED? NO NUMBERY Occurred Number as stated due to the	or Rural F	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 VES 2	BY FINDINGS IOR TO OF CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined determined (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (C. DUE TO (d	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEAT DDA 28b. TIME INJURIES. TIME INJURIES. TO DEAT DOWN THE DOWN THE DUENCE OF DUENCE	S NO NO N (Check only of the check only of the check only of the check only of the check only of the check only of the check only of the check of	UNCE INJURY AT WORK? YES 2 Intime and place, a in, death occured 29c. LICEN	RTAIN Idenca (NO and due to the to the total section of the total se	8 Other (Sp. 28d. DESCRIE City or You to the cause(a) lilme, data and BER	PERFOR YES 2 Decity) DE HOW III N (Street a and men	MED? NO NUMBERY Occurred Number as stated due to the	or Rural F	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 VES 2	BY FINDINGS IOR TO OF CAUSE NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (C. DUE TO (d	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEAT DDA 28b. TIME INJURIES. TIME INJURIES. TO DEAT DOWN THE DOWN THE DUENCE OF DUENCE	S NO NO N (Check only of the check only of the check only of the check only of the check only of the check only of the check only of the check of	UNCE INJURY AT WORK? YES 2 Intime and place, a in, death occured 29c. LICEN	RTAIN Idenca (NO and due to the to the total section of the total se	8 Other (Sp. 28d. DESCRIE City or You to the cause(a) lilme, data and BER	PERFOR YES 2 Decity) DE HOW III N (Street a and men	MED? NO NUMBERY Occurred Number as stated due to the	or Rural F	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 VES 2	BY FINDINGS IOR TO OF CAUSE NO
TO BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH 1, Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIES (Check only one) 2 MEDICAL EXAMINE	DUE TO (C. DUE TO (d	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEAT DDA 28b. TIME INJURIES. TIME INJURIES. TO DEAT DOWN THE DOWN THE DUENCE OF DUENCE	S NO NO N (Check only of the check only of the check only of the check only of the check only of the check only of the check only of the check of	UNCE INJURY AT WORK? YES 2 Intime and place, a in, death occured 29c. LICEN	RTAIN Idenca (NO and due to the to the total section of the total se	8 Other (Sp. 28d. DESCRIE City or You to the cause(a) lilme, data and BER	PERFOR YES 2 Decity) DE HOW III N (Street a and men	MED? NO NUMBERY Occurred Number as stated due to the	or Rural F	WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 VES 2	BY FINDINGS IOR TO OF CAUSE NO

